compared their burden in clinical practice. ***Methods:*** Medline, Embase, the Cochrane Library, Web of Science, Chinese Biomedical Literature Database, Wanfang, China National Knowledge Infrastructure, and VIP databases were searched for published randomized controlled trials (RCTs) in January 2021. We included RCTs of anti-VEGF drugs (intravitreal aflibercept [IVT-AFL], intravitreal ranibizumab [IVR], and intravitreal conbercept [IVC]) using a T&E or PRN regimen for patients with nAMD. We performed a random-effects NMA with a Bayesian framework (registration: PROSPERO CRD42022333024). ***Results:*** We identified 29 RCTs involving 8,402 participants, of which 20 RCTs with 5,372 participants were included in this NMA, which focused on best-corrected visual acuity (BCVA) gains and the number of injections. At a 1-year follow-up, results indicated that there were no clear differences in BCVA improvements between the included anti-VEGF regimens. The mean number of injections for IVT-AFL T&E was less than that for T&E and PRN ranibizumab regimens (IVT-AFL extended by 2-week vs IVR T&E: mean difference [MD], -2.80; 95% credible intervals [CrIs], -3.43 to -1.90; IVT-AFL extended by 4-week vs IVR T&E: MD, -3.10; 95% CrIs, -3.94 to -2.00; IVT-AFL extended by 4-week vs IVR PRN: MD, -1.10; 95%CrIs, -1.93 to -0.08). Although the mean number of injections was less for IVT-AFL T&E extended by 4-week than IVC PRN, statistical significance was not reached (MD, -0.64; 95%CrIs, -1.75 to 0.65). ***Conclusions:*** Different anti-VEGF regimens may provide similar visual benefits following 1 year of treatment, whereas IVT-AFL T&E (with either 2- or 4-week adjustments) may reduce injection burden for patients with nAMD.

CO122
MAPPING THE CHARACTERISTICS OF NETWORK META-ANALYSES ON ANTITHROMBOTIC THERAPIES: AN OVERVIEW AND CRITICAL APPRAISAL

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Objectives: A large number of network meta-analysis (NMAs) in the field of cardiac disease are available, yet the scientific literature lacks on updated straightforward synthesis of this evidence to ground decision-making process. We aimed to map and critical appraise NMAs on antithrombotic therapies used as treatment or prophylaxis of cardiac diseases and cardiac surgical procedures. ***Methods:*** A systematic review of systematic reviews with meta-analysis was conducted following Cochrane Collaboration and Joanna Briggs recommendations (PROSPERO-CRD2020166468). Searches to identify NMAs meeting the eligibility criteria of this this study were performed in PubMed and Scopus (Jan-2022). NMAs characteristics including metadata, statistical models' description and main pooled results were collected. The methodological quality of NMAs was evaluated using PRISMA-NMA checklist and AMSTAR-2 tools. Descriptive statistical analyses with categorical variables reported as frequencies and continuous variables as median and interquartile range (IQR) were performed (SPSS-Statistics v.25.0). ***Results:*** Overall, n=88 NMAs published between 2007-2022 were identified. The most evaluated clinical condition was atrial fibrillation (n=57; 64.7%); around one third of studies (38.6%) assessed cardiac surgical procedures. Only 28.4% NMAs had a registered study protocol. Fifty NMAs (56.8%) were published by authors from one single country being China the most frequent. A median of 14 primary studies (IQR 5-20.75) (mostly randomized clinical trials) were included per NMA. A median of 40 (IQR 24-84.25) indirect meta-analyses per study was found. At least one network diagram for a given outcome was provided by 68 (77.2%) studies, yet only 22 (25.6%) performed a treatment ranking analyses. Conflict of interest declarations and study's funding were informed by 34 (38.6%) and 38 (43.2%) NMAs, respectively. ***Conclusions:*** Although there is a wide spread of NMA-type studies assessing different antithrombotic agents for different cardiac conditions, the lack of standardized conduction and reporting of NMAs (poor-moderate methodological quality) may limit their comparison and results implementation into clinical practice.

CO123
AN INDIRECT COMPARISON OF EFGARTIGIMOD VERSUS RITUXIMAB FOR GENERALIZED MYASTHENIA GRAVIS

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Objectives: In the absence of head-to-head trials, an indirect treatment comparison (ITC) was conducted to compare the efficacy of Efgartigimod vs Rituximab in adult patients with generalized myasthenia gravis (gMG) and autoantibodies against the acetylcholine receptor. ***Methods:*** The ITC was based on published aggregate data for Rituximab from BeatMG and individual patient data (IPD) from ADAPT for Efgartigimod. Both a matching-adjusted (MAIC) and a Bucher's adjusted comparison were explored. In the context of the MAIC, the ADAPT population was restricted to align with the inclusion criteria of BeatMG (n=54) and reweighted to match the baseline characteristics of the population in BeatMG for treatment effect modifiers, including baseline MG-ADL score, time from diagnosis, use of prednisone alone and in combination with other non-steroidal immunosuppressive drugs (NSID). Conversely, no adjustment for the baseline characteristics was done in the Bucher's adjusted comparison. The endpoint of interest was the difference in the change from baseline in MG-ADL vs placebo, estimated using a multivariate linear regression model with treatment group, baseline MG-ADL and baseline use of NSID as predictor variables. The efficacy of Efgartigimod vs Rituximab was compared at time of best-response (week 4 for Efgartigimod and week 52 for Rituximab). ***Results:*** Both the adjusted and unadjusted comparison showed significantly greater improvement in MG-ADL of Efgartigimod vs Rituximab at time of best-response (MAIC: -3.20; 95%CI=[-4.6,-1.8], $p<0.001$; Bucher's adjustment: -2.9; 95%CI=[-4.6,-1.2], $p<0.05$). Because of considerable differences in the baseline characteristics, the MAIC was based on a very small effective sample size (ESS) (n = 1.32, 2.44 % of the included sample). ***Conclusions:*** The ITC showed improved efficacy of Efgartigimod vs Rituximab. However, due to limited ESS in the MAIC and the strong assumptions underlying the Bucher's adjusted comparison, these results should be interpreted with caution.

CO124
INDIRECT COMPARISON OF EFFICACY AND SAFETY FOR AUMOLERTINIB VS OSIMERTINIB IN PATIENTS WITH EGFR-MUTANT NON-SMALL CELL LUNG CANCER (NSCLC)

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Objectives: Aumolertinib, an investigational third-generation EGFR inhibitor (EGFRi), has been developed as a first-line treatment for patients with advanced EGFR mutation-positive NSCLC. Aumolertinib and osimertinib, the only approved third-generation EGFRi for this population, have both demonstrated superior safety and efficacy compared to first-generation EGFRis. As no randomized clinical trial (RCT) has directly compared aumolertinib and osimertinib, we conducted an indirect treatment comparison using first-generation EGFRis as the anchor. ***Methods:*** We used patient-level data from the phase 3 RCT of aumolertinib vs gefitinib (AENEAS) and published data from the phase 3 RCT of osimertinib vs gefitinib or erlotinib (FLAURA) to conduct an anchored simulated treatment comparison (STC). The STC allowed for control of observed potential effect modifiers and prognostic factors that were imbalanced across trials. Outcomes included investigator-assessed progression-free survival (PFS), overall survival (OS), time to treatment discontinuation (TTD), and select adverse event (AE) categories. ***Results:*** For PFS, the primary efficacy endpoint of both RCTs, the hazard ratio (HR) for aumolertinib vs osimertinib was 0.98 (95% CI: 0.68 –1.42), suggesting no difference. For OS, the HR showed a numerical difference favoring aumolertinib (0.73 [95% CI: 0.44 – 1.22]); however, OS data from AENEAS were not mature at the time of analysis. For TTD, the HR was 1.05 (95% CI: 0.74 – 1.49), suggesting no difference between treatments. For AEs leading to dose interruption and to dose reduction, the odds ratios were 0.63 (95% CI: 0.31 – 1.26) and 1.11 (95% CI: 0.26 – 4.69), respectively. ***Conclusions:*** In the absence of a head-to-head comparison between aumolertinib and osimertinib, this indirect comparison found no statistically meaningful difference in PFS, OS, TTD, and AEs leading to an event between the two treatments.

CO125
CHARACTERISTICS OF ASTHMA PATIENTS AT GINA'S HIGHER STEPS ON OCS TREATMENT: A CROSS-SECTIONAL STUDY IN PORTUGUESE COMMUNITY PHARMACIES (EmOCS Study)

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Objectives: To describe sociodemographic and clinical characteristics, treatment regimen, asthma-related healthcare resources utilization (HCRU), and disease control of asthma patients at GINA's steps 3 to 5; and compare patients according to OCS use. ***Methods:*** EmOCS is a cross-sectional study conducted in Portuguese community pharmacies. Adult asthma patients (≥18 years) using (1) a high-dose ICS/LABA; or (2) a medium-dose ICS/LABA plus another controller treatment; or (3) an ICS (any dose) plus an OCS for asthma were invited to participate upon written consent. Data was collected in two parts: (1) paper-based interview at the pharmacy (patient sociodemographic characteristics and asthma treatment regimen); (2) telephone-based interview (smoking history, comorbidities, BMI, HCRU in the previous 12 months, and asthma control – CARAT®). ***Results:*** From November 3rd, 2020 to June 14th, 2021, 98 community pharmacies recruited and collected data from 347 eligible patients. Of these, 328 (94.5%) also completed the phone interview. Overall, 71.7% of the ICS/LABA treated patients were female with an average age of 59.3 years (SD=15.5). Most individuals were using a high-dose (85.9%) or a medium-dose (13.8%) ICS/LABA and 24.9% had been exposed to OCS in the previous year. Significantly higher proportions ($p<0.05$) of patients on OCS reported conjunctivitis (33.3% vs. 18.6%),