Methods: A discrete choice experiment (DCE) was conducted in Australia, Korea, Philippines, Japan, and Taiwan, with 115 patients who self-reported a diagnosis of early-stage TNBC and 86 HCPs. Key attributes relevant to TNBC treatment decision-making were verified through qualitative interviews with clinical experts. A D-efficient fractional-factorial design was employed to create 15 online choice sets with seven key attributes: disease-free/event-free survival (DFS/EFS), pathological complete response (pCR), chance of undergoing breast conserving surgery after receiving anticancer treatment, febrile neutropenia, peripheral sensory neuropathy, diarrhea, and irreversible endocrine-related adverse events (AEs) requiring lifelong medication. A mixed logit model was used to estimate preference weights for attribute levels, which were then used to compute the relative importance score (RIS) for each attribute.

Results: Median age of patients were 44.0 (interquartile range 38.0-56.5) years. 68% of patients were married, 77% had children, 40% employed full-time and 70% had a college degree. 46% of patients were diagnosed below the age of 40. Among the HCPs, 58% were medical oncologists and the remaining breast or general surgeons. PCR, DFS/EFS, and peripheral sensory neuropathy were the three most important attributes in both HCP and patient groups. pCR had the highest weighted preference among patients and HCPs (RIS, 28.46 and 32.86, respectively). In general, patients assigned greater weight to safety attributes compared to HCPs, while HCPs assigned more weight to efficacy attributes than patients. Surgeons assigned more weight for irreversible endocrine-related AEs than medical oncologists (RIS, 14.4 vs. 5.4).

Conclusions: Overall, patients and HCP preferences were aligned in ranking for efficacy and safety attributes tested. Differences in preferences within the regions were notable.

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17P Initial outcomes of the ACT Now PRIME CARE for breast cancer: Prevention of Breast canceR (screening/ stage shifting) utilizing Integrated MobilE Clinics and pAtient Reported online Evaluations and Education

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Background: Breast Cancer is the most common yet preventable & treatable forms of cancer in the Philippines, hence a need to prioritize & strengthen organized screening programs to detect early & bridge to treatment to increase survival. The ACT Now PRIME CARE for Breast Cancer aims to detect breast cancer thru screening using integrated patient online education & self-evaluation with mobile clinic clinical breast exam, ultrasound, navigation to referral pathways for Centers with Medical Access Programs.

Methods: Women ages 40-60, were advised to register at actnow.philcancer.org.ph to access videos on breast health, cancer & self-exam. Patients' self-reported signs, symptoms & risk factors were triaged into high risk & low risk. Immediate scheduling of high-risk individuals to mobile clinic visit were done while low-risk individuals were advised to visit on a yearly basis. Patient education, Clinical Breast Exam & Ultrasound were performed. Both high risk & low risk groups were scheduled for teleconsultation or clinic visits. Suspicious breast findings were referred for immediate biopsy. Confirmed malignancy were referred to centers with medical access programs.

Results: Among women who completed the educational videos, 87% were evaluated to have good comprehension of the materials. Among 1,790 women screened, 277 were clinically high-risk patients & only 6 had breast ultrasound BIRADS 4-5. Two had negative biopsy results. Four had pending biopsy results. Two had confirmed positive early breast malignancy who were subsequently referred treatment. Turnaround time from work-up to treatment was 4 weeks. Among 1513 low risk women, majority have commitments to visit for screening once a year.

Conclusions: In a limited resource country, there's a need to strengthen community-based cancer screening, strengthen patient navigation & improve patients' awareness on available financial & medical access programs to improve compliance & survival. The ACT Now PRIME CARE is a pilot program to enhance education about breast health & cancer, capture cases in the community & provide immediate referral pathways to improve outcomes.

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18P Optimizing premenopausal HR+ HER2−ve eBC management in India: Insights from expert consensus

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Background: Hormone receptor-positive (HR+)/human epidermal growth factor receptor 2 (HER2-) negative early breast cancers (eBCs) represent a significant health concern in the Indian population. Among premenopausal women with HR+ eBC, adjuvant ovarian function suppression (OFS) is considered as an integral component of treatment; however, its optimal utilization remains a subject of ongoing debate.

Methods: In response to identified gaps in clinical practice, a comprehensive questionnaire consisting of 28 statements was developed. These statements were reviewed and validated by a scientific committee, ensuring their accuracy and relevance to the study's objectives. A panel of 46 Indian experts and 1 global expert in the field of eBC were asked to rate their level of agreement/disagreement with each statement. Consensus was defined as achieving a $\geq$ 80% majority agreement among participants.

Results: Following two rounds of the modified Delphi technique, consensus was achieved on 19 out of 28 statements addressing critical aspects of premenopausal HR+ HER2- eBC management. The expert panel strongly recommends a comprehensive risk stratification approach for premenopausal HR+ HER2- eBC patients. Notably, Patients $\leq$40 years old are deemed high-risk candidates, recognizing age as an independent risk factor. For patients $\geq$40 years, a composite assessment incorporating clinicopathological factors (tumor grade, nodal involvement, and Ki67 score) is advised for risk assessment. For high-risk patients, OFS coupled with an Aromatase Inhibitor emerged as a recommended therapeutic strategy. The panel recommends a potential duration of up to 5 years for OFS, provided tolerability is maintained. In patients below 40 years of age, simultaneous initiation of OFS with chemotherapy is advised, while in those aged over 40 years, sequential initiation is deemed acceptable. Among the available LHRH agonists, Triptorelin stands out as the preferred choice, although the panel acknowledges similar efficacy across all options.

Conclusions: The outcomes of this consensus offer valuable guidance, enabling individualized and evidence-based approaches for OFS in Indian patients with HR+ HER2- eBC.

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