hospitalized. The 24-month overall survival (24 mo-OS) was 18.6% (CI_{95} 6.4–35.7%) in patients without toxicity and 66.4% (CI_{95} 47.2–80%) in those with toxicity (HR 0.3, p < 0.001; CI_{95} 0.16–0.59). Considering intensity of IrAEs, 24 mo-OS rates were 18.6% (CI_{95} 6.4–35.7%), 67.8% (CI_{95} 45.2–82.7%) and 70% (CI_{95} 32.9–89.2%) for no toxicitiy, grade I/II and grade III/IV respectively. 24-month progression free survival (24 mo-PFS) was 8.6% (CI_{95} 0.8–28.4%) in patients without IrAEs and 39.1% (CI_{95} 22.4–55.5%) with IrAEs (HR 0.4, p 0.003; CI_{95} 0.22−0.74). According to IrAE intensity, 24 mo-PFS was 8.6% (CI_{95} 64.3–95.6%), 41.5% (CI_{95} 22.9–59.2%) and 48.2% (CI_{95} 12.8–77.2%) for no toxicitiy, grade I/II and grade III/IV respectively.

Conclusions: IrAEs could be a predictive biomarker, especially in severe grades of toxicity. However, prospective studies are needed.

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Impact of UK COVID-19 pandemic cancer guidelines on treatment decisions for thoracic malignancies

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Background: Covid-19 pandemic is having significant impact on cancer services globally. Several UK national guidelines have been developed to adapt cancer services to mitigate the risks from Covid-19[1]. We wished to study the impact of these guidelines on treatment decision making for thoracic malignancies.

Methods: Between April and September 2020, we prospectively collected information on treatment decisions made for newly diagnosed lung cancer and mesothelioma patients within a UK 'hub and spoke' cancer care delivery model, and analysed the impact of these guidelines on treatment decision making.

Results: n = 65 (male - 41; female - 24). Median age: 72 years (41–93). Staging and histology distribution: Stage I - 7 (non-small cell lung cancer [NSCLC] - 6; unknown - 1), Stage II - 7 (NSCLC - 6, small cell lung cancer [SCLC] - 1), Stage III - 16 (NSCLC - 13, SCLC - 3), Stage IV - 33 (NSCLC - 27; SCLC - 5; no histology - 1) and mesothelioma - 2. The treatment intent was radical or adjuvant for 23 patients (35.4%) and palliative for 42 (64.6%). 26 (40.0%) were considered for systemic anti-cancer treatments (SACT) with differing treatment priority levels[1] (level two - 5; three- 1; four - 4; five - 2; six - 14) and 36 (55.4%) were offered radiotherapy (priority level one - 16; three - 3; four - 15; five - 2). Two in radical and two in palliative intent treatment groups had minor modifications to SACT with the addition of an antibiotic and G-CSF while one treated with palliative intent had a positive impact of offering first line Osimertinib. Both mesothelioma patients were treated with palliative intent with no modification to the standard of care.

Conclusions: In our cohort, only minor treatment modifications were made to a small number of patients with thoracic malignancies. This could partly be explained by the low prevalence of Covid-19 infection seen in our region and reflecting patient and/or clinician preferences. Ongoing larger scale Covid-19 prospective cohort studies would provide further insights into the impact of Covid-19 pandemic on treatment decisions, survival outcomes and resource implications. [1]The Response of the UK Clinical Oncology Community to the COVID-19 Pandemic Lewis, P.J. et al. Clinical Oncology, Volume 32, Issue 8, 493–496.

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Impact of the COVID-19 pandemic in the diagnosis of lung cancer in Portugal

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Background: In 2020 the world was confronted with a pandemic that imposed unforeseen burden on health care systems. A severe impact was predicted on the diagnosis and treatment of cancer. However, real-world objective data is lacking.

Methods: We analysed medical records relative to the first Medical Oncology - Lung consultations in a specialized oncological center, comparing Sept/Oct 2019 to Sept/Oct 2020 (coincidental with the beginning of the second COVID-19 surge in Portugal). Descriptive and statistical analysis were performed using SPSS software.

Results: In our sample (n = 174, 94 diagnosed in 2019, 80 in 2020), 78% were male, with a median age of 64 years old in 2019 and 69 in 2020. The most common histological type was adenocarcinoma. In 2019 81% of cancers were classified as advanced compared to 79% in 2020; 65% as stage IV vs.61% and in both groups 28% were candidates for curative therapy. The diagnosis was made from incidental findings in 23% vs.19% in 2020; 76% vs.78% were symptomatic. The median time from symptom onset was 3 vs.2 months. In 2019 30% initiated palliative chemotherapy vs. 35%, 15% vs.16% had surgery, 15% vs.13% were offered best supportive care and 11% vs.6% therapy with TKI. At the time of data collection, 35,1% of all patients had died. There was no statistical significant difference between 2019 and 2020 data, namely in stage distribution, curative/palliative intent treatment, incidental diagnosis vs. from symptoms, time from onset of symptoms to first Medical Oncology consultation, ECOG status, symptom control or need for hospitalization, nor in the proportion of patients fit for treatment vs. best supportive care. No statistical significant difference in the likelihood of death in the first 2 months was found.

Conclusions: We need scientific evidence, instead of mere speculation, in order to appropriately face the challenges ahead. In our study, there were no findings of significant impact of COVID-19 pandemic on diagnosis of lung cancer during the period of time analysed. We infer that this may be due to the higher alertness to respiratory symptoms due to fear of SARS-CoV-2 infection, in addition to the remarkable effort carried out by primary care providers despite the difficulties. More data is needed.

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Lung immune prognostic index and survival in patients with non-small cell lung cancer: A systematic review

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Background: Lung immune prognostic index (LIPI) is a biomarker that has been recently developed based on the combination of derived neutrophil to lymphocyte ratio (dNLR) and lactate dehydrogenase (LDH) and is used as a prognostic factor of immune checkpoint inhibitor (ICI) therapy in non-small cell lung cancer (NSCLC). There is much research that discusses LIPI in correlation with the prognosis of NSCLC patients treated with ICI. However, its effectiveness and utilization beyond ICI are unclear. This systematic review aims to evaluate the effectiveness of LIPI and its usage outside of ICI.