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.

Reference:
[1] Quinn-Scoggins H, et al. The Impact of COVID-19 on Cancer Symptom Experience and Help-Seeking Behaviour in the United Kingdom: A Cross-Sectional Population Survey. SSRN; 2021.
Disclosure: No significant relationships.

25 Lung cancer upstaging due to the COVID-19 pandemic

Vella, Claire[1,2]; Ashraf, Asif[1,2]; Sudhir, Rajini[1,2]; Barnes, Daniel[1,2]; Brozik, Jan[1,2]; Rao, Praveen[1,2]; Bajaj, Amrita[1,2]; Pinglay, Prajakta[1,2]; Deshpande, Aparna[1,2]; Das, Indrajeet[1,2]; Machin, Ruth[1,2]; Nakas, Apostolos[1,2]; Chowdhry, Mohammed Fiyaz[1,2]; Thiagarajan, Sridhar[1,2]; Ahmed, Samreen[1,2]; Agrawal, Sanjay[1,2]; Bennett, Jonathan[1,2]; Tufail, Muhammad[1,2]
[1]*Glenfield Hospital, University Hospitals of Leicester NHS Trust, Leicester, United Kingdom*

Introduction: The emergence of SARS-CoV-2 at the beginning of 2020 and the impact of the subsequent COVID-19 pandemic on the care of lung cancer patients has been unclear. There have been significant changes in primary and secondary care services and the "stay at home, save lives, protect the NHS" messaging at the start of Covid-19 pandemic may have impacted healthcare seeking behaviours. The start of first COVID-19 lockdown on the 23rd March 2020 prompted fears of late lung cancer presentation. We aim to determine the effect of COVID-19 lockdown on lung cancer stage compared to pre-pandemic period.
Methods: We analysed hospital lung cancer database for six months before the first COVID-19 lockdown (23/09/19–22/03/20) and six months post-lockdown (23/03/20–22/09/20). Data was analysed for patient characteristics, TNM stage and treatment modalities offered. Chi-square test was used for statistical analysis.
Results: 291 patients were diagnosed with lung cancer in the 6 months prior to COVID-19 lockdown and 271 post-lockdown. Table 1 shows baseline patient characteristics and a significant increase in patients presenting with advanced stage IIIB-IVB lung cancer post lockdown (p=.033). This is reflected in a significant increase in emergency presentations as compared to outpatient referrals (p=.009). During Covid-19 pandemic, we have maintained the diagnostic pathway at pre-pandemic level and this was not a limiting factor though we noted a shift from surgery to radiotherapy as a result of reduced theatre capacity due to increased ITU utilisation for ventilated COVID patients.
Conclusion: Despite a similar number of lung cancer cases six months pre- and post- the first COVID-19 lockdown, we describe a significant lung cancer stage shift with more advanced cases at presentation. This raises serious concerns about the potential adverse effects of the COVID-19 pandemic on survival and quality of life of lung cancer patients.
Disclosure: No significant relationships.

Table 1 (abstract 25)
Lung cancer patient characteristics, staging, and treatment prior to and after first COVI-19 lockdown

	Pre-lockdown	Post-lockdown	
Number of patients	291	271	
Mean age, years	72.33	73.61	
Gender, n (%)			
Male	162 (55.7%)	150 (55.4)	
Female	129 (44.3%)	121 (44.6)	
Performance status, n (%)			p=.094
0–2	179 (61.5)	181 (66.8)	
3–4	106 (36.4)	79 (29.2)	
5	3 (1)	4 (1.5)	
Unknown	3 (1)	7 (2.6)	
Stage			p=.033
Early stage (I–IIIA)	114 (39.7)	84 (31.3)	
Advanced stage (IIIB–IVB)	173 (60.3)	184 (68.7)	
Route of presentation, n (%)			p=.009
Emergency	64 (22.0)	86 (31.7)	
Outpatient referral	227 (78.0)	185 (68.7)	
Clinicoradiological diagnoses, n (%)	111 (38.1)	122 (45.0)	p=.098
Treatment with curative intent, n (%)	68 (23.4)	60 (22.1)	p=.279
Treatment modality, n (%)			
Surgery	53 (18.2)	34 (12.5)	
Radical radiotherapy/SABR	8 (2.7)	15 (5.5)	
Radical chemo/radiotherapy	7 (2.4)	11 (4.1)	
Palliative systemic anticancer therapy	63 (21.6)	57 (21.0)	
Palliative chemo/radiotherapy	8 (2.7)	6 (2.2)	
Palliative radiotherapy	14 (4.8)	13 (4.8)	
Best supportive care	126 (43.3)	129 (47.6)	
Clinical trial	7 (2.4)	1 (0.4)	

26 The effect of COVID-19 on the presentation, staging, and treatment of lung cancer: a retrospective comparative audit of the 'first wave'

Evetts, Lisa[1]; Applegate, Laura[1]; Singh, Amal[2]; Johnson, Claire[1]; Wing, Sian[2]; McBride, Bernadette[1]; Dargan, Susan[1]; Dawson, Sarah[1]; Sharma, Shashank[1]; Saikia, Sujoy[1]; Hewish, Madeleine[3]
[1]*Ashford & St Peter's Hospital NHS Foundation Trust, Chertsey, United Kingdom;* [2]*Royal Marsden NHS Foundation Trust, London, United Kingdom;* [3]*Royal Surrey NHS Foundation Trust, Guildford, United Kingdom*

Background: COVID-19 has had an unprecedented effect on cancer; it is recognised that lung cancer may have been affected more than other solid tumours. We retrospectively audited new diagnoses of lung cancer diagnosed at Ashford & St Peter's Hospitals NHSFT during the first wave of COVID-19 and compared it to 2019 data.
Method: All index cases of lung cancer diagnosed between March – September 2020 (COVID) were compared to all index cases diagnosed between March – September 2019 (control). A retrospective case note review was undertaken using electronic patient records. Data was collected on final stage, performance status, histology, treatment, and patient pathway. We defined primary care referral as any referral occurring prior to start of treatment, and emergency presentation as any presentation likely associated with the malignant diagnosis occurring prior to start of treatment. We also recorded the number of patients presenting with symptomatic brain metastases.
Results: See Table 1.

Table 1 (abstract 26)
Results

	2019	2020
Index cases	102	87
Performance Status 0–1	71%	62%
Stage I*	27%	13%
Stage I–IIIA*	49%	26%
% Receiving curative-intent treatment (Stage I–IIIA)*	43%	19.5%
Primary care referral	47%	39%
Emergency presentation	42%	74%
Symptomatic brain metastases*	3.6%	14.3%
Emergency presentations: mean days	7.5	5

*Excluding mesothelioma, thymoma, carcinoid.