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.

P09 HEALTH SERVICES RESEARCH/HEALTH ECONOMICS - LUNG CANCER POLICY

P09.06
Patient Behaviors and Attitudes Towards Lung Cancer Medication Adherence

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Introduction: Anti-cancer medications constitute a critical part of lung cancer treatment. While absolute adherence to these medication plans is not expected, there is not enough real world data to analyse and measure adherence, complicating any efforts to improve it. CareAcross, a digital multilingual platform which provides personalized, evidence-based support to cancer patients investigated patient behaviors and attitudes towards cancer medication adherence. **Methods:** During March of 2020, members of the CareAcross online platform were asked to report their level of adherence to their anti-cancer medications, and their overall attitude towards adherence. Members were predominantly from the UK, France, Spain, Italy or Germany, and were diagnosed with lung, breast, colorectal or prostate cancer. This analysis focuses on lung cancer patients. **Results:** 117 patients with lung cancer responded to the questions. Among them, 30 (26% of all responders) have not always been adherent to their treatment plans; more specifically, 20% had completely stopped taking at least one of their medications, 5% had reduced their dosage, and 3% had reduced their frequency (multiple responses were allowed). The primary reason for non-adherence of this subgroup of patients was side-effects (33%). Similarly, when adherent patients were asked about the reason that could lead them to non-adherence, side-effects accounted for even higher percentage (49%). The second reason for both groups was the treatment's perceived lack of effectiveness (30% and 21%, respectively). Among patients who completely stopped taking their medications, 45% did not replace them with anything else, 40% took alternative treatments, and 15% started taking a different medical treatment. Patients would notify their doctor in the vast majority of cases of (actual or hypothetical) non-adherence (96%). Patients were also asked to self-assess their overall adherence to medication for any health condition. Among patients who were not fully adherent to their lung cancer medication, 66% reported being adherent at least "75% of the time", compared to 88% of those who were fully adherent to their lung cancer medications. **Conclusion:** About 1 in 4 of lung cancer patients have deviated from their cancer medications, primarily due to side-effects. Most of these completely stopped taking their lung cancer medications, 40% resorted to alternative treatments, and only 15% replaced them with different medications. Patients were mostly willing to notify their doctors of any changes in their medication intake, including those who actually made changes. The level of adherence to lung cancer medications was relatively consistent with the overall level of adherence to medications for any health condition. These real world findings illustrate that adherence to lung cancer medication can be a real challenge. The fact that patients are willing to share any deviations in medication intake with their doctors presents an opportunity for constructive patient-clinician interaction on this critical topic. Moreover, the relative consistency of medication adherence across all health conditions offers the option to discuss the topic of adherence before and throughout lung cancer treatment, and potentially improve adherence levels through proactive engagement and patient education. This can be particularly impactful for the overall health of multimorbid patients taking several medications. **Keywords:** compliance, Adherence, patients

P09.07
Integration of Smoking Cessation Services in Mobile Mammography and Mobile COVID Screening to Reach Rural Populations

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Introduction: Smoking cessation has been demonstrated to confer survival benefit, whereas ongoing tobacco use leads to multiple health risks. Unaided cessation is often unsuccessful. Counseling by an expert and access to pharmacotherapy can boost quit rates. Unfortunately, recruitment to cessation programs faces several barriers, particulary poor penetrance into the target population. In our region, the highest rates of smoking are in rural areas, yet tobacco cessation counseling at our institution previously occured in a centralized urban location. Two programs at our institution which routinely provide direct care to our rural, underserved population are a mobile mammography program, and mobile COVID screening/vaccine program. We aimed to integrate services with those programs and in turn demonstate ability to evaluate all patients for tobacco use, and provide point of care cessation counseling by an expert in rural setting. In addition this program would provide contact information, increase awareness, and then provide follow up contact to encourage cessation. **Methods:** A Certified Tobacco Treatment Specialist with expertise in lung cancer screening and tobacco cessation joined the mobile mammography unit and the mobile COVID-19 screening teams at rural sites 2-3 days per week. Every patient on intake was evaluated for eligibility by smoking status. All patients who were smoking were given information regarding cessation and were counseled on the importance cessation face to face by a certified tobacco treatment specialist. Telephone follow up was provided as well regarding cessation and to refer for lung cancer screening if necessary. Patients were also provided information about tobacco cessation resources with the state toll free Quitline and contact information for the screening program for family members who may benefit. **Results:** Over five consecutive months, 250 women received services through the mobile mammography program, and of these women only 9.6% (n=24/250) were currently smoking. Of the 404 patients who received services through the mobile COVID screening / vaccination program in the rural setting, 36.9% (149/404) of patients were actively smoking. None of the patients identified through either mobile program in rural areas were currently enrolled in other cessation programs. All patients received face to face intervention at the point of care by a certified tobacco treatment specialist and data was recorded for follow up telephone contact. Follow up phone calls were done to assess cessation, provide further support, and assess for eligibility for a lung cancer screening program. *as this is an ongoing project, if selected for oral or poster presentation, updated numbers could be used. **Conclusion:** As smoking cessation programs look to grow and recruit patients, those at highest risk may be in rural locations and have poor awareness or limited access to screening programs. Integrating cessation services into existing mobile screening outreach programs which already provide services to rural, underserved areas can be a way to recruit patients to a smoking cessation program, without signicant increase in resources. In a rural setting served by mobile outreach mammogram screening and/or mobile COVID-19 screening, patients are accepting of cessation resources. Further work is being done to assess the impact of these outreach interventions on cessation rates in these rural, high risk populations in order to overcome barriers to care. **Keywords:** Smoking Cessation, tobacco, access to care