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.

marker and treatment effect. No new safety signals were observed. These results indicate RAM+PAC is a viable therapeutic option for patients with GEA and LM.

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P-29 Pancreatic cancer during the COVID-19 pandemic: A high-volume Polish centre experience

M. Durlik, K. Kedzierska-Kapuza, K. Baumgart, M. Nowak-Niezgoda

Centre of Postgraduate Medical Education in Warsaw, Warsaw, Poland

Background: The SARS-CoV-2 pandemic has caused a huge overload of the healthcare system worldwide. The Department of Gastroenterological Surgery and Transplantology of the Central Clinical Hospital of the Ministry of the Interior Affairs and Administration is a leading center in pancreatic oncology in Poland, where the largest number of pancreatic cancer surgeries is performed every year. Despite a significant reduction in the number of oncological beds in the period from March to December 2020 (9 beds, compared to 55 in 2019), a total of 116 surgeries were performed in the clinic in patients with pancreatic cancer. In the same period of 2019, from March to December, 180 such procedures were performed (26% more).

Methods: Retrospective data analysis of medical documentation in the hospital database. Research covered he period of time from March-December 2019 and from March-December 2020.

Results: The group of patients with pancreatic tumors who underwent surgical procedures form 1 Mar 2020 until 31 Dec 2020 consisted of 65 women and 51 men with a mean age 60.4 years (SD +/-13.2). 12.9% of operated patients had a history of type 2 diabetes. In our group of pts, 13 (8.8%) had a history of chronic pancreatitis. Average time of surgical procedure was 95,7 +/-36,4 minutes. The mean hospitalisation time was 12,5 +/-14,5 days. Characteristic of the 2020 study group: history of alcohol abuse (yes/ no) 4 (3.4%/96%); Tumor location: Head 56 (48.3%) Body 25 (21.5%) Tail 21 (18.1%); more than 1 location 14 (12.1 %); mean primary tumor size (cm) 3.5 +/- SD 2.2 cm; venous infiltration (yes/no) 40/76 (34% / 66%); lymph node invasion (yes/no) 59 / 57 (50.8% / 49.2%); splenectomy (yes / no) 40/76 (34% / 66%); neoadjuvant treatment (yes / no) 27/89 (23% / 77%). Type of procedures performed: Whipple surgery, 53 patients; Whipple surgery + vein reconstruction, 8 patients; Total pancreatectomy, 9 pts; Total pancreatectomy + venous reconstructions, 2; Distal pancreatic resection, 29 pts; distal pancreatic resection without spleen, 5; central pancreatic resection, 1; Frey surgery, 2; Bypass anastomosis, 5; liver metastases removal, 1; visceral nerve section, 1. In the group of 116 patients operated on for a pancreatic tumor in the "COVID-19 era", only 6 people died, which resulted in a mortality of 5.2% Complications observed: bleeding into the peritoneal cavity, 1; shock, 2; gastrointestinal haemorrhage, 2; respiratory failure, 3; multi-organ failure, 1; pancreatic fistula, 1; lack of healing of pancreatic-intestinal anastomosis, 1; pneumonia, 5. None of the patients became infected with SARS-COV-2 during hospitalization.

Conclusions: The relatively short time of hospitalisation was caused by the limited number of places in the clinic for COVID-negative patients and the necessity to quickly start up and transfer patients in good condition to other hospitals in the area. It seems that the low number of postoperative complications and low mortality are the result of a more precise selection of patients with pancreatic cancer before admission, as well as compliance with the principles of planning the procedure and the organization of the operating room work.

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P-30 Is vitamin D status known in patients with advanced pancreatic adenocarcinoma?

E. Uña Cidón, P. Alonso

University Hospitals Dorset, Bournemouth, United Kingdom; [2]Clinical University Hospital, Valladolid, Spain

Background: There is a high prevalence of vitamin D deficiency in the general population and among patients with malignancies. As this vitamin is liposoluble, patients with pancreatic cancer will be at higher risk of deficiency due to malabsorption. Although its association with cancer prognosis is not clear, some studies have suggested that vitamin D deficiency could be linked to poor prognosis in patients with stage III and IV. We carried out a retrospective study in advanced pancreatic cancer patients to assess the levels of vitamin D in our centres.

Methods: We conducted a retrospective review to assess the levels of vitamin D in our population of patients with advanced pancreatic adenocarcinoma. Data pertaining to patient demographic information, vitamin D levels, and treatment at the time of the measurements were collected. Vitamin D deficiency was defined as a serum 25-hydroxyvitamin D (25[OH]D) level of less than 30 ng/mL, and vitamin D insufficiency when the level was between 30 and 50 ng/mL. Levels above 50ng/mL were considered normal.

Results: We assessed 130 patients with advanced pancreatic adenocarcinoma receiving systemic treatment at the time of data collection. Included were 76 men and 54 women. Median age was 61 (42-84). Of these patients, 21 (16%) had vitamin D deficiency, and 10 (8%) had vitamin D insufficiency. 52 (40%) did not have any vitamin D results available. 47 (36%) of patients had normal levels of vitamin D. Among the group with normal levels, 28 were men and 19 women. Of the patients with inadequate levels (deficient and insufficient), 11 were men and 20 women. All patients were receiving chemotherapy either with neoadjuvant intent or palliative intent at the time of data collection. 49 patients had undergone Whipple's procedure beforehand.

Conclusions: Vitamin D insufficiency and deficiency were prevalent among patients with advanced pancreatic adenocarcinoma. Moreover, a significant number of these patients did not have levels measured at the time we collected these data. As some studies suggest a prognostic role of vitamin D levels in patients with advanced pancreatic adenocarcinoma, its prevalence should be examined more often and other prospective studies should be carried out to assess its correlation with outcomes.

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P-31 Real-world efficacy and safety of trifluridine/tipiracil plus bevacizumab for patients with metastatic colorectal cancer refractory to standard therapies

N. Martínez Lago[1], B. Alonso de Castro[2], R. Varela Ponte[3], C. Reboredo Rendo[2], M. Gomez-Randulfe Rodriguez[2], B. Graña Suarez[4], J. de la cámara gomez[2], M. Mateos Salvador[2], F. Busto Fernandez[2], T. Calleja Chucla[2], M. Reboredo-Lopez[2]

[1]Complejo Hospitalario Universitario, A Coruña, Spain; [2]University Hospital A Coruña, A Coruña, Spain; [3]Complejo Hospitalario Universitario de Santiago, Santiago de Compostela, A Coruña, Spain; [4]Complejo Hospitalario Universitario A Coruña, Instituto Investigación Biomédica INIBIC, A Coruña, Spain

Background: Trifluridine/tipiracil (TAS-102) plus bevacizumab (BEV), compared with TAS-102 monotherapy, was associated with a statistically significant and clinically relevant improvement in progression-free survival (PFS) with tolerable toxicity in a randomized, open-label, phase 2 trial. However, the role of this combination in a real-world setting is unknown.

Methods: We conducted a retrospective, observational study of patients (pts) with metastatic colorectal cancer (mCRC) refractory or intolerant to standard therapies, including fluoropyrimidines, irinotecan, oxaliplatin, and cetuximab or panitumumab (only RASwt); treated with TAS-102 35 mg/m2 twice daily on days 1—5 and 8—12 every 28 days plus BEV 5 mg/kg on days 1 and 15 at University Hospital a Coruña (Spain). Previous therapy with bevacizumab, aflibercept, or regorafenib was allowed. Clinic and pathological characteristics, Overall Response Rate (ORR) and Disease Control Rate (DCR), Overall Survival (OS) and Progression-Free Survival (PFS) data were retrospectively collected and analyzed.

Results: We recorded 20 pts treated between July 2019 to January 2021. Median age was 61.9 years (range 40 — 77 years), 50% female, 75% ECOG PS0-1, 95% left-sided, 60% RASmt, 65% synchronous presentation, and 80% primary tumor resection. 85% of pts had liver metastases, 35% time since diagnosis of 1st metastases Median of cycles received was 4 (range 2-14+ cycles). 15 pts (75%) were evaluable for response. ORR and DCR were 5.0% and 40.0%, respectively. With a median follow up of 7.7 months, median PFS was 4.9 months (95% CI, 2.5-7.2 months) and median OS was 8.1 months (95% CI, 3.3-12.9 months). The most common grade 3-4 toxicities were: asthenia 35%, neutropenia 30% (0% febrile neutropenia), and vomiting 15%. 45% and