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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
but 40% (248 of 627) willing to travel worldwide. When asked about funding travel, the amount patients could afford varied from £0 to over £100, with 25% (155 of 627) willing to pay over £100 per month to travel. If travel costs were covered, the proportion willing to travel in a trial increased to 61% (381 of 627). When asked about the benefits to participation in clinical trials, 93% (586 of 627) felt it would give early access to potential new drugs and 90% (565 of 627) felt it would be beneficial to future patients. However, some patients were concerned about the possible side effects of treatment on a trial 63% (392 of 627) and were unsure of its potential benefits 43% (268 of 627). Some patients also worried that they wouldn’t know what the trial was about 31% (192 of 627) and a few had other worries 8% (48 of 627), such as they would get a placebo. The preferred sources of information regarding clinical trials were a patient friendly database and a trusted healthcare professional. Many said they felt involved in the decision making around their care and hadn’t tried searching for a trial themselves. Those that had searched for a trial information did not find the information they were looking for, and 94% (587 of 627) would search a database if it was patient friendly. Regarding the impact of COVID on their care, 43% (277 of 627) had their treatment delayed, and some expressed issues around the difficulties of telephone rather than face to face consultations, or to have to attend appointments alone.

**Conclusion:** This large UK wide patient questionnaire demonstrates a number of key findings. These include (1) the lack of opportunity for MBC patients to participate in clinical research, particularly in clinical trials; (2) the need to develop patient facing trial databases and the importance of the clinician in the provision of such information; (3) patients are willing to travel for a trial and financial support would be an enabler. This patient based data will help the clinical community to reflect on and improve the clinical research opportunities and experience of patients living with MBC.

PR49

**PANDEMIC AND ITS IMPACT ON ABC/MBC PATIENTS**

C. Rekha Gulabani  
Indian Cancer Society - Delhi Branch, Delhi, India

COVID-19 attacked the world suddenly. Govts started groping for ways and means to protect their people. Till recently, ABC/ MBC patients had to take a back seat. Health care system had to be restructured, reorganized; resources had to be diverted to accommodate huge influx of COVID patients.

ABC is incurable. The treatment of ABC aims at arresting the spread of cancer and treating the symptoms of ABC, its treatment to improve QoL and prolong the patient’s life. But we see no signs of its ending. We have to adapt to the new normal life. Public HC system was unable to cater services. Suspected ABC patients turned into ABC as they could not get treatment in time. There were no community cancer screenings. Delay or cancellation for the dates of chemo etc. turned EBC into ABC. New patient registration fell by 54% and outclinic visits by 46%.

**ABC issues:** Emotional – patients felt fear, hopelessness, depression, anxiety. Due to low immunity, they are prone to COVID-19. No treatment would spread cancer. Myths spread by social media add to their anxiety.

Going to the hospital means problem of transportation due to lockdown/OPD’s might be closed. Financially people are losing their jobs or getting less salary. Hardly any NGOs help ABC patients. Government is concentrating more on COVID treatment.

HCPs being busy with COVID-19, few doctors are left for ABC patients. These patients are prone to decreased platelet counts. Today there are hardly any blood donors. Socially people do not come forward to help. Many times there is unavailability of drugs. Gradually medical fraternity is finding new methods of treating ABC patients.

Tele consultation/medicine is introduced. Patients can get drugs at their native place and receive chemo in some local hospital. Government started issuing travel permission cards to the needy patients and caregivers. Many precautions like PPE etc. have been introduced in hospitals. Online appointments save patients’ unnecessary travel. But illiterate patients are not tech savvy. Patients are educated through social media etc. to have a positive attitude and keep busy meaningfully.

ICS, Delhi has been working for breast cancer since 1983. It has started interacting with ABC patients since 2016 with an aim to understand their issues. ICS has a WhatsApp group of BC patients and survivors. Many of these are ABC patients. Amazingly it is these patients who motivate other patients. A few of ICS counseled ABC patients have learnt to create awareness about BC. They are extensively creating awareness in their own regions, thus saving many women’s lives. Their mission is to save others from becoming ABC. They feel confident, useful and positive. It improves their QoL. Also, ICS volunteers attended a workshop on patient engagement panels for ABC patients. These volunteers also attended Peer Navigation Training with respect to ABC A project on ABC is in the pipeline, where ICS has collaborated with a renowned BC surgeon.

PR50

**CRITICALLY ILL ABC PATIENTS IN COVID-19 ERA: BETWEEN DISEASE PROGRESSION(UN)PREVENTABLE COMPLICATIONS, ESPECIALLY FROM SEPSIS**

Rania Azmi  
Fadia Survive Thrive International Cancer Association

The COVID-19 crisis has disrupted the continuous care provided to cancer patients. In MBC or ABC, cancerous cells can break free from a tumor site and once they are in the bloodstream, the cells can travel to other parts of the body, spreading the disease to other organs. In most parts of the world, cancers are becoming increasingly survivable. However, they are still one of the leading causes of death. Death can occur because of the actual tumors, or death can occur because of associated complications. Having cancer and undergoing certain treatments can weaken the immune system, putting MBC patients at higher risk for developing an infection that could lead to sepsis. And being in COVID-19 era has significantly increased this dual challenge.

MBC patients are particularly susceptible to developing sepsis. For example, the risk of developing sepsis is increased 10 times by the presence of any type of cancer. There are a number of reasons why metastatic patients, are more susceptible to developing sepsis. Weakness due to malnutrition, illness or fragility from age, are some of the key reasons, besides cancer complications. ABC patients have varying degrees of immunosuppression, making them more likely to have complications.

In the MBC patients’ fight against cancer, they should arm themselves with facts about how to prevent infections as their weakened immune systems can lead to unattended infections that can progress to sepsis. Getting an infection or developing sepsis is a medical emergency.
Sepsis is the final common pathway to death from most infectious diseases worldwide, including viruses such as SARS-CoV-2 (the virus responsible of COVID-19). Therefore, prevention is key and there is an increasingly shared responsibility by all cancer stakeholders to raise awareness about preventing cancer complications, especially related to infections and sepsis. Patients with advanced cancer are presumed to be at increased risk from COVID-19 infection-related mortality due to underlying malignancy, treatment-related immunosuppression, or increased comorbidities. And since research shows that COVID-19 in MBC patients is associated with a significantly increased risk of case fatality, this suggests the need for proactive strategies to reduce likelihood of infection.

MBC patients usually suffer from multiple side effects, such as vomiting, diarrhea, among many others, which not only compromise their quality of life, but also could be confused with treatment side effects at a time they might be symptoms for something more fatal than treatment side effects, such as sepsis. It is extremely important for all cancer stakeholders to coordinate efforts in prevention and raising awareness about preventing infections and be aware of and very alerted about any early signs of infection and sepsis. Raising awareness among patients and their caregivers about early symptoms of sepsis can save lives, which should be the focus of any patient advocacy program.

PR51

A PATIENT’S JOURNEY: BRIDGING THE GAP FROM METASTATIC BREAST CANCER DIAGNOSIS TO ACTIVE INVOLVEMENT AS A PEER NAVIGATOR

Maja Erceg Tušek
Association of Cancer Affected and Treated Women EVERYTHING for HER

Breast cancer is the leading women cancer in Croatia. Although it is usually found in women over 50 years of age, there is an increase in frequency in younger women as well. This younger population of women can have more problems adjusting to diagnosis, developing anxiety symptoms as well as other psychological symptoms that may lead to a significant decrease in their quality of life. Some studies show that almost 30–40% of affected women develop psychiatric symptoms, such as depression, anxiety or adjustment disorder.

The aim of this case report is to emphasize the importance of psychosocial support in treatment of metastatic breast cancer affected women. This includes psychoeducation, informing about practical things that are good to know, preparing to talk with medical staff, providing useful materials, informing about rights, providing psychological/psychotherapeutic support, nutritionist counselling, education and more. All of this can improve quality of life and communication with health providers as well as enabling more active roles in their treatment. Some of these will also be provided by peer navigators in a pilot program MBC PNP in Croatia led by Association of Cancer Affected and Treated Women EVERYTHING for HER.

This NGO provides psychosocial and logistical support to women diagnosed with any type of cancer in Croatia, mostly to women with breast cancer as well as advanced breast cancer. EVERYTHING for HER also advocates for better treatment of cancer patients, their rights and psychosocial protection and raises awareness about the importance of psychological support as an inseparable part of the treatment. Many women need professional help in addition to the support they get from their families, and that’s what the team of psychologists and psychotherapists does delivering around 1500 individual sessions per year in the Centre for Psychological Assistance. Because of the pandemic these programs usually take place by phone or online.

This patient of 41 years with a background in social work sought information by asking questions and searching online sources. She found out about the Center and asked for support after finding out the diagnosis of metastatic breast cancer. She is being treated with ribociclib. The journey has been a long one as she felt left to herself in confusing health system procedures with little information that she couldn’t understand and sought ways to learn more and to be actively involved with her treatment. She has been involved with several programs in the Centre, including individual psychotherapy for almost a year now exploring herself and adjusting to the diagnosis. She is now taking a more active role in her treatment as well as being a part of MBC PNP team in Croatian pilot as a peer navigator. She is eager to share her experiences with other women who need logistical, practical and emotional guidance she felt she needed but seriously lacked when she first found out.

Abstracts – Basic and Translational Research

PR52

99mTc-TILMANOCEPT SPECT IMAGING AS A POTENTIAL NON-INVASIVE METHOD TO QUANTIFY CD206+ TUMOR-ASSOCIATED M2-LIKE MACROPHAGES IN TRIPLE NEGATIVE BREAST CANCER

Alexanne Bouchard1, Hugo Sikner2, Mathieu Moreau1, Emeric Limagne2, Pierre-Simon Bellaye2, Evelyne Kohlii, Bertrand Collin3

1UMR INSERM/UB/AGROSUP 1231, Team 3 HSP-Pathies, Dijon, France; 2Centre Anti-cancereux Georges François Leclerc, Dijon, France; 3UMR ub/CNRS 6302, Institut de Chimie Moléculaire, Dijon, France

Triple-negative breast cancer (TNBC) is the most aggressive subtype of breast cancers coupled with the highest probability of metastasis and a lack of specific targets. Progress regarding the modulation of tumor microenvironment (TME) and its follow-up by molecular imaging appear as valuable tools due to its central role in the development of TNBC. Among immunosuppressive cells of the TME, M2-like macrophages have been associated with cancer aggressiveness, therapy resistance and poor prognosis. The aim of this study was to assess if M2-like macrophages (i) could be tracked in vivo into the TME of triple negative breast cancer with SPECT imaging and (ii) could be modulated by the inhibition of Gp96, an endoplasmic reticulum chaperone involved in inflammatory processes that we have previously shown (Inserm UMR 1231, HSP-Pathies team 3) to be expressed at the cell membrane of human primary M2 macrophages.

Tissues from mouse TNBC (4T1 cell line) were analyzed by immunohistochemistry (IHC) to detect the presence of Gp96 and CD206 (a marker of M2 macrophages) into the TME of triple negative breast cancer. Specific CD206 to detect M2-like macrophages in TME of triple negative breast cancer. Specific CD206 in vivo imaging on 4T1-bearing mice receiving or not a specific inhibitor of Gp96 (PU-WS13) was performed with 99mTc-Tilmanocept SPECT (i.v injection, 15MBq/mouse). Images were performed at 1 h, 4 h and 24 h post-injection. Ex vivo gamma counting of tumors was performed after the last imaging. Radioactivity content measured with gamma counting or on images was expressed as percentage of the injected dose per