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.

were completed using Kaplan-Meier and Cox proportional hazard models (controlling for insurance as a proxy for health care access) using an a priori a = 0.05.

Results: Of the 84 participants, 36 (43%) were remote; median travel time to CF center was 45 minutes (interquartile range, IQR 20–160). The majority were male (n = 46, 55%) and adults (n = 64, 76%), with a median age of 27 years (IQR 22–33) among adults and 15 years (IQR 14–17) among children. Private insurance was used in 2019 in 51 (61%), and median time to prescription was 92 days (IQR, 43–132) for those who received a prescription. Eight months after FDA approval, 61% of remote participants were prescribed elexacaftor/tezacaftor/ivacaftor, compared to 81% of local participants ($P = 0.04$). Kaplan-Meier survival analysis, comparing prescription for and time to prescription of elexacaftor/tezacaftor/ivacaftor, yielded no significant group differences ($P = 0.28$). A Cox proportional hazard model, controlling for insurance type, reported no differences between local and remote groups ($P = 0.11$).

Conclusion: A smaller proportion of remote participants were prescribed elexacaftor/tezacaftor/ivacaftor at the time of this analysis; however, the time to prescription did not differ by distance to CF center, even after adjusting for insurance type. At our center, caring for patients living at a median travel time of 45 minutes, timely delivery of novel therapies is achieved regardless of location.

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Weekly patient-family-staff-volunteer during COVID-19

G. Raissi[1], N. Patel[2], R. Casey[3], B. Corcoran[4], H. Sadeghi[4]. *[1]Pediatric Pulmonary, Columbia University, Stamford, USA; [2]Pediatrics, Columbia University, New York, USA; [3]Risk management, Stamford Hospital, Stamford, USA; [4]Pediatrics, Columbia University Medical Center, New York, USA*

Background: Patients and with cystic fibrosis (CF) and their families have elevated rates of anxiety and depression compared to the general public. General family function, as well as symptoms of anxiety and depression, demonstrate a strong relationship with health outcomes among patients with CF. The COVID-19 infection created added fear and anxiety. Our CF team recognized a need to support our patients and families. The CF Center at New York-Presbyterian Morgan Stanley Children's Hospital has 110 patients in New York City and Stamford, Connecticut locations. The staff consists of 6 attendings, 3 pulmonary fellows, 1 nurse practitioner, 1.6 nurse, 1.2 social worker, 1.2 dietitian and 1 physical therapist. The center has patient/family partners (PFPs) that actively participate in quality improvement projects.

Methods: In March 2020, the CF team along with the PFP decided to set up a weekly virtual family meeting via Zoom to communicate the latest information and answer questions in an open forum. An email was sent out to all patients and staff each week that included the agenda for discussions and a Zoom link. Each meeting began with a medical update from the physician and included time for questions, as well as opportunity for open discussion among participants. The meeting incorporated a wellness activity, such as meditation, deep breathing exercises, and poetry, and concluded with some spiritual reflection from one of our pastoral volunteers. To evaluate the effectiveness of the meetings at the 1-year mark, a 12-question survey was emailed to all participants and a 5-question survey was sent to volunteers and the CF care team.

Results: Eighteen of 110 families participated in the meetings at one time. Survey was sent to 95 patients living in the United States. Sixteen of the 18 families who attended the meetings responded. Three additional families that had not attended responded to the survey, since the first 3 questions were general questions with an appreciation phrase stating that the survey ends for them. Table 1 summarizes the responses of patients/families. Ninety-four percent of the families felt that the meetings were organized or very organized. Fifty percent were participating in the meetings a year after the start of COVID. Reasons for not continuing included lack of time and getting overwhelmed although the information was helpful.

Patient / Family Responses	Percentages
Concerned about not knowing how COVID-19 affects the health of patients with CF	89%
Felt that the meetings were useful to their overall well being	81%
Desire to receive updates from the physicians	88%
Stated that the meeting reduced stress levels	88%
Got questions answered regarding CF and COVID	94%
Wanted to hear experiences of other CF families	63%

Table 1. Patient/family responses.

Conclusion: At a time when the COVID-19 pandemic caused added uncertainty and anxiety to patients and families, the weekly virtual meeting organized by the CF team in collaboration with patient/family partner helped reduce stress levels.

PULMONARY

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Site of intravenous antimicrobial treatment of pulmonary exacerbations in the STOP2 study: Home versus hospital

D. Sanders[1], U. Khan[2], S. Heltshe[3], M. Skalland[4], N. West[5], D. VanDevanter[6], C. Goss[7], P. Flume[8]. *[1]Pediatrics, Indiana University School of Medicine, Indianapolis, USA; [2]Seattle Children's Research Institute, CFF Therapeutics Development Network Coordinating Center, Seattle, USA; [3]Pediatrics, University of Washington, Seattle, USA; [4]CFF Therapeutics Development Network Coordinating Center, Seattle Children's Research Institute, Seattle, USA; [5]Medicine, Johns Hopkins University, Baltimore, USA; [6]Pediatrics, Case Western Reserve University School of Medicine, Edgewood, USA; [7]Medicine, University of Washington, Seattle, USA; [8]Medicine, Medical University of South Carolina, Charleston, USA*

Background: In the STOP2 (Standardized Treatment of Pulmonary Exacerbations-2) study, intravenous (IV) antimicrobial treatment duration for adults with cystic fibrosis (CF) experiencing pulmonary exacerbations (PEx) was determined based on initial treatment response. Participants were randomized to 1 of 3 different durations of IV treatment, stratified by site of care (home vs hospital). The impact of site of care is an important clinical question in CF. Evolving evidence from observational studies suggests a potential clinical benefit to treatment in the hospital setting. The objective of this analysis was to compare improvements in clinical outcomes between adults with CF receiving IV antimicrobial treatment at home versus the hospital. Our hypothesis was that participants treated at home would have less mean lung function improvement compared with those treated in the hospital.

Methods: The STOP2 study design has been reported in detail [1]. Treating clinicians determined PEx treatment location, which was a stratification factor for randomization of treatment duration. Lung function, weight, and symptom recovery, measured 2 weeks after planned completion of IV antimicrobials, were evaluated by site of care. To address confounding, propensity score and inverse probability treatment weighting (IPTW) were applied to test for differences in clinical response by treatment location.

Results: In all, 982 STOP2 participants were randomized, with 33% receiving IV antimicrobials in the hospital only, 46% in the hospital and at home, and 21% at home only. Those treated only in the hospital had a higher proportion of males (59% vs 44% for those treated at home only), Hispanic ethnicity (10% vs 4%), those in the lowest socioeconomic tier (23% vs 15%), not on highly effective modulator therapy (96% vs 91%), BMI £18 kg/m^2 (17% vs 8%), and ppFEV1 < 50% (62% vs 54%) at treatment start. Mean (95% CI) ppFEV1 improvement from IV antimicrobial start was significantly lower for participants treated at home only, 5.0 (3.5, 6.5), compared to those treated in the hospital and at home, 7.0 (5.9, 8.1), and those treated only in the hospital, 8.0 (6.7, 9.4) using IPTW models. Mean weight and CRISS changes were also significantly smaller for those treated at home only compared to those treated only in the hospital.