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.

Methods: 123 cancer patients hospitalised to receive chemotherapy at the oncology centre of the University Hospital of Marrakech were included from 23 March to 11 May 2020. This group consisted of 68 men and of 55 women. Regarding the initial location of the cancer, the distribution was as follows: 10 cancers of breast and gynaecological origin, 19 gastrointestinal, 52 head and neck cancers, 5 urological, 28 pulmonary cancers and 9 sarcoma. Twenty patients had a psychiatric history. Of these, 11 had a history of depression. In 5 patients, there was the notion of alcoholism. Four patients had a history of anxiety disorders. The assessment of psychological distress was carried out using 2 scales: 1. Hospital Anxiety and Depression Scale (HADS) 2. the Edmonton Symptom Assessment System Scale (ESAS).

Results: The results of HADS showed 77 (62%) patients and 67 (54%) patients had anxiety and depression, respectively. For both anxiety and depression, the gender difference was not statistically significant (chi-square test, $P = 0.47$). There was no difference between patients with a psychiatric history and those without ($P =$ 0,39). For the ESAS, the most expressed symptom was financial distress (4; interquartile range 0-7). whereas all ESAS symptom assessment scores were moderate. The majority of patients expressed their worry about being infected themselves (90%) or their family (85%), and of cancer progression due to delayed treatment (95%).

Conclusions: During the outbreak of COVID-19, the vast majority of cancer patients (more than half) in our study developed anxiety, depression and fear of COVID-19 infection. These results imply that cancer patients followed during the epidemic require serious psychosocial support focused on COVID-19-related fears.

Legal entity responsible for the study: Hematology Oncology Center.

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1775P Optimal cancer care in the context of COVID-19 in Australia

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Background: Cancer Australia (CA), Australia's national cancer control agency, aims to reduce the impact of cancer, address disparities and improve cancer outcomes. The approach to cancer care needs to be tailored to different phases of the pandemic and the multiple competing priorities driving healthcare. These include the likely increased risks to cancer patients of acquiring COVID-19 and of serious illness or mortality, the limitations of resources, the possibility of the healthcare system being overwhelmed and the risks of delaying cancer diagnosis and treatment. CA is in unique position to undertake this project.

Methods: Australia's Optimal Care Pathways (OCPs) for people with cancer guide the delivery of consistent, safe, high-quality and evidence-based care for people with cancer. Using published data, guidelines and recommendations, CA has developed a conceptual framework for system-wide approaches to cancer management in line with the OCPs mapped to different stages and potential severities of the COVID-19 pandemic.

Results: A conceptual framework for optimal management of cancer during the COVID-19 pandemic has been developed, taking the journey from prevention and early detection through to survivorship and end-of-life care. Opportunities for evidence-based, risk-based and consensus-based decision-making about modifications to management which aim to both improve patient outcomes and minimise their exposure to, and risk of harm from, COVID-19 are mapped according to 3 acute phases (the beginning of the pandemic, approaching hospital capacity, and hospital capacity exceeded) and 2 recovery phases (early and late) of the pandemic. Second and subsequent waves of infection can also be accommodated. Some modifications to care will be of permanent value (and the pandemic has therefore driven improvement). Telemedicine is one example.

Conclusions: This conceptual framework provides guidance on optimal management of cancer during the COVID-19 pandemic, is intended as a useful resource, and while designed with the Australian healthcare system and this COVID-19 pandemic in mind, is readily transferrable to any jurisdiction and for any pandemic. Lessons need to be learned for the future so that advances are not lost.

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1776P Analysis of potencial drug interactions in oncologic patients diagnosed with COVID-19

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Background: Patients with cancer may be at higher risk for a more severe form of COVID-19. The aim of this study was to evaluate the relationship between potential drug-drug interactions (PDDI) with hospital stays in COVID-19 cancer patients.

Methods: A retrospective study of all COVID-19 cancer patients was performed in the Hospital del Mar (Barcelona, Spain). Demographic and clinical data were obtained from electronic clinical records. Data on concomitant drugs at COVID-19 diagnosis were collected. Drug interactions were checked with Lexicomp database and classified by severity. Comparisons were analysed by Mann−Whitney U-test or Fisher's exact test. $P<0.05$ statistically significant.

Results: Fifty patients were included, consisting of 30 women (60%), with a mean age of 70.1±12.7 years. The main cancer site was gastrointestinal 16 (32%), followed by breast 15 (30%), genitourinary 10 (20%), lung 6 (12%) and gynaecological 3 (6%). A total of 18 (36 %) patients had a history of prior treatment. Thirty-eight patients (76%) were discharged from hospital, 11 died (22%) and one (2%) was still in hospital. Four patients (8%) were admitted to ICU. The mean days of hospital stay was 15.8±10.4. The average number of concomitant drugs at COVID-19 diagnosis were 7±4.5 and PPDI were detected in 34 patients (68%). There was a mean (range) of 1 (1-4) major PDDI and 5.3 (1-18) moderate PPDI. The most common types of drugs involved in patients with hospital stays of ≥15 days were psychoanaleptics 31 (12.5 %), anxiolytic drugs 20 (8.0 %) and thiazides 15 (6.0 %), while in patients with hospital stay < 15 days were opioid drugs 14 (8.8 %), blood glucose lowering drugs, excluding insulins 13 (8.2 %) and psychoanaleptics 12 (7.6 %).

Table: 1776P

	Hospital stay ≥ 15 days (N = 24)	Hospital stay < 15 days (N = 26)	*P*-value
Age, years*	71.5 (61.5-80)	71.5 (58-84)	0.749
Female sex**	14 (58.3)	16 (61.5)	1.000
Prior treatment**	15 (62.5)	17 (65.4)	1.000
Concomitant drugs*	7 (4-12)	5.5 (3-8)	0.267
Potential DDI*	4 (0.5-6.5)	1.5 (0-6)	0.231
Major DDI*	1.5 (0-1.5)	1 (0-1)	**0.039**

* median (Q1-Q3). **n (%)

Conclusions: Regardless of the number of hospitalisation days, most of the PDDI were related to drugs of the nervous system. Almost 70% of the patients presented PDDI. A longer hospital stay was associated with a greater number of severe PDDI.

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1777P Launching local treatment guidelines for stage IV cancer during COVID-19 pandemic using ESMO MCBS

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Background: Treatment of stage IV cancer during COVID19 pandemic is a challenge, and we need to maintain survival benefit, patient safety, and health care resources at the same time.

Methods: We used the ESMO-MCBS (Forms version 1.1 and cards) and ESMO recommendations for COVID-19 pandemic to launch local guidelines for first-line therapy for ABC, NSCLC and mCRC comparing ESMO-MCBS for the standard therapy (ST) and COVID-19 pandemic therapy (COT). We then compared prices (EGP) and price changes (PC).

Results: General rules: For PS≥3 patients, chemotherapy was postponed. We applied COVID-19 precautions to all patients. Oral chemotherapy was the preferred option: Every three weeks regimens were preferred over weekly regimens. ABC: Anti CDK4/6 are still the best option for patients with HR+ HER2- in non-visceral crisis, with MCBS 3 or 4. TNBC: carboplatin-containing therapy is still the best option. HER2+3 Addition of carboplatin to combination of trastuzumab and paclitaxel every three weeks was