

Conclusions: The inclusion of a tertiary prevention activity as part of cancer FU care is already partly effective among HHCPs, but could be improved. Overall, it is very favorably perceived by HHCPs. Its generalization, organization and development could have an important health impact, which has yet to be modelled.

Legal entity responsible for the study: Gustave Roussy.

Funding: Has not received any funding.

Disclosure: L. Veron: Financial Interests, Personal, Advisory Board: Roche. P. Abdayem: Non-Financial Interests, Personal, Other, funding for conference attendance: Pfizer, Lilly; Financial Interests, Personal, Invited Speaker: AstraZeneca, MSD. C. Lefeuvre-Plesse: Financial Interests, Personal, Advisory Board: Roche, Pfizer, Daiichi Sankyo, AstraZeneca; Financial Interests, Personal, Invited Speaker: Pfizer, AstraZeneca, Clovis; Financial Interests, Institutional, Local PI: AstraZeneca; Non-Financial Interests, Personal, Member: Societe Française de Senologie et de Pathologie Mammaire; Other, Personal, Other, support financier pour participation à des congrès: Novartis, Roche, Eisai, Pfizer, Pierre Fabre, Daiichi Sankyo, AstraZeneca, Amgen, Clovis. I. Vaz Luis: Financial Interests, Institutional, Invited Speaker: Amgen, Pfizer/Edimark, AstraZeneca; Financial Interests, Institutional, Writing Engagement: Pfizer/Edimark; Financial Interests, Institutional, Advisory Board, Consulting/ AB: Novartis; Financial Interests, Institutional, Advisory Board: Sandoz; Financial Interests, Personal, Other, Travelling: Novartis; Financial Interests, Institutional, Other, Research Funding: Resilience; Financial Interests, Institutional, Funding: Resilience; Non-Financial Interests, Personal, Member, Member of WG: ASCO. S. Delaloge: Financial Interests, Institutional, Advisory Board: Novartis, Sanofi, Gilead; Financial Interests, Institutional, Invited Speaker: Pfizer; Financial Interests, Institutional, Advisory Board, ad board: Besins Healthcare; Financial Interests, Institutional, Invited Speaker, ESMO symposium: Gilead; Financial Interests, Institutional, Advisory Board, scientific board: Elsan; Financial Interests, Institutional, Steering Committee Member: Roche Genentech, BMS, Sanofi; Non-Financial Interests, Personal, Member of Board of Directors, Société Française de Sénologie et Pathologie Mammaire: SFSPM; Non-Financial Interests, Personal, Principal Investigator, H2020 funding: European Commission. All other authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2024.10.604>

579P Multi-cycle prophylaxis of long-acting granulocyte colony-stimulating factor in tumor patients at risk of neutropenia due to myelosuppressive chemotherapy: A retrospective real-world study

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Background: Chemotherapy-induced neutropenia and febrile neutropenia (FN) are frequent, causing severe chemotherapy complications. Early detection and effective prevention strategies are crucial for enhancing anti-tumor treatment efficacy. This study analyzes grade 3 and 4 neutropenia rates and adverse reactions in cancer patients receiving PEG-rhG-CSF prophylaxis during chemotherapy, providing clinical evidence on its efficacy in preventing neutropenia and FN.

Methods: This multicenter, retrospective, observational study analyzed 17,233 cancer patients receiving PEG-rhG-CSF post adjuvant or neoadjuvant chemotherapy. Absolute Neutrophil Count (ANC) reduction and FN incidence were evaluated using blood test reports. Variables were presented as percentages or means with standard deviations (SD), and Stata/MP 17.0 performed statistical analysis.

Results: This study included 17,233 cancer patients from 540 hospitals across China (June 2022-January 2023), comprising various cancers (lung, gynecological, colon, breast, esophageal, head and neck, etc.), totaling 26,273 chemotherapy cycles. Among these, 66.1% were identified as high risk for FN, and 33.9% as moderate risk. Prophylaxis included 60.7% receiving PEG-rhG-CSF as primary and 39.3% as secondary, predominantly with a 6mg dose (80.0%). Incidences of grade 3 and 4 ANC reduction were 1.9% and 0.2%, respectively, with significant differences based on risk level, prophylaxis timing, and dosage ($p < 0.05$). Adverse events possibly related to PEG-rhG-CSF occurred in 4.74% of cases, primarily musculoskeletal pain (2.90%), fatigue (1.43%), and allergic reactions (0.31%). 89.97% of adverse reactions were primary or secondary, indicating good patient tolerance to PEG-rhG-CSF.

Conclusions: Primary prophylactic treatment with PEG-rhG-CSF could reduce the incidence of neutropenia in moderate risk for FN patients with cancer during multiple cycles of chemotherapy, with acceptable safety and tolerability.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2024.10.605>

580P PCS-QC ACT NOW PLUS: BC & CC screening/stage shifting utilizing integrated mobile clinics and patient online self-education and evaluation

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Background: Breast Ca (BC) & Cervical Ca (CC) are common yet preventable & treatable forms of Ca in Philippines, hence, need to prioritize & strengthen community-organized programs to screen/ early detect & treat, improving survival outcomes. The Philippine Cancer Society (PCS) -Quezon City (QC) ACT NOW PLUS program aims to detect BC & CC thru screening/ stage shifting using online pt self-education/ evaluation, integrated mobile clinics (self/ CBE,breast UTZ, VIA, self-collection HPV test) & navigated to Centers w/ Medical Access Programs.

Methods: QC women were advised to register at actnow.philcancer.org.ph to access videos on breast health, cancer & self-exam. Pt self-reported S/sx & risk factors were triaged into high- & low risk. CC screening by VIA or self-collection HPV test were done. Immediate scheduling of high-risk group to mobile clinic visit was done while low-risk group were advised to visit yearly. Pteducation, CBE & Cervical Exam & UTZ were performed. Both high- & low-risk groups were scheduled for teleconsult or clinic visits. Suspicious breast & cervical findings were referred for biopsy. Confirmed Ca were referred to centers w/ treatment access programs.

Results: From June '23 – May '24, 28370 women screened, 804 were clinically high-risk for BC, 229 had breast lumps & only 23 had breast UTZ BIRADS 4- 5. 7 had negative biopsy. 16 confirmed positive eBC referred for treatment. Turnaround time from work-up to treatment was 4 weeks. 120 had positive VIA result but negative on confirmatory tests. 85% had fair comprehension of educational videos.

Conclusions: ACT Now PLUS is an expanded program of PCS, initiated w/ QC to enhance community education & early detection of BC & CC, provide immediate navigation & access to treatment, to improve outcomes. In a limited resource setting, strengthening community-based Ca screening & navigation to available financial & medical access programs, to improve treatment compliance, hence, survival, can be done via the ACT NOW Plus program. Other local health units are encouraged to ACT NOW.

Legal entity responsible for the study: Philippine Cancer Society, Inc.

Funding: Philippine Cancer Society Inc.

Disclosure: All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2024.10.606>

581P Informal caregiver mental health and time cost for stomach and pancreatic cancer care

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Background: Our study examines the psychological health of informal caregivers and examine the time costs associated with informal caregiving for stomach and pancreatic cancer patients care.

Methods: We selected 200 informal caregivers of patients, and we collected the caregiver information at two-time points. The study got Ethical clearance from Tata Memorial Hospital and the International Institute for Population Sciences. We used The Zarit Burden questionnaire, Anxiety Symptoms Questionnaire, and Composite International Diagnostic Interview (CIDI) for assessing the burden, anxiety, and depression of caregivers. The median wage rate was used to value caregiver time, and caregiver family income and wage by their working profession were used for sensitivity analyses.

Results: Spouses constituted the highest percentage of caregiving, accounting for 64% of caregivers, followed by sons and daughters at 15%. The percentage distribution of causes of feeling depressed was 54.3% financial distress, 23.3% emotional distress, 12.4% take care, and 10.1% relationship issues. Caregivers report greater financial distress than emotional strain, emphasizing the need for support for both. In addition, the patient's employment status and treatment facility type also play pivotal roles in caregiver mental health dynamics. Further, the mean time of traveling per patient is 64.5 hrs., and the mean time in the hospital is 153.1 hrs, and the total mean time is 217.6 hrs. The total mean time spent by stage was higher for the III stage (261 hrs.), I stage (248.0 hrs.), IV stages (200 hrs.), and II stages (197.8 hrs.). The mean time caregivers spend decreases with age, suggesting that young people are more involved in caring for patients.

Conclusions: The prevalence of depression and anxiety among caregivers highlights the urgency of providing accessible support services. Moreover, the economic implications of caregiving emphasize the need for comprehensive assistance programs.