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## **Ascension Meeting Caen 2011**

**XXXVI Group Meeting for the Epidemiology and the Cancer Register in Latin Countries  
Language**

### **Abstract Submission**

**Deadline: 25<sup>th</sup> March 2011**

1. By submitting an abstract for presentation at the XXXVI Ascension Meeting Toledo 2010, the author/s warrant that these data have not been previously published or presented at other scientific meetings .
2. Abstracts submitted after the deadline will not be accepted for the XXXVI Ascension Meeting as those not fitting the following rules:.
  - a) The first author is the speaker and he/she will be notified if the abstract is accepted for the meeting and in which form of presentation.
  - b) The speaker has the opportunity to designate a substitute with an advance notice of at least 24 hours.
3. With the abstract submission, the authors:
  - a) Give their permission to Grell to use their presentation at the XXXVI Ascension Meeting and to release it to the Grell members and participants to the meeting;
  - b) Confirm that all the authors are aware of and agree on the content of the abstract and support the data therein; furthermore the speaker will be responsible for obtaining, from all authors the permission for the submission of the abstract and contain therein.

4. Presentations will be performed as oral presentations and posters. Detailed instructions for the preparation of oral presentations and posters will be sent by mail in April 2011 along with scheduling information.

### **Submission instructions**

1. Each abstract submission must respect the following items below and should be sent by email to [amiranda@ipolisboa.min-saude.pt](mailto:amiranda@ipolisboa.min-saude.pt), in doc or pdf .
2. Abstracts without all the required information will not be considered for the XXXVI Ascension Meeting Caen 2011.
3. At the time of abstract submission the authors have to indicate their preference for presentation (oral or poster).
4. The speaker must be registered in the XXXVI Ascension Meeting. He/she should also provide the following information: full name, address, institution, department, city, country, phone number, email, fax.
5. Details of co-authors must include full name, institution, department, city, country and email address. Careful attention must be paid to name's spelling and to the use of capital letters, as names will be published as submitted. Mailing addresses and academic degrees will not be mentioned.
6. Each author must agree to the abstract submission terms and agreements.
7. Abstracts should adequately describe the objective and results of the research. Each abstract should contain: **Title; Authors; Introduction; Materials and Methods; Results; Discussion and Conclusions.**
8. The maximum number of characters for the abstract is 2 000 (excluding the title).  
**Only one page.**
9. Illustrations, tables and graphics are not allowed in the abstract.
10. All the abstracts must be provided in one of the Latin languages (French, Spanish, Italian, Portuguese, Catalan; Romanian) or in English.

# GRELL



**GROUPE POUR L'EPIDEMIOLOGIE ET L'ENREGISTREMENT DU CANCER DANS  
LES PAYS DE LANGUE LATINE**

**TITLE: IN CAPITAL LETTERS, FONT: ARIAL 10 BOLD**

**AUTHORS:** First Name, Last Name of each author, separated by semicolons (Font: Arial 9). First author (the presenting one) with email  
**Institutions:** by the order of the authors (Font: ARIAL8).

**Introduction:** maximum 200 characters, no illustrations, tables or graph.  
Recommended Font: ARIAL 9 pt, normal

**Objectives:** maximum 200 characters, no illustrations, tables or graph.  
Recommended Font: ARIAL 9 pt, normal

**Materials and Methods :** maximum 400 characters, no illustrations, tables or graph. Recommended Font: ARIAL 9 pt, normal

**Results:** maximum 800 characters, no illustrations, tables or graph.  
Recommended Font: ARIAL 9 pt, normal

**Discussion and Conclusions:** maximum 400 characters, **no illustrations, tables or graph.** Recommended Font: ARIAL 9 pt, normal



## **EXEMPLE**

### **O\_04.**

#### **PREVALENCE OF HAEMATOLOGICAL MALIGNANCIES IN EUROPE**

Roberta De Angelis <sup>1</sup>; Carmen Tereanu <sup>2</sup>; Riccardo Capocaccia <sup>1</sup>; Marc Maynadié <sup>3</sup>; Rafael Marcos-Gragera <sup>4</sup>; Adriano Giacomin <sup>5</sup>; Stefano Ferretti <sup>6</sup>; Pilar Giraldo <sup>7</sup> and Milena Sant <sup>2</sup> (on behalf of the HAEMACARE Working Group)

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#### **Introduction**

Evaluating the burden of Haematological malignancies (HM) in Europe from population-based cancer registries (CR) data was a task of the HAEMACARE project.

#### **Objectives**

Evaluating prevalence of HM according to standard categories and relevant morphological subgroups based on ICDO-3 in Europe.

#### **Materials and Methods**

Data from the EUROCARE Project database involving more than 90 CRs with period of diagnosis up to 2002 and follow up to 2003. Prevalence proportions and total number of cases at 1/1/2003 by disease duration (5,10,15,20 years) computed with the counting method.

#### **Results**

Among all HM the highest prevalence is found for Non Hodgkin Lymphomas (NHL). At 5 years from diagnosis it is 63 per 100,000, ranging from 38 in Eastern to 83 in Southern European countries. Prevalence for Hodgkin's Lymphoma (HL) at 5 yrs was around 10 per 100,000 in all areas.

Prevalence for Myeloid malignancies (MM) is considerably lower than NHL (20 per 100,000 overall) with higher prevalence in UK-Ireland and lower in Central Europe.

#### **Discussion and Conclusions**

Prevalence is a cumulative indicator reflecting levels and trends of incidence, survival and population ageing. Relevant advancements have been achieved in diagnosis and treatment of HM, population-based estimates of their burden help to identify specific health needs and related costs.