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P19-4 A cross-sectional study and awareness of breast self-examination of Bangladeshi women at Dhaka Medical College Hospital

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Background: Breast cancer is the leading type of cancer among women in Bangladesh, accounting for 63.6% of the mortality rate of all types of cancers. The lack of awareness and self-screening of breast leads to the late presentation at an advanced stage, and therefore, breast cancer is one of the foremost causes of a large number of deaths. This research aimed to understand the awareness of breast cancer symptoms, frequency of breast self-examination (BSE), and breast cancer risk factors of Bangladeshi women.

Method: A cross-sectional study was conducted in Bangladesh at Dhaka Medical College Hospital (DMCH) from January to December 2020. The primary data were collected from 147 patients aged 18 to 75 years. Structured questionnaires were used to collect quantitative data about breast cancer awareness, frequency of BSE, signs, and symptoms. Multivariable logistic regression was performed to measure sociodemographic differentials in BSE awareness.

Results: Among the survey participants, 71% were married, 18% were widowed, 7% were single, and 4% were divorced. We found that 51% of the women had no idea of BSE; the rest had some knowledge. The study revealed that 38.1% of the women practiced BSE. The women considered nipple discharge (12.3%) and breast lump (14.5%) as important and common symptoms of breast cancer. The BSE awareness was high who had a family history of breast cancer or experienced benign breast diseases. Benign breast disease (6.5%), obesity (10.9%), early menstruation (16.7%), gender factor (33.3%) were identified as the significant risk factors for breast cancer. Among various variables such as shyness, fear, education, occupation, social status, etc., the respondents’ level of education and socio-economic status were identified as independent predictors to perform breast self-examination (p < 0.05).

Conclusion: The lack of knowledge regarding breast cancer is the main barrier to breast self-examination and screening of females in Bangladesh.

https://doi.org/10.1016/j.annonc.2022.05.256

P20-2 Observational study to evaluate RAS status in ctDNA for mCRC patients with RAS mutant tumor: RASMEX study (JACRCCO CC-17)

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Background: RAS is a group of proteins that play a key role in cancer growth, cell division, and metastasis. The detection of RAS mutations is crucial for the treatment of colorectal cancer (CRC). However, RAS expression in circulating tumor DNA (ctDNA) is not well understood.

Introduction: RAS status in tumor tissue is a predictive factor for the efficacy of anti-epidermal growth factor receptor (EGFR) antibodies (Abs) in patients (pts) with metastatic colorectal cancer (mCRC). Recently, several studies have shown that CRC tissue had heterogeneous gene profiling, and the analysis of circulating tumor DNA (ctDNA) in blood samples could detect the change of gene alterations in tumors which are caused by chemotherapy. Bouchahda et al., demonstrated that nearly half of the pts with RAS mutant mCRC had no detectable RAS mutation (mut) in ctDNA after first-line chemotherapy. Other report also showed the frequency of no RAS mut in ctDNA was about 1%. There have been few studies to prospectively evaluate the RAS status after chemotherapy in ctDNA for mCRC pts with RAS mutant tumors. We, therefore, conducted an observational study to evaluate RAS status in ctDNA for mCRC pts with RAS mutant tumors who were treated with standard chemotherapy.

Methods: The key eligibility criteria are as follows: 1) EGCG PS 0-1, 2) histologically proven unresectable mCRC, 3) RAS mut in tumor tissue, 4) refractory or intolerable after response to prior fluoropyrimidine-containing regimen. OncoBEAM™ RAS CRC kit is used to investigate RAS status in ctDNA just after first- or second-line treatment in enrolled pts. The primary endpoint is the frequency of pts without RAS mut in ctDNA. Secondary endpoints include mutation allele frequency of RAS in ctDNA and clinical outcomes of pre- and post-treatments (overall response rate, disease control rate, overall survival, and progression-free survival). As the exploratory analysis, gene alterations (BRCA, PIK3CA, ERBB2, MET) are analyzed in pts without RAS mut in ctDNA. We assume that no RAS mut is observed in ctDNA in at least 1% pts. We expect that one patient with no RAS mut in ctDNA is detected in 100 pts; thus, the sample size of 300 pts is set for our study. Accrual is starting in April 2021 (UMIN0000043442).

https://doi.org/10.1016/j.annonc.2022.05.257

P21-1 The herbal treatment of COVID-19 proved to be boon for cancer patients a observational cross sectional study

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Background: Ayurveda being the science of life propagates the gifts of nature in maintaining healthy and happy living. It is a plant based science. In the wake of the COVID-19 outbreak entire mankind across the globe is suffering. Enhancing the body’s natural defense system immunity plays an important role in maintaining optimum health.

In India lot of herbal preparations were available before COVID-19 pandemic. The most popular and easy available was golden milk and Giloy. During that period of epidemic cancer patients were also using this herbal preparation. This immunity booster preparation not only helped in COVID-19 but also acted as a boon in supportive care of cancer patients against disease and treatment induced acute and chronic side effects also.

Material and Method: This questionnaire based observational study was conducted at Sardar Patel medical college Bikaner Rajasthan India during period of COVID-19. Our sample size was 50 head and neck cancer patients compared with normal incidence of treatment induced acute side effects.

Results: We compare our study group for acute post chemo radio and combined treatment side effects with normal incidence and found miraculous results. Our questionnaire based observation was mainly focused on oral mucositis taste disorder and xerostomia. Along with that we also got unexpected results regarding fatigue flu like symptoms nausea also.

Conclusion: Our study indicated good clinical efficacy of golden milk and Giloy both shown to be effective in relieving the symptoms associated with oral mucositis xerostomia and taste disorder as well as systemic symptoms like fatigue flu as compared to NS group. There were no clinically significant short and long term adverse events either reported or observed during the entire study period. Hence it may be concluded that golden milk and Giloy can be a future drug which act as all in one drug in supportive care.

https://doi.org/10.1016/j.annonc.2022.05.258

P21-6 Outcome of palliative endotracheal tube withdrawal in terminal illness patients with or without cancer

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Background: Palliative endotracheal tube withdrawal is procedure that allow natural and peaceful death to terminal illness patient. After this procedure is legalized in Thailand, we collect information about characteristics and outcome between patients with or without advanced cancer.

Methods: Between May, 2018 and May, 2020, all patients with palliative withdrawal of endotracheal tube are done in palliative care ward. Clinical characteristics and outcomes are retrospectively reviewed from medical record. Primary outcome is the time to death after withdrawal between cancer and non-cancer patient. Secondary outcomes are need of care after withdrawal and characteristics between groups.

Results: Total of 63 patients are included in this study. Median duration of intubation before withdrawal is 14 days (IQR – 6 – 28 days). Median morphine dose to control respiratory failure is significantly increased after withdrawal (0.3 vs 1.5 mg per hour, p < .001). Median time to death after withdrawal is 161 hours. Nineteen patients (30%) are diagnosed with advanced cancer. For non-cancer patients, 34 patients are related to neurology and 10 patients are related to cardiology and respiratory disease. About endotracheal tube indication, respiratory failure is higher in cancer patient (84.2% vs 54.5%, p = .025). Median time to death after withdrawal is significantly lower in cancer patients (55 vs 182 hours, p = .044). Ten patients (15%) can be discharged to home.

Conclusion: Palliative endotracheal tube withdrawal can be offered in both cancer and non-cancer terminal-ill patients. About one-sixth of the patients can be discharged to home. Cancer patients have shorter survival time than non-cancer patients. Increase dose of morphine may be needed to control symptom. This information can be helpful for decision making and providing care to patient with palliative endotracheal tube withdrawal.

https://doi.org/10.1016/j.annonc.2022.05.259