Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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**Conclusions:** Our population-based analysis confirms that first line pazopanib and sunitinib have comparable DT and OS, although cost of sunitinib without managed entry agreements is higher. Nivolumab and cabozantinib have superior DT both in second and third line setting, with nivolumab being the most expensive drug.

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**1605P**

**Number of untimely deaths prevented with ALK-inhibitors in Brazilian patients with advanced non-small cell lung cancer with ALK driver mutations**

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**Background:** In Brazil, lung cancer (LC) is the leading cause of cancer deaths, with the non-small cell (NSCLC) subtype being the most common (85%). While the European Medicines Agency (EMA) approved crizotinib as an anaplastic lymphoma kinase (ALK) inhibitor for treatment of ALK-positive advanced NSCLC in 2012, the National Sanitarian Surveillance Agency (ANVISA) in Brazil did not approve it until 2016. More than 75% of advanced NSCLC patients are ALK-positive, and ALK inhibitor status strongly affects the treatment strategy. Our aim was to estimate the number of premature deaths in ALK+ NSCLC pts due to the lack of crizotinib during 2012-2020.

**Methods:** The annual number of LC pts was taken from our National Cancer Institute (INCA) and for the purposes of calculations we assumed constant incidence. Pts with private health insurance were excluded. Only NSCLC adenocarcinoma histology was considered. INCA database, a cohort (Wong, 2016) and PROFILE 1014 trial were used to estimate stage distribution at diagnosis, recurrence rates and overall survival. Candidates for an ALK inhibitor are 4% of the sum of patients who have advanced disease at diagnosis and those who have recurrence in the last 5 years.

**Results:** INCA estimates 31,270 new cases of LC per year in Brazil. Of these, 76.3% are supposed to be treated in SUS, totalling 23,859. These include 21,235 (89%) NSCLC pts and 2,624 (11%) SCLC pts. Data on ANC was obtained from a nationally representative sample of non-Mexican Americans 4.2 (2.2, 8.4). By using a threshold of 1.5 K/mcL, an estimated 635,550 non-Hispanic Blacks with ANC > 1.3 K/mcL will be classified as having neutropenia. An estimated 226,680 non-Hispanic Blacks that are likely to develop cancer based on their lifetime risk, will be ineligible for clinical trial enrolment because of their ANCs.

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**1606P**

**Developing a readiness assessment framework for radioligand therapy**

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**Background:** The COVID-19 pandemic highlights the importance of health system preparedness. Radioligand therapy is a relatively new treatment that has been shown to improve progression-free survival and quality of life in several cancers. Because it uses radioactivity delivered directly into the bloodstream, radioligand therapy raises specific issues concerning models of care, hospital capacity, infrastructure and nuclear waste disposal. There is a need to improve access to this treatment through the development of a readiness assessment framework for radioligand therapy into clinical cancer care.

**Methods:** Desk research was conducted to evaluate existing assessment tools that may be of relevance to this treatment, and to build the framework of a replicable assessment tool.

**Results:** Methods: As part of our proposed framework we will assess the current preparedness of health systems for the integration of radioligand therapy into clinical cancer care. Our framework is developed by conducting a desk research and literature review. Stakeholder interviews will be conducted to identify the key challenges and barriers to the implementation of radioligand therapy in clinical practice. The framework will be piloted on a selection of health systems.

**Conclusions:** Keywords: Radioligand Therapy; Integration into Clinical Practice; Readiness Assessment Framework.