



2026 POGO SYMPOSIUM – ABSTRACT SUBMISSION GUIDE

POGO SYMPOSIUM GENERAL INFORMATION

Dates: November 20-21st, 2026

Location: Hamilton Convention Centre

ABSTRACT SUBMISSION CRITERIA

We welcome abstract submissions in all areas related to the care and control of malignant disease in children. Submissions may explore any aspect of childhood cancer care: including but not limited to clinical research, innovative program delivery, data and information management, education, and policy development. We encourage participation from all disciplines involved in pediatric oncology.

Accepted abstracts will be shared with all Symposium attendees during the conference. There will be a dedicated poster presentation time during the conference where authors will be present to discuss their posters with conference participants. The top 5-6 abstracts will be also selected to present as “quick hits” during the conference.

ABSTRACT SUBMISSION DEADLINE

Abstracts must be submitted by Friday, October 2nd at 11:59 pm EST.

SUBMITTING AN ABSTRACT

All abstracts must be submitted online via this link:

[2026 POGO Symposium - Abstract Submission \(wufoo.com\)](https://wufoo.com/2026-pogo-symposium-abstract-submission)

REVIEW PROCESS

1. Abstracts must be submitted online by **Friday, October 2nd at 11:59 pm EST.**
2. All submitted abstracts will undergo a peer review.
3. Authors will be notified of the final decision of abstract acceptance by **Monday, October 19th.**

ABSTRACT FORMATTING REQUIREMENTS

Abstracts must adhere to the formatting requirements:

1. Your abstract may not exceed 300 words **not including** title or author information.
2. Use **Arial or Helvetica Font, Size 10-12.**
3. Your abstract should be single-spaced.
4. The title of your abstract should be capitalized and bolded, centred in the middle of the page:

EXPLORING THE EFFECTS OF CARING FOR A CHILD WITH CANCER ON THE PARENTAL COUPLE: SYSTEMATIC LITERATURE REVIEW

5. Enter author information in the following format:

*Chiu M^{1,2}, *Ali A¹, Leung F¹, Bennett C¹, Shatokhina O¹, Dong C^{2,3}, Pechlivanoglou P^{2,3}, Hodgson D^{1,2,4}, and Gibson P^{1,5,6}*

6. Enter author's institution, city and province/state in the following format:

¹ Pediatric Oncology Group of Ontario, Toronto, ON
² University of Toronto, Toronto, ON
³ The Hospital for Sick Children, Toronto ON
⁴ Princess Margaret Cancer Centre, Toronto, ON
⁵ McMaster Children's Hospital, Hamilton, ON
⁶ McMaster University Hamilton, ON

7. Denote the presenting author with (*), as above and list that author first.
8. Each **section title** of your abstract should be left justified, **bolded** and followed by a colon (:), followed by the content of that section, single-spaced.

Background and aims: Each year approximately 400 children are diagnosed with cancer across Ontario's vast geography. Pediatric cancer care is primarily provided in specialized hospitals in metropolitan cities, which poses logistical and financial challenges for patients and families. These disparities are more pronounced for patients residing in remote or rural regions. Being able to provide treatment closer to home means less school and work disruption for children and their families. To address this, POGO established satellite clinics offering decentralized care closer to the comforts of home. However, it is unclear whether sociodemographic disparities exist in this decentralized model. This study's objective was to examine whether satellite clinic utilization differs by sociodemographic factors, namely age, sex, income, and rurality.

9. Each section of your abstract should be separated from the one before and after it with a space.

Please refer to the sample abstract included at the end of this document to ensure you have formatted your submission correctly.



POSTER DISPLAY INFORMATION

- **Poster dimensions must not exceed 48" high and 72" wide**
 - Posters will be mounted by presenter on freestanding boards provided by POGO
 - Posters must be on display for the duration of the Symposium (Friday, November 20th until Saturday, November 21st)
 - Specific designated poster viewing times are: **(TBD)**
 - Friday, November 20th during the lunch break
- Presenters must be at their posters during designated poster viewing times,
- Accepted abstracts (in PDF format) will be accessible by Symposium attendees via the Symposium conference app.

ORAL PRESENTATION

Five to six poster presenters will be invited to showcase their work on the main stage in a dynamic, fast-paced session. **Each selected presenter will have three minutes and one PowerPoint slide to deliver a concise summary of their poster.** A multidisciplinary review committee will **identify the top abstracts for this spotlight opportunity.** If you prefer not to be considered for an oral presentation, you may indicate this during the submission process.

POGO CONTACT INFORMATION

Questions? Please contact Jennifer Hooper – Senior Program Specialist • jhooper@pogo.ca



SAMPLE ABSTRACT

FACTORS ASSOCIATED WITH UTILIZATION OF POGO'S SATELLITE CLINICS: A POPULATION-BASED LINKED DATA ANALYSIS THROUGH AN EQUITY LENS.

*Chiu M^{1,2}, *Ali A¹, Leung F¹, Bennett C¹, Shatokhina O¹, Dong C^{2,3}, Pechlivanoglou P^{2,3}, Hodgson D^{1,2,4}, and Gibson P^{1,5,6}*

¹ Pediatric Oncology Group of Ontario, Toronto, ON

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Background and aims: Each year approximately 400 children are diagnosed with cancer across Ontario's vast geography. Pediatric cancer care is primarily provided in specialized hospitals in metropolitan cities, which poses logistical and financial challenges for patients and families. These disparities are more pronounced for patients residing in remote or rural regions. Being able to provide treatment closer to home means less school and work disruption for children and their families. To address this, POGO established satellite clinics offering decentralized care closer to the comforts of home. However, it is unclear whether sociodemographic disparities exist in this decentralized model. This study's objective was to examine whether satellite clinic utilization differs by sociodemographic factors, namely age, sex, income, and rurality.

Methods: Our cohort included cancer patients aged 0 to 17 years newly diagnosed between 2017 and 2022 living in one of POGO's eight satellite catchment areas (55% of all Ontario patients). We examined two access indicators: 1) percentage of patients who had a satellite clinic visit within one year of diagnosis; and 2) number of days from start of systemic therapy to first satellite clinic visit. We linked POGO's cancer registry, satellite, and Statistics Canada's postal-code database to ascertain age, sex, neighborhood-based income, urban/rural dwelling, diagnosis, and driving time saved between tertiary hospital and satellite clinic derived from OpenStreetMap. Multivariable logistic and Cox-proportional hazards models assessed the association between these variables and the access indicators.

Results: Among the 904 eligible patients, 598 (66.2%) visited a satellite clinic within one year of diagnosis and the median time to visit was 39 days (IQR:13–60). Driving time saved (>30 minutes) was the strongest positive predictor of satellite use, followed by diagnostic type (with CNS patients least likely to visit). Rural (vs. urban) patients were significantly less likely to visit within one year (OR=0.37 (0.21–0.63) and took longer to make their first visit (HR=0.67 (0.53–0.86). Similar patterns were observed when comparing patients in the lowest-income vs. middle-income quintile: OR=0.56 (0.34–0.93) and HR=0.77 (0.65–0.98), respectively.

Conclusions: Disparities among rural dwellers and lower-income patients warrant attention. These results may inform future satellite site planning and target patient outreach. Monitoring social determinants of health at the community level can inform efforts to improve timely and equitable access to childhood cancer care