the potential impact of unknown or unmeasured confounders such as PD-L1. ***Results:*** Mortality risk was one third lower with E+B (59 PHAROS patients) compared to IO ± CT (31 ESME patients) (Hazard Ratio=0.686 CI95% [0.397;1.179]). Despite the improvement trend in OS, the difference did not reach statistical significance, likely due to small sample size (p=0.1719). An E-value of 1.92 showed that the observed trend was unlikely to be explained by unmeasured confounding factors. ***Conclusions:*** Despite the lack of statistical significance in OS due to small sample sizes in the context of rare disease, the strong quality methodology of ERASME confirmed the robustness of results which showed a numerical improvement of E+B in survival and therefore the usefulness of this approach.

CO122
FACTORS ASSOCIATED WITH RESPONSE TO PATIENT-REPORTED OUTCOME MEASURES: A SYSTEMATIC REVIEW OF SYSTEMATIC REVIEWS AND META-ANALYSES

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Objectives: Routinely collecting patient-reported outcome measures (PROMs) is an important aspect of modern value-based healthcare. Using PROMs in daily clinical care can enhance care delivery, shared decision-making, and progress monitoring. Understanding the factors associated with non-response to digitally collected PROMs is crucial to improve response with targeted interventions. This study investigated factors associated with response to digitally collected PROMs. ***Methods:*** We performed a systematic review of systematic reviews. An electronic search was conducted across five databases. The AMSTAR tool was used to assess the risk of bias. We used the risk of bias score in a predefined best-evidence synthesis to determine the level of evidence. Additionally, we performed a meta-analysis. ***Results:*** We included six SRs. Three studies examined factors influencing responses to digitally collected PROMs, while the other three also examined responses to nondigitally collected PROMs. We identified forty-eight factors that were positively, negatively, or not associated with the response to digitally collected PROMs. Some are directly modifiable, including the overload or overlap of questions, PROMs irrelevant to the patient, automatic reminders, system usability, and caregivers' follow-up with PROMs. While others are non-modifiable, such as race, language barriers, visual impairments, and comorbidities, possibly reflecting a deeper issue of unequal access to care. ***Conclusions:*** Response to digitally collected PROMs is multidimensional and determined by a range of factors, including sociodemographic characteristics, physical health, psychosocial status, PROM characteristics, technological factors, treatment characteristics, and external influences. This review provides a generalizable, comprehensive overview of these factors to guide the development of targeted interventions that improve PROM response rates and enhance equitable value-based healthcare. Future research may focus on interventions that effectively improve response rates. Potential interventions may include reducing PROM items, providing personalized reminders, overcoming language barriers, and enhancing the user interface for patients with, for instance, lower digital literacy or visual impairments.

CO123
FEZOLINETANT VEOZA™ AS A NONHORMONAL TREATMENT FOR MODERATE TO SEVERE VASOMOTOR SYMPTOMS IN POSTMENOPAUSAL WOMEN: A SYSTEMATIC LITERATURE REVIEW AND META-ANALYSIS

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Objectives: To evaluate the dose-specific efficacy and safety of fezolinetant 30mg and 45mg versus placebo in postmenopausal women with moderate-to-severe vasomotor symptoms (VMS). ***Methods:*** A systematic literature search was conducted across PubMed, the Cochrane Library, and clinical trial registries from inception to May 2025 to identify randomised controlled trials (RCTs) evaluating fezolinetant versus placebo. Separate meta-analyses were conducted for the 30mg and 45mg doses, to assess change from baseline in VMS frequency and severity. Meta-regression explored whether trial population (MHT-unsuitable versus overall) modified treatment effects. Safety data were summarised descriptively. ***Results:*** Of 208 records identified, 36 publications for five RCTs (DAYLIGHT, MOONLIGHT 1, SKYLIGHT 1, SKYLIGHT 2, SKYLIGHT 4) were included. At Week 12, compared to placebo, fezolinetant 30mg showed a least squares (LS) mean difference versus placebo of -1.58 VMS/day (95% CI: -2.70 to -0.47; I^2=80%) for frequency and -0.16 units (95% CI: -0.25 to -0.07; I^2=0%) for severity. Compared to placebo, the 45mg dose showed greater reductions: -2.25 VMS/day (95% CI: -2.74 to -1.77; I^2=0%) in frequency and -0.29 units (95% CI: -0.39 to -0.18; I^2=20%) in severity, based on combined Week 12 and Week 24 data. Meta-regression showed no statistically significant effect modification by trial population (MHT-unsuitable versus overall) for either VMS frequency (p=0.215) or VMS severity (p=0.173). Forest and bubble plots demonstrated consistent treatment effects across studies, particularly for 45mg, where heterogeneity was minimal. Adverse event rates were similar between fezolinetant and placebo groups, with no dose-related increase in discontinuations. ***Conclusions:*** Fezolinetant provides dose-dependent reductions in VMS frequency and severity. The 45mg dose exceeded the commonly accepted clinical benefit threshold of ≥2 VMS/day reduction, indicating a clinically meaningful benefit. These findings support fezolinetant 45mg as an effective and well-tolerated targeted non-hormonal treatment option for postmenopausal women, including those unsuitable for MHT.

CO124
GAPS IN CANCER SCREENING UPTAKE IN IRELAND: TRENDS, BARRIERS AND POLICY IMPLICATIONS

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Objectives: Cancer remains a leading cause of morbidity and mortality globally, responsible for one in six deaths. In Ireland, cancer incidence has steadily increased, with the country reporting the third-highest age-standardised incidence rate in Europe (344.7 per 100,000 population in 2023). Despite the proven effectiveness of cancer screening in reducing disease burden, uptake of national screening programmes for the prioritised cancers remains suboptimal. This review aimed to assess trends in cancer screening uptake in Ireland relative to national targets and identify key gaps and barriers influencing participation. ***Methods:*** A targeted literature review was conducted, to search for peer-reviewed qualitative and quantitative studies published since 2007 from Medline, Scopus, and Elsevier databases. Grey literature, including reports from the National Cancer Registry of Ireland and institutional repositories, was also reviewed. Descriptive analysis was used to summarise screening uptake trends, while thematic analysis was applied to identify gaps and barriers to screening, with emphasis on health system and policy implications. ***Results:*** Twelve studies met the inclusion criteria, including one scoping review and five studies conducted during the current National Screening Service (NSS) Implementation Plan (2017-2026). Screening uptake for colorectal and cervical cancer remains below target, at 41.9% (target: 50%) and 78.7% (target: 80%), respectively, based on 2019 data. Breast cancer screening rates were comparatively higher but still face ongoing challenges. Barriers to screening uptake included low public awareness, negative perceptions of screening, inadequate policy frameworks, regional and socio-economic disparities, and limited health literacy. The COVID-19 pandemic contributed to further disruptions in service delivery. Gaps in recent, reliable data were also identified. ***Conclusions:*** Several gaps exist in implementation of cancer screening in Ireland. There is a need to understand screening barriers among under-screened populations and to design of innovative, evidence-based communication and policy strategies to improve screening participation and reduce health inequalities.

CO125
GARBAGE IN, GARBAGE OUT: CAN AI REDUCE THE IMPACT OF HUMAN ERROR IN ECOA LOCALIZED TEXT MIGRATION?

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Objectives: eCOA localization requires that existing translations (such as those licensed from copyright holders or taken from the public domain) are migrated from their paper formats (Word or Excel) into an eCOA system. The quality of this step directly impacts the duration of the eCOA proofreading process, as errors necessitate additional rounds of screen report generation and linguist proofreading. This is a known pain point and rate-limiting factor for sponsors attempting to accelerate study startup. The objective of YPrime's research was to determine whether a localization methodology replacing human-led migration with AI-powered migration would prevent errors, leading to higher quality outputs and reduced timelines for sponsors. ***Methods:*** YPrime reviewed a convenience sample of projects (n=15) to identify errors introduced through human-led migration, which resulted in further rounds of screen report generation and linguist review. YPrime then repeated the migration process of the same materials, keeping all process steps the same except for replacing the human migration activities with AI. The outputs were then compared to the linguist-approved outputs from the sample projects to identify any errors introduced by the AI-powered migration process and to determine which methodology achieved the desired outcome with the fewest rounds of review. ***Results:*** Of the previously identified errors, only a fraction reoccurred. Further, no new errors were introduced by the AI-powered process. Therefore, YPrime concluded that the majority of the reviewed projects would have been approved at least one round earlier as a result of an AI-powered migration process, with an average timeline saving of around 67% across the projects reviewed. ***Conclusions:*** YPrime identified that error in human-led migration is a driving factor in the number of rounds of review required before eCOA screen report approval and AI-powered migration is able to largely eliminate these errors, resulting in significant timeline savings for sponsors.