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.

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

ANNALS OF ONCOLOGY driving innovation in oncology

SPECIAL SESSION: IMPACT OF COVID-19 ON CLINICAL PRACTICE AND RESEARCH IN ONCOLOGY

SP2-1 The impact of COVID-19 on cancer treatment in Japan; actual condition, countermeasure, and task

Yu Sunakawa

Department of Clinical Oncology, St. Marianna University School of Medicine

The first case of COVID-19 was reported on January 16, 2020 in Japan, and COVID-19 was classified as a designated infectious disease on February 1. "Three pillars" of COVID-19 countermeasures have been formulated, including: 1. Early detection of and early response to clusters, 2. Enhancement of intensive care and securing medical service system for the severely ill patients, including medical equipments (Ventilator, ECMO, etc), 3. Behavior modification of citizens. The number of cases increased in late March, triggered by the influx of infected patients from overseas, and a state of emergency was declared on April 7. In May, the spread of the disease began to be temporarily controlled, and the declaration of a state of emergency was lifted on May 25. With the reactivation of social activities, the number of infected people has again rose since late June of 2020.

The ongoing worldwide COVID-19 pandemic dramatically affects daily care for patients with cancer. For cancer patients, it is difficult to terminate hospital visits for treatment and assessments, but the visits themselves can be a risk of infection, especially for individuals who have risk factors of COVID-19 infection. Patients of COVID-19 with cancer have been reported to have a high mortality rate. The basic principle of preventing COVID-19 infection is to reduce close contact with other people. Medical staff need to plan infection-control measures at each institute, and preventing the transmission of SARS-CoV-2 in a cancer hospital is important for maintaining cancer treatment. In addition, cancer patients frequently exhibit cancer-specific or treatment-specific symptoms that resemble those of COVID-19. Thus, it is essential to establish a screening strategy for patients with COVID-19-like symptoms to prevent further infections and to provide cancer care.

I will present the actual condition, countermeasure, and task for COVID-19 pandemic in cancer treatment in Japan.

https://doi.org/10.1016/j.annonc.2021.05.359

SP2-2 COVID-19 impact on the oncology practice in the USA

Naoto T. Ueno

Department of Breast Medical Oncology, The University of Texas MD Anderson Cancer Center, USA

Coronavirus disease 2019 (COVID-19) has changed our lives and how we approach cancer in the USA.

Unfortunately, cancer incidence will not change despite COVID-19. Starting from March 2020, the US had a significant impact on how we care for our patients.

Cancer screening, diagnosis, treatment, and posttreatment surveillance in uninfected patients during the pandemic is something that we continue to explore the most efficient way to provide the care without risking the patients from COVID-19 and not providing the inferior care.

Further, we need to make sure that we protect our healthcare providers from the COVID-19.

I will provide my talk from a medical oncology practitioner's perspective, approaches, and issues that I have noted in the USA.

https://doi.org/10.1016/j.annonc.2021.05.360

SP2-3 The impact of the COVID-19 global pandemic on oncology drug development, clinical research and R&D in Japan

Toshio Shimizu

Early Phase 1 Drug Development Service, Department of Experimental Therapeutics, National Cancer Center Hospital

The challenges due to the impact of the coronavirus disease 2019 (COVID-19) pandemic and the unprecedented public health crisis are severely affecting oncology clinical trials, early to late phase drug development and clinical research. There has been a decrease in the numbers of new trial initiations, site activations, and patient enrollments, as well as negative impacts upon on-site monitoring, protocol compliance/deviations, and safety assurance for patients with cancer participating in oncology clinical trials. Further, clinical trials may be affected by the spread of COVID-19 owing to the implementation of extreme measures, such as local hospital and patient treatment facility closures, travel restrictions, and delays in the shipment of study treatment and trial supplies. This has been reported in many affected countries, including those in Asia. Currently, all pharmaceutical sponsors are supporting the safety and well-being of clinical trial patients, and investigator sites such as communities, hospitals, and government agencies are striving to regain control over public health and taking proactive steps to ensure regulatory compliance and the scientific integrity of clinical trial data. Similar to the situation in the United States and the European Union, vast majority of oncology clinical trial sites in Japan are still partially facing the challenges raised by this unprecedented event. This session will describe the various aspects including experiences, current situation of, and multiple challenges associated with, the impact of COVID-19 on oncology drug development/clinical research in Japan, in addition to the experiences and perspectives of key oncology early phase drug development centers in Asia.

https://doi.org/10.1016/j.annonc.2021.05.361

SP2-4 Impact of COVID-19 on clinical practice and research in oncology in Singapore – experience of the National University Cancer Institute

Ross A. Soo

National University Cancer Institute, Singapore

The viral pathogen, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is the strain of coronavirus responsible for the coronavirus disease 2019 (COVID-19) pandemic. The COVID-19 pandemic has greatly disrupted the care of cancer patients worldwide. Despite the widespread disruption, the continual delivery of cancer care remains essential. The multidisciplinary, time-sensitive, and resource-intensive nature of cancer care generates unique challenges during a viral pandemic.

In this presentation, building on our collective experience from the severe acute respiratory syndrome (SARS) epidemic of 2003, I will share lessons learnt during the SARS 2003 crisis and how these have shaped current policies and workflows at a comprehensive cancer centre in Singapore during the current COVID-19 outbreak. In addition, approaches that enabled the continuity of (a) patient care (b) clinical research and (c) education will also be described. Strategies include the use of a segregated-team work flow, resource conservation and allocation, clear communication from senior management, and standardised management of oncology patients with suspected infection. The impact on outpatient clinic load, utilization rate of chemotherapy chairs, average waiting time for new consults and to start treatment will also be presented.

https://doi.org/10.1016/j.annonc.2021.05.362