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.

adequate information to prevent misinformation that may affect decision-making for patient care. The Universitas Sebelas Maret Trust and Readiness Assessment for Cancer Patients (UNS — TRAfCP35) is an instrument designed to assess a patient's understanding of cancer, confidence in alternative medicine, and a patient's confidence in medical therapies. This study aims to see the validity and reliability of UNS — TRAfCP35 in assessing patients' understanding of cancer, trust in alternative medicine, and trust in medical treatment for cancer patients in Indonesia.

Methods: This is a cross-sectional hospital-based study conducted on 100 patients at Dr. Moewardi Hospital, using UNS-TRAfCP35. The questionnaire consisted of 35 questions divided into 3 parts: 15 questions regarding patients' understanding of cancer, 8 questions regarding their belief in alternative medicine, and 12 questions about patients' trust in medical treatment. Validity and reliability were used using Pearson and Cronbach alpha.

Results: Validity tests showed that the understanding of cancer ($r = 0.236—0.456$), the patient's confidence in alternative medicine ($r = 0.301—0.688$) and the patient's confidence in medical care ($r = 0.324—0.765$) had $r > 0.196$. Reliability tests showed that the questions from each section had Cronbach alpha values of 0.712, 0.830, and 0.844, respectively. Alfa Cronbach > 0.60. The values indicate that all questions in the questionnaire are valid, reliable, consistent, and qualified for further analysis for the treatment of cancer patients.

Conclusions: This study shows that UNS — TRAfCP35 is valid and reliable for assessing patients' understanding of cancer, trust in alternative medicine, and medical care.

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426P Safety of Sputnik V COVID-19 vaccine in cancer patients receiving chemotherapy: An observational study

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Background: COVID-2019 had a dramatic impact on cancer care worldwide. There are numerous of vaccines developed or being developed in order to prevent the spread of the disease. A recombinant adenovirus-based vaccine, Gam-COVID-Vac (Sputnik V), has shown a favorable safety profile and efficacy in Phase 3 trial. Nowadays it is a main SARS-CoV-2 vaccine in Russia, but there is lack of information on its safety in cancer patients. We conducted a retrospective trial to assess safety of Sputnik V in adult patients with cancer.

Methods: we screened N.N. Blokhin NMRCO records for 01.2021-05.2022 timeframe and identified adult cancer patients vaccinated against SARS-CoV-2 with Sputnik V vaccine and contacted them to assess the tolerability and safety of the above mentioned vaccine. The patients were asked to report any new adverse events they experienced up to 28 days after the last dose of the vaccine. All the adverse events were recorded in the database and graded according to CTCAE criteria. Patients were specifically asked to report the following: pyrexia, asthenia, nausea, vomiting, local reactions, abdominal pain, muscle or joint pain and to report any other concerning symptoms. Symptoms were graded according to CTCAE4.03 criteria.

Results: we identified 145 patients who received at least 1 dose of vaccine, safety data were available for 141 of them. Median age was 55 years (21-83), 70 (48.9%), 27 (19.2%), 21 (14.9%) and 19 (13.5%) patients had gynecologic, breast, genitourinary, gastrointestinal tumors, respectively; 5 (3.5%) of patients had other types of tumors. Overall, 70 (49.6%) of patients experienced AE of any grade. Most common AEs were injection reactions (40.4%), pyrexia (24.1%), asthenia (22.0%) and arthralgia (13.5%), results are summarized in the table below. Few patients experienced grade 3-4 AEs, however 1 patient developed grade 4 cerebellar ataxia probably related to vaccination. Cancer type and active treatment were not predictors of AEs.

Table: 426P

AE	Grade 1-2	Grade 3-4
Injection reactions	55 (39.0%)	2 (1.4%)
Pyrexia	32 (22.7%)	2 (1.4%)
Asthenia	30 (21.3%)	1 (0.7%)
Arthralgia	19 (13.5%)	0 (0%)
Other	5 (3.5%)	1 (0.7%)

Conclusions: Sputnik V vaccination appears to be safe and tolerable in patients with cancer, however additional studies should be conducted to assess efficacy and safety of the vaccine in cancer setting.

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427P Oncology combination therapies in Asia-Pacific markets: What are the current access challenges?

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Background: Combination therapies (CT) are increasingly being developed and used in oncology. They have clinical benefits over and above monotherapies but face challenges in their assessment and pricing, which can delay or prevent access for patients in Asia-Pacific (AP) markets, especially when CTs consist of multiple on-patent constituents with different manufacturers. OHE conducted a study to understand the access landscape for CTs in AP and current access challenges (if any).

Methods: We extracted information on the regulatory approval and reimbursement decisions from the website of regulatory and HTA agencies, and drug listings of 14 free-dose CTs that received EMA marketing authorisation between 2015 and June 2020. All CTs included a constituent therapy that is licensed in another indication or CT. Markets in scope were Hong Kong, New Zealand, Singapore, South Korea and Taiwan. We developed a discussion guide for a series of interviews held by IQVIA with regulatory and HTA experts in the AP markets and analysed the transcripts to identify access challenges specific to CTs in individual markets.

Results: Only 6 out of 14 CTs of interest achieved access in any of the five AP markets. These comprised on-patent molecules produced by a single manufacturer or one on-patent molecule in combination with off-patent molecules. Barriers to access include anti-trust law impeding pricing negotiations between multiple manufacturers, monotherapy-centric focus of regulatory and reimbursement processes, issues with tracking usage by indication to facilitate indication-based pricing, and payers' focus on budget impact over value assessment.

Conclusions: A multi-faceted collaborative approach by payers and manufacturers is needed with steps to tackle each barrier and improve patient access to CTs in AP.

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428P Clinical characteristics, laboratory parameters, and hospital outcomes of COVID-19 among patients with and without cancer: A retrospective cohort study

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Background: Cancer patients are at increased risk of infection due to immunosuppression, poor nutrition, and other health problems. Various studies have shown that cancer patients have a higher risk of serious complications related to Coronavirus disease (COVID-19) than patients without cancer, however, the strength of associated varied significantly across the studies. We aim to analyze the differences in the clinical characteristics, laboratory parameters, and hospital outcomes of COVID-19 among patients with and without cancer.

Methods: This was a retrospective study of 1873 patients including 102 cancer patients who presented with SARS-CoV-2 infection at our hospital. Our primary outcome was the in-hospital mortality rate due to COVID-19 and the secondary outcome was a comparison of demographic, clinical, laboratory, and treatment parameters of cancer patients compared to non-cancer patients. Multivariate logistic regression models

were fitted to identify factors predictive of disease progression in the hospital, including death.

Results: Cancer patients had a higher in-hospital mortality rate than non-cancer patients (26.5 vs 21.2 %, P=0.211). The proportion of people with anemia, thrombocytopenia, and leukopenia was significantly higher in the cancer group. The median value of inflammatory markers (ferritin, D-dimer, and IL-6) in the cancer group is approximately two times than non-cancer group. The odds of worsening [1.73 (1.01-2.95)] and death [2.83 (1.46-5.47)] during hospital stay were significantly higher in cancer patients. Hematological malignancies had higher odds of developing critical illness [4.96 (1.57-15.7)] and receiving mechanical ventilation [4.35 (1.27-15.0)] compared to non-cancer cases. In cancer patients, breathlessness and hypoxia at presentation were significant predictors of mortality when adjusted for other clinical features.

Conclusions: Cancer patients with COVID-19 infection have abnormally high inflammatory responses compared with non-cancer patients and the development of breathlessness and hypoxia are important predictors of mortality. Patients with hematological malignancies have a higher risk of developing serious disease.

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429P Cancer and COVID-19 in India: Assessing the impact in a nationwide survey

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Background: The impact of COVID-19 has been concerning in management of the non-COVID diseases, especially cancer. We conducted an online survey to study the impact COVID-19 had on cancer-related care.

Methods: The survey was conducted in collaboration with OncoAlert between March 2022 and June 2022 through google forms which were mainly circulated through the ONCOassist app and other social platforms including emails to various oncology-related specialties.

Results: The online questionnaire was completed by 155 respondents and the majority were males (71%) who were relatively young (85.1% were in the age group 25-45 years). The majority were radiation oncologists (52.3%) and Medical Oncologists (29%). About 3/4th of the centers admitted admit COVID patients in their centers and 81.3% believed cancer care was hampered due to the pandemic. About 79.4% provided telemedicine facilities and 18.8% conveyed that more than 25% of cancer patients were managed by this facility. COVID testing was done before starting therapy with 65.4%, 54.9%, and 52.3% sharing the need for the test prior to surgery, chemotherapy, or the start of radiation therapy respectively. Only 11.1% felt the need to deviate from the standard of care more than 50% of the time. The majority (74.5%) felt there was a delay in diagnosis and 81.7% and 80.4% felt there was progression to advanced stages or patients were lost to follow-up respectively. About 56.9% felt that they provided substandard treatment to their patients. Education and training in oncology too took a hit during the pandemic as examinations for the specialties in oncology needed to be conducted on the online platform (46%). About 22.9%, 10.8%, and 14.2% felt that more than 50% of surgeries, chemotherapy, and radiation treatment needed to be canceled. Unfortunately, 21.8% reported having to make changes in the curative intent of treatment. The recruitment delays and halts (87.5%) were major factors that impacted the oncology-related research and 52.8% did not start new research. About 59.3% have used the Oncoassist mobile application for more than a year.

Conclusions: Decision-making in oncology has been influenced by the COVID-19 pandemic. Telehealth is a novel concept that is being encouraged and used by clinicians to improve patient care.

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430P Single-cell spatial architecture of tumour microenvironment in patients with in-transit melanoma (ITM)

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Background: ITM refers to the presence of metastases between a primary melanoma and the nearest regional lymph node field. The 5-year overall survival rates for patients with ITM varies from 83% to 32%. The role of immunotherapies in the management of patients with ITMs is evolving. The tumour microenvironment of ITM remains poorly defined, where distinct cellular constitution, intercellular interactions and molecular signals may influence tumour progression and therapy outcomes.

Methods: We performed 41-plex CODEX (co-detection by indexing) multiplexed imaging on whole-tissue slides from 10 untreated and 10 post-progression ITM samples. Deep spatial multiplex imaging was used to characterise the spatial architecture of cancer cells, non-immune and immune cells within the tissue using advanced bioinformatics analyses including deep learning classifier, spatial deconvolution, and expression profiling.

Results: ITMs that completely regressed following systemic checkpoint therapies harboured higher proportions of $CD8^+$ T cells at the invasive margin, higher expression of PD-L1 on $CD14^+$ macrophages and clusters of activated T and B lymphocytes including $CD45RO^+$ memory T cells. ITMs with recurrent post treatment demonstrated high immune exclusion, where $CD3^+$ T cells with an exhausted phenotype ($PD1^+LAG3^+$) were restricted to the periphery and around intratumoural blood vessels by high density collagen IV deposition. Expression of alternate immune checkpoint receptors (LAG3, TIM3, ICOS, VISTA) was heterogeneous in all resistant patients. Post-treatment tumours showed high infiltration with $CD45RO^+CD8^+$ T cells in the vicinity of HLA-A expressing melanoma cells, but a lack of B cells in the cellular neighbourhood suggestive of inadequate co-stimulation.

Conclusions: Our results demonstrate patterns of immune cell recruitment, functional phenotypes and cellular neighbourhoods associated with immunotherapy response and tumour progression/therapy resistance in ITM melanoma patients treated with immunotherapy.

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431P Alveolar soft part sarcomas: A tertiary care Indian centre experience

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Background: Alveolar soft part sarcoma (ASPS) is an ultra-rare and chemo refractory sarcoma. Tyrosine kinase inhibitors (TKI) are promising however, feasibility data is sparse from low-middle income countries.

Methods: ASPS patients registered in our institute from year 2001-2021 were analysed.

Results: There were 85 patients with a median age of 32 years; 48 (57 %) were males, commonest primary site was extremities in 57(67%), 31 (37%) were de-novo metastatic(mASPS). Among the 54 (63%) non-metastatic patients, 24 relapsed and became metastatic and hence 55(65%) patients were treated for their metastatic disease at some point. Of the 55, 23 (41%) received best supportive care (BSC), 10 (18 %) received TKI (7- pazopanib, 3- sunitinib) and remaining received other systemic therapies;8 (80%) had clinico-radiological responses, including 5(50%)-partial responses and 3(30%) stable disease. At a median follow up of 18(95%CI8-26) months,