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infection and AXL inhibition has demonstrated antiviral activities. Recently, bemcentinib, a highly selective and potent AXL inhibitor with antiviral activity, has been fast-tracked as the first potential treatment for assessment in the United Kingdom's ACCELERATING COVID-19 Research & Development (ACCORD) multicenter, randomized phase II trial.

Methods: We analyzed mRNA expression of AXL and other TAM family members as well as angiotensin-converting enzyme 2 (ACE2), the SARS-CoV-2 receptor, in treatment-naïve (n=1016) and previously treated (n=239) NSCLC tumors and in a panel of NSCLC cell lines (n=70). We also analyzed AXL mRNA levels in NSCLC cell lines (n=3) infected with SARS-CoV-2.

Results: In treatment-naïve and previously-treated NSCLC tumors, AXL mRNA expression was higher in mesenchymal tumors, as expected, and inversely correlated with ACE2. Similarly, in NSCLC cell lines, high ACE2 expression was associated with low AXL mRNA and protein expression. Notably, expression of ACE2 was downregulated while that of AXL and ZEB1, an EMT transcription factor, were upregulated in NSCLC cells infected with SARS-CoV-2 as compared to mock infected cells, suggesting a shift to a more mesenchymal phenotype. Treatment with bemcentinib for 24h downregulated ZEB1 expression in mesenchymal cell lines, reversing EMT.

Conclusions: These data, in the context of ACE2's role in preventing acute respiratory distress syndrome, suggest a shift from ACE2-expressing epithelial cells to a more mesenchymal phenotype characterized by low ACE2 and high AXL expression, upon infection of NSCLC cells with SARS-CoV-2. In addition to bemcentinib's antiviral activity, it can also reverse EMT, further supporting AXL and EMT as novel therapeutic targets for COVID-19 treatment.

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1737P National approaches to managing cancer care: Responses of countries in the MENA region to COVID-19 pandemic

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Background: COVID-19 pandemic presented serious challenge to oncology care due to the associated risks from infection and from disruption of care delivery. Therefore, many professional societies published recommendations to help manage cancer care during the crisis. The objective of our study was to assess the national responses of MENA countries in terms of publishing relevant guidelines and analyse various components of these guidelines.

Methods: A survey based on literature review regarding cancer care adaptation was developed then completed by senior oncologists representing the following countries: Algeria, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Saudi Arabia, Syria, Tunisia, UAE and Yemen. The survey queried about instructions of the national recommendations regarding (1) general measures of COVID-19 prevention in oncology, (2) cancer care adaptations during the pandemic.

Results: Analysis of the guidelines revealed 31 essential recommendations categorized into seven essential components with specific recommendations for each component. These components are patients' management, health care workers (HCW) management, facility management, testing for COVID-19, measures to reduce hospital visits, measures to reduce complications, and site-specific recommendations. The table showed compliance of these guidelines with having the required components and relevant recommendations.

Conclusions: There is inconsistency in the components of the guidelines across the region, which may reflect the evolving nature of the pandemic and lack of clear evidence for many issues in question. There is a need from clear framework on essential components to be included in the guidelines to assure providing the best guidance to the oncology community.

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| Components | Recommendations N | National Guidelines completely compliant to all recommendations N (%) | National Guidelines partially compliant to all recommendations N (%) | No National guidelines about the component N (%) |
|------------------------------------|-------------------|---|--|--|
| Patients management | 5 | 7 (53.8) | 5 (38.5) | 1 (7.7) |
| HCW Management | 7 | 4 (30.8) | 8 (61.5) | 1 (7.7) |
| Facility Management | 6 | 7 (53.8) | 5 (38.5) | 1 (7.7) |
| Testing for COVID-19 | 3 | 9 (69.2) | 3 (23.1) | 1 (7.7) |
| Measures to reduce hospital visits | 7 | 6 (46.15) | 6 (46.15) | 1 (7.7) |
| Measures to reduce complications | 2 | 4 (30.8) | 3 (23.1) | 6 (46.1) |
| Five Site specific recommendations | 1 | 7 (53.8) | 0 (0) | 6 (46.1) |