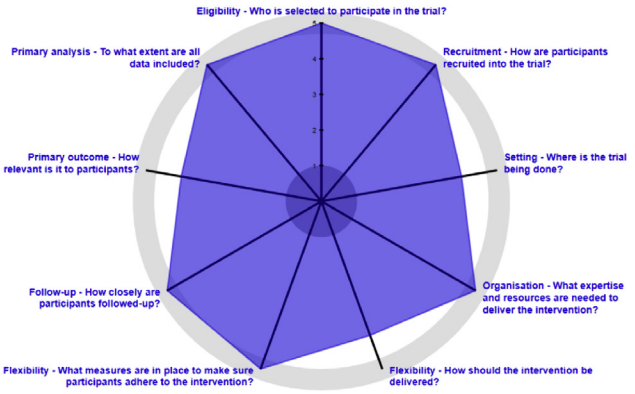
Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

procedures. **Methods:** The PRECIS-2 criteria informed the WTS trial design across 9 domains along a continuum of pragmatic and explanatory (Fig 1). The prime awardee manages study progress by regularly engaging key stakeholders to ensure milestone completion and procedural adherence. In accordance with pragmatic design, study teams were established at 14 healthcare organizations throughout the nation and site-specific protocols were created. Variation in implementation was documented and site-level factors will be controlled for in analyses.



Results: Study procedures were successfully integrated into existing workflows in alignment with PRECIS-2 criteria. Institutional Review Boards (IRB) at 12 sites required direct oversight while 2 ceded. IRB approvals took longer than anticipated, delaying study launch, particularly at the 12 sites without reliance mechanisms in place. Identification of eligible patients varied by site and included insertion of unique text strings in radiology reports or manual transcript reviews. Sites passively enrolled patients with all but one providing the option to decline participation. Site-specific radiology and ordering provider educational materials were developed, and some sites also utilized patient information brochures. A central data coordinating center (DCC) was established to manage all sites' baseline, follow-up, and survey data. The DCC will also perform cancer registry linkages for 10 of the 14 sites. **Conclusion:** The pragmatic WTS trial takes place in real-world settings while successfully balancing experimental control with naturalistic study conduct. Sites were successful at adapting procedures to suit their respective health systems. Our observations also suggest that prime awardee sites play an integral role in documentation while providing oversight and ensuring fidelity to established protocols. Additionally, the delay in study launch, due to multiple institutional IRBs, supports current initiatives to rely on a central IRB for human subjects oversight. **Keywords:** Pragmatic trial, Pulmonary Nodules, Surveillance

P09.38
2020: COVID19 Impact in Lung Cancer Resection in a University Hospital of Brazil

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Introduction: Lung cancer remains the leading cause of cancer mortality globally. Low survival rate is related with diagnosis in advanced stages. Treatment of choice for early stages is surgery. Delaying surgical treatment in larger tumor sizes or suspicious N1 lymph nodes can result in upstaging and consequently poorer prognosis. COVID19 interfered with elective medical care, reducing number of patients referred for thoracic surgeons. We wanted to analyze the COVID19 pandemic impact in the number of patients that had lung cancer resection. **Methods:** Hospital São Lucas da PUCRS has a prospective database. Patients that had lung cancer resection from January 2019 to July 2020 were compared to January 2020 to July 2020. Lobectomy, pneumonectomy and segmentectomy were included. Descriptive and proportions test were used for analysis of type of resection and healthcare insurance. **Results:** For 2019, 37 resections were performed compared to 17 (p=0.006) in 2020. Mean age was 63.7 years in 2019 and 60.2 in 2020. Number of men was 22 (59.5%) and 8 (47.1%) in 2019 and 2020, respective. The reduction of lobectomies was 42.1 % (p=0.14), from 19 to 11 surgeries. For segmentectomies a reduction of 77.8% (p=0.003), from 18 to 4 surgeries. The only two pneumonectomies were performed in 2020. Reduction was identified for public health care system (42.8%, p=0.4): 20% for lobectomies (10 to 8) and 72.7% (11 to 3 in 2020). For supplemental health care (private and insurance), overall reduction of 68.7% (from 16 to 5 p=0.02) 66.7% (9 in 2019 and 3 in 2020) lobectomies and 85.7% (7 to 1 surgery in 2020) segmentectomies. March and April had a 70% reduction (10 to 3 surgeries). **Conclusion:** Overall lung resection reduction during COVID19 pandemic happened as expected. Significant reduction in number of patients that had surgery in supplemental health care, especially in the months related for the state intensive social distance and restrictions. For the for public health care, the reduction of total numbers of procedures and type of resections was not significant. This is probably related to the fact the schedule of medical appointment and surgery is organized by the system and can't be postponed by the patient.

P09.39
PD-L1 Testing Patterns and Treatment in Patients With Metastatic Non-Small Cell Lung Cancer in Israel — Analysis of Real-World Data

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Introduction: Background: Clinical trials have established the role of immune checkpoint inhibitors for metastatic non-small cell lung cancer (mNSCLC) treatment, but real-world data are limited. We describe PD-L1 testing patterns and subsequent first line treatment (1LT) for the first-two years' experience of an ongoing observational study of patients with mNSCLC in a 2.3 million-member state-mandated health service in Israel. **Methods:** Adult patients with newly diagnosed stage IV NSCLC who initiated systemic anti-cancer treatment between 1-January-2017 to 31-December-2018 were identified from the national cancer registry and the Maccabi Healthcare Service (MHS) electronic longitudinal database. The data cutoff date was 30-June-2019. Demographic and treatment data were collected from the database and extracted from medical documents. Descriptive statistics on patient characteristics, PD-L1 testing rates, PD-L1 tumor proportion score (TPS) and distribution of 1L treatment were generated. **Results:** A total of 410 patients with confirmed mNSCLC initiating 1L therapy were identified; of these, 58% were male, median age was 68 yrs and 70% were current or former smokers. The median follow-up was 9.9 (4.3-15.4) months. A total of 81% had adenocarcinoma, 14% had brain metastases at diagnosis and ECOG performance status (PS) was 46/11/6/37 % for PS 0-1/2/3-4/unknown. A total of 329 (80%) of patients were tested for PD-L1, and all known testing was carried out using the 22C3 antibody on Ventana platform. Among those with a PDL1 test,