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.
SUPPORTIVE CARE

273MO A supportive and expanding nurse led model of care, symptom urgent review clinic (SURC)

L. Taylor, W. Poole, Z.W. Wong
Oncology Department, Peninsula Health, Frankston, VIC, Australia

Background: Cancer patients undergoing systemic anti-cancer therapies (SACT) invariably experience toxicities precipitating presentations to Emergency Departments (ED). With the ongoing COVID-19 pandemic, it is imperative to continue to keep vulnerable immunocompromised patients out of hospital and encourage patients to contact SURC when symptoms develop. Peninsula Health (PH) SURC service was initiated post completion of a 12-month funded grant through the Victorian Government and has grown rapidly since its commencement. This nurse-led SURC model of care has been reported to achieve an investment return of $1.73 for every dollar invested.

Methods: ED presentations of Peninsula Health Oncology/Haematology patients pre- and post-SURC commencement were examined if potentially avoidable presentations have reduced. Ongoing SURC Episodes of care (Educations, phone, and physical attendances) between January 2022 to September 2022 captured in the SURC Access Database. Patient experience surveys were conducted post SURC phone contact and physical attendance if unwell. Patients and clinicians’ surveys are ongoing.

Results: Intermediate statistical data (COSA2021) collated June 2021 to December 2022 post-grant, we observed 43.30% reduction in ED presentations within SURC operation hours by patients considered SURC eligible when compared to pre-SURC figures. The SURC from January 2022 to September 2022 has recorded, 2567 episodes of care, provided to 601 individuals: educations (12.43%), incoming phone triage (45.77%), outgoing phone triage (31.40%), and attendances (10.40%). Most frequent SURC contacts were for care-coordination (28.43%), gastrointestinal symptoms (17.57%), diagnostics (8.81%), pain management (7.56%), and medication advice (6.23%). Notably, more than one-third indicated they would have done nothing (36.93%) with 7.13% indicating they would have presented to ED without SURC. Closely aligning with the local cancer prevalence rates, the commonest tumour streams are breast (22.63%), lung (17.14%), and colorectal (15.64%).

Conclusions: The SURC model of care continues to be an invaluable resource at PH to support cancer patients undergoing SACT which allows prompt access to specialist care while avoiding emergency presentations in the ambulatory setting. The model continues to expand post an additional government grant “SURC-additional support during COVID-19 and recovery” to increase additional support to vulnerable populations.

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.2022.10.300

274MO Mobile application for breast cancer survivors to improve their post treatment quality of life: A randomized controlled trial

M.D. Kaur
Radiotherapy and Oncology, PGIMER, Chandigarh, India

Background: Breast cancer is affecting the among women worldwide.Their suffered from physical, psychosocial and sexual impairment after their treatment completion. It reduces their post treatment QOL. Smart devices and wearable technologies are becoming progressively more popular throughout society. m-health technology is the forms of care-coordination (28.43%), gastrointestinal symptoms (17.57%), diagnostics (8.81%), pain management (7.56%), and medication advice (6.23%). Notably, more than one-third indicated they would have done nothing (36.93%) with 7.13% indicating they would have presented to ED without SURC. Closely aligning with the local cancer prevalence rates, the commonest tumour streams are breast (22.63%), lung (17.14%), and colorectal (15.64%).

Conclusions: The SURC model of care continues to be an invaluable resource at PH to support cancer patients undergoing SACT which allows prompt access to specialist care while avoiding emergency presentations in the ambulatory setting. The model continues to expand post an additional government grant “SURC-additional support during COVID-19 and recovery” to increase additional support to vulnerable populations.

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.2022.10.300

275MO Phase III double blind placebo-controlled study of olanzapine for chemotherapy related anorexia in patients with advanced gastric, hepatopancreaticobiliary and lung cancer

S.L. Singuluri1, N. Srinivasan1, L. Goenka1, B. Dubashi1, S. Kayal1, K.T. Harichandrakumar2, R. Govindarajalou1, P. Ganesan1
1Medical Oncology, JIPMER - Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India; 2Biostatistic, JIPMER - Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India

Background: Anorexia occurs in 30-80% of patients with advanced malignancies which worsens with chemotherapies. This may worsen weight loss with resultant increase in toxicity and poor oncological outcomes. There is no current standard therapy for anorexia. This trial was designed to assess the efficacy of olanzapine as an orexigenic agent in patients receiving cytotoxic chemotherapy.

Methods: Adults (≥18years) with untreated, advanced gastric, hepatopancreaticobiliary (HPB) and lung cancers were randomly assigned in a double-blind manner to receive olanzapine (2.5mg once a day for 12 weeks) or placebo along with planned chemotherapy. Both groups received standard dietary assessment and advice. Improvement in anorexia measured by “The Functional Assessment of Chronic Illness Therapy Anorexia Cachexia subscale (FAACT ACS)” and proportion of patients achieving weight gain (>5%) at 12 weeks were the primary outcome measures. The study was powered to detect a 20% improvement in the proportion of patients achieving >5% weight gain in the olanzapine group.

Results: A total of 124 pts [median age: 55 yrs (18-78yrs), 64% males, mean wt: 53kgs, mean BMI: 20.9 kg/m²; Gastric (N=43,35%), and HPB (N=13 (10%) were randomized, of which 58 (olanzapine) and 54 (placebo) were evaluable at 12 weeks. Proportion of patients with improvement in FAACT ACS score was superior with olanzapine [54/58 (93%) vs. 33/54(61%), p<0.0001]; Proportion achieving weight gain (>5%) was more with olanzapine [35/58 (56%) vs. 5/54 (8%), p<0.0001] when compared to placebo. Patients on olanzapine had improvement in quality-of-life (p=0.003), SGA grade (p=0.004), and lesser grade 3 toxicity (14%(vs 36%, p=0.02). No major side effects were due to olanzapine or placebo. Among patients with metastatic disease(N=99), median overall survival was better in the olanzapine arm[16 vs 10 mos (p=0.03)]

Conclusions: Low-dose olanzapine improves appetite and leads to weight gain when given along with chemotherapy with a potential to improve oncological outcomes. Olanzapine can be considered as a safe, and inexpensive addition to supportive treatment for patients receiving chemotherapy.

Clinical trial identification: CTRI/2020/08/027133.

Legal entity responsible for the study: Dr. Prasanth Ganesan.

Funding: JIPMER Intramural Research Grant.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2022.10.302