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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of 65%, would allow a reduction of 13,461 influenza cases (12%), with 378 fewer deaths (12%). It also allows a reduction of 1,229 CP appointments and 532 ER visits. Concerning hospitalizations, influenza-related ones are reduced by 121 (10%), while those related to respiratory and cardiorespiratory complications are decreased by 5,112 (14%) and 8,755 (11%), respectively. Conclusions: A switch to HD-QIV seasonal vaccination in the elderly Portuguese population would contribute to reach public health objectives, reducing excess mortality and the consumption of healthcare resources.

POS826
REAL-WORLD EFFECTIVENESS OF FREMANEZUMAB TREATMENT FOR REDUCING MONTHLY MIGRAINE AND HEADACHE DAYS IN US PATIENTS HAVING DIFFERENT NUMBERS OF PRIOR MIGRAINE PREVENTIVE TREATMENT FAILURES
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Objectives: This physician chart review assessed the effectiveness of fremanezumab, a fully humanized monoclonal antibody (lgG2aa) that selectively targets calcitonin gene-related peptide (CGRP), in reducing the monthly headache days (MHD) in patients with different numbers of prior migraine preventive treatment failures (<2 or ≥2 failures) over 6 months. Methods: This panel-based chart review used electronic case report forms. Patient inclusion criteria were physician-diagnosed chronic or episodic migraine; fremanezumab treatment initiation at ≥18 years of age after FDA approval (initiation, October 2, 2018–July 17, 2020); ≥1 dose of fremanezumab treatment; and ≥2 MMD assessments (1 within 30 days before and ≥1 after initiation). Results: Mean baseline MMD and MHD, respectively, were 12.7 and 14.0 in the overall population (n=1,003), 10.5 and 11.0 for patients with <2 prior treatment failures (n=171) and 13.2 and 14.6 for those with ≥2 prior failures (n=832). At Month 1, mean MMD and MHD, respectively, were reduced from baseline by ~45 (percent reduction, 36.2%) and ~47 (33.6%) overall, ~2.9 (27.6%) and ~3.2 (29.1%) in patients with <2 prior failures, and ~5.1 (38.6%) and ~5.1 (34.9%) in patients with ≥2 prior failures. At Month 3, mean MMD and MHD, respectively, were reduced by ~6.7 (52.8%) and ~6.8 (48.6%) overall, ~5.4 (51.4%) and ~6.0 (53.4%) in patients with <2 prior failures, and ~6.9 (52.3%) and ~6.9 (47.3%) in patients with ≥2 prior failures. At Month 6, mean MMD and MHD, respectively, were reduced by ~9.2 (72.4%) and ~9.8 (70.0%) overall, ~7.8 (74.3%) and ~6.8 (61.8%) in patients with <2 prior failures, and ~9.4 (71.2%) and ~10.1 (69.2%) in patients with ≥2 prior failures. Conclusions: Fremanezumab treatment resulted in similar, clinically meaningful reductions in MMD and MHD that increased over 6 months regardless of number of prior migraine preventive treatment failures (<2 and ≥2 failures).

POS827
RESULTS OF SELF-REPORTED EHR COVID SCREENINGS AMONG COMMUNITY ONCOLOGY PATIENTS
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Objectives: On 1/30/20, the World Health Organization declared the COVID-19 pandemic a global emergency. In March 2020, the iKnowMed electronic health records system implemented a screening tool to monitor and report the COVID-19 impact within these at-risk community oncology practices, summarized here. Methods: The study included patients with at least two office visits, on active chemotherapy within the period 30 days prior to 01/31/2020 through 05/19/2021, and within 20 US Oncology Network practices. Screening questions included COVID-19–related symptoms, travel, exposure, and testing Results: Results: A total of 132,457 unique patients satisfied inclusion criteria. Of these, 39% (~51,160) had at least one screening record, and 564,491 unique screening responses were recorded during the study. A median of 6 (25th–75th percentiles: 2, 14) screening records per patient was reported. The study population was 67% (n=54,548) female and 38% aged 60–79 years (n=30,042). Approximately 24% (~12,309) reported having been tested for COVID-19, while 4% (~1,149) reported a positive result. Of the COVID-positive patients, 23% (~314) reported recent symptoms, 9% (~45) contact with a COVID-positive person, and 16% (~n=8) travel. Among screened patients (~n=51,620), 87% (~n=45,164) did not report any symptoms, ~77% (~n=39,761) did not report any travel outside of their community, and 90% (~n=46,406) did not report exposure to anyone positive for COVID-19. Conclusions: The inclusion of a COVID-19 screening tool within a community oncology EHR provides insights into the effects of the pandemic within a potentially immunocompromised patient population. Descriptive analysis reveals that responses relative to symptoms, travel, and exposure along with percent-positive rates among cancer patients may be lower than the general population. Opportunities to stratify data by stage of disease, metastatic indication and other clinical variables offer future directions for analysis.

POS828
COMPARATIVE EFFECTIVENESS OF TREATMENTS FOR ADVANCED OR METASTATIC TRIPLE NEGATIVE BREAST CANCER (TNBC) PATIENTS: A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS
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Objectives: Triple negative breast cancer (TNBC) is a rare and aggressive form of breast cancer with poor prognosis due to absence of expression of estrogen, progesterone and HER2 receptors. Targeted treatment options for TNBC patients are unavailable and cytotoxic drugs in various combinations are often used to treat patients. Current research still lacks an effective comparison between the various treatments and their effect on overall (OS) and progression-free (PFS) survival of patients. Methods: The research articles consisting of only RCTs and Clinical Trials retrieved from three major databases PubMed, EMBASE and Cochrane identifying 2,949 studies. Post screening, 34 articles were included for the qualitative and quantitative analysis. The primary outcomes (OS and PFS) were compared using a random effect time to event statistical approach i.e., hazard ratios with corresponding 95% confidence intervals and p values. Adjusted HR was used for pair wise as well as network meta-analysis. The Cochrane Risk of bias assessment tool was used to assess study quality. Results: Out of 34 studies, 2 network meta-analysis were performed consisting of four studies each. Among one group, combination of drug Nab-Paclitaxel and Carboplatin was the most effective whereas combination of Nab-Paclitaxel and Gemcitabine was ranked as least effective at prolonging OS and PFS using indirect evidence. Abraxane performance in the IBD context was discovered to be more effective at prolonging OS and PFS among TNBC patients in the other group. Frequentist network meta-analysis was used and value of I2 showed significant heterogeneity. Conclusions: Limited evidence suggests that adding platinum containing compounds or biological agents with Taxanes for treatment of advanced or metastatic TNBC patients were more effective than single drugs or other combinations at prolonging OS and PFS. This result should be interpreted with caution given the methodological limitations of indirect evidence based on few studies. KeyWords: Triple Negative Breast Cancer, Chemotherapy, Survival Analysis, Network Meta-analysis

POS829
CAN PREDICTIVE TOOLS AND ANALYTICS FORESEE HEALTH OUTCOMES OR IDENTIFY PATIENT SUBGROUPS WITH HIGHER RISK OF PROGRESSION IN THE MANAGEMENT OF INFLAMMATORY BOWEL DISEASE? A SYSTEMATIC LITERATURE REVIEW
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Background: Inflammatory Bowel Disease (IBD), Crohn’s Disease (CD), and Ulcerative Colitis (UC) are chronic illnesses increasingly spreading in the last decades. New ways to treat chronic diseases, such as precision medicine and predictive analytics, are developing, and digital sources of data allow the development of these new technologies to assist clinical practice. Objectives: To identify the available predictive tools, validated by scientific literature, for patients with IBD, CD or UC and/or at risk of faster progression, and to assess how reliable and effective these are in predicting health outcomes and in identifying high-risk patient groups. Methods: A systematic literature review was performed on different databases (Ovid Medline, ProQuest, Web of Science, CINAHL), to find peer-reviewed publications. Grey literature research was also conducted. Predictive performance of each tool (e.g. discriminative ability, reliability) in detecting health outcomes is the endpoint of the review. Results: The review included 26 publications after 4 screening stages. The review provides a comprehensive framework of all the predictive tools publicly tested in the scientific literature. All the included articles reported data on tools’ predictive value and are classified in 5 groups (scoring systems, risk scores/index, algorithms, modelling and artificial intelligence). 24 out of 26 articles reported that the considered tool(s) have the potential to predict health outcomes in cohorts of patients with IBD, CD or UC, while 9 out of 26 assess tools that try to identify high-risk patients’ groups. An analysis of tool’s validation is also reported in the section. Conclusions: This review represents the first attempt to synthesize and classify the available tools’ performance in the IBD context. This is one of the most tested of the section tools reported positive performance results, different challenges and limitations on data availability and quality, tool’s comparison and validation still need to be addressed.