OA17 MULTIDISCIPLINARY CARE OF THORACIC ONCOLOGY PATIENTS DURING COVID-19 PANDEMIC SUNDAY, SEPTEMBER 12, 2021 - 20:00-21:00

OA17.01
Core Supportive Care for People Living With Lung Cancer During COVID-19: Analyses of Specialist Lung Cancer Nursing Practice

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Introduction: Evidence now suggests that people living with lung cancer have a high susceptibility to the SARS-CoV-2 virus, experience disproportionately worse outcomes if infected with the virus, and are living with raised levels of vigilance and stress compared to people living with other cancer types. Specialist lung cancer nurses (SLCNs) have been instrumental and transformational in pandemic response management, working to ensure that this patient cohort is appropriately supported emotionally and physically, while developing and implementing policies and protocols to facilitate the provision of such support in a safe and timely manner. In this view, with a Latourian lens, a praxiographic study was undertaken with the objective of providing recommendations on core supportive care practices discrete to people living with lung cancer through the COVID-19 pandemic. **Methods:** Process mapping of pre-pandemic and mid-pandemic (3rd quarter 2020) patterns of care delivery was undertaken by the Research Committee of the Australia and New Zealand Lung Cancer Nurses Forum (ANZ-LCNF) with ANZ-LCNF members who agreed to participate in this study. A 2-stage analytical process followed. First, content analysis of pre- and mid-pandemic process maps was conducted per member participant to elucidate differences and similarities in care delivery. All data reflective of 'differences' in practice were then merged and preliminary concepts derived; the same process performed for 'similarities'. Second, a theoretically driven analysis was conducted to understand the complex work performed by SLCNs during the pandemic environment. Informed by the preliminary concepts, drawing on Latourian concepts of multiplicity, effacement, symmetry and convergence, a praxiographic *teasing out* of *what happened* for SLCNs and the patients for whom they care assembled higher-level themes reflective of practice change due to the pandemic environment. **Results:** Specialist lung cancer nurse practice, patients and health systems experienced disruption due to COVID-19 pandemic and which served to upset the complex and sometimes fragile workings of relative health-related networks. De-coupling of services, tele-practice, ambulatory expertise, and counsel reflect the ways SLCN practice has pivoted in view of such disruption. This underscores the importance of SLCNs establishing robust and functional partnerships with all entities in healthcare networks to facilitate optimal supportive cancer nurse care. **Conclusion:** COVID-19 continues to make an impact on people living with lung cancer. Analyses of pre- and mid-pandemic SLCN practice has defined recommendations for optimal supportive cancer nurse care. It is important to promote this crucial work to ensure all people living with lung cancer in this rapidly changing environment receive optimal care. **Keywords:** Specialist lung cancer nurse, COVID-19 pandemic, Core supportive care

OA17.02
COVID-19 Pandemic and Mental Health Status of Lung Cancer Patients in Indonesia

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Introduction: COVID-19 pandemic has brought massive changes to various aspects of life, which create psychological distress and have led to an increase in mental health disorders, especially in patients who need regular visits to hospital as lung cancer patients. To date, there has been no data available related to depression status during the pandemic in lung cancer patients. **Methods:** We have conducted a cross sectional study in Thoracic Oncology Outpatient Clinic in Persahabatan National Respiratory Referral Hospital Jakarta, Indonesia. We ask the patients using Patients' Health Questionnaire-9 (PHQ-9) for their experience during COVID-19 pandemic. This study has been approved by ethical committee Faculty of Medicine University of Indonesia number 21-01-0053/2020. **Results:** This preliminary result consisted of only eighteen lung cancer patients, with mostly male (66.7%), living mostly in Jakarta greater area (88.9%). Stage II consist of 5.6%, stage III 27.8% and stage IV 66.7%, with current treatment are chemotherapy (72.2%), targeted therapy 22.2%, and radiotherapy 16.6%. Using validated Bahasa Indonesia PHQ-9, we found 50% of patients were experiencing depression during COVID-19 pandemics. **Conclusion:** This preliminary study showed high prevalence of depression of lung cancer patients during COVID-19 pandemics, and would influence their quality of life. We currently awaits for the final results of this study. **Keywords:** COVID-19, mental health, depression

OA17.03
Depression, Anxiety, and Distress Impact in Patients With Thoracic Malignancies During the COVID-19 Pandemic

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Introduction: Evidence has accumulated indicating that lung cancer patients have represented a vulnerable population throughout the COVID-19 pandemic. Limited information is available in Latin America regarding the overall detrimental effects of depression, anxiety, and distress due to the ongoing pandemic. This study aimed to determine the prevalence and impact of psychological disorders due to the COVID-19 pandemic in the medical attention and survival of patients with thoracic cancers. **Methods:** To determine the impact of COVID-19 in the mental health of thoracic cancer patients, specialized psychiatrists and psych-oncologists performed a cross-sectional mental health evaluation in a single center between March 1st, 2020, to February 28th, 2021. For this purpose, models were developed to test the association between mental health status and delays in medical care, and a second model to test the association between delays in care and survival effects. A logistic regression model was built with binary variables describing timeliness in treatment during the COVID-19 pandemic and the DASS-21 dichotomous explanatory self-reported anxiety, depression, and stress subscales. Scientific and bioethical committees of the Instituto Nacional de Cancerología (INCan) approved this study (020/043/ICI) (CEI/1493/20). **Results:** Five hundred and forty-eight patients were eligible for the analysis. The mean age was 61.5±12.9 years, non-small cell lung cancer (NSCLC) was the most seen neoplasm (86.9%), advanced stages predominated (80%), and the majority of patients were under active therapy (82.8%). The mean DASS-21 score was 10.45, being women more affected than men (11.41 vs. 9.08, p<0.001) in the overall scale and on each subscale (p<0.001). Anxiety was reported in 30.5% of cases, followed by depression and distress in equal proportions (18%). Any change in treatment was reported in 23.9% of

patients, of whom 78.6%% were due to the COVID-19 pandemic. Delays ($\geq$ 7 days) were the most frequent treatment change in 41.9%, followed by treatment suspension at 37.4%. After adjusting for age and sex, patients with thoracic neoplasms and depression had 4,5 higher odds of experiencing delays on treatment (95% CI 1.53 to 13.23, p= 0.006). Similarly, patients with stress had 3,18 higher odds of experiencing delays (95% CI 1.0 to 10.06, p= 0.006). Anxiety was not associated with delays in care. Moreover, patients without changes in its cancer treatment had a more prolonged progression-free survival and overall survival, [HR 0.21, p<0.001] and [HR 0.28, p<0.001]. **Conclusion:** There is enough evidence to suggest that depression among patients with thoracic neoplasms is associated with treatment delays. Changes in primary treatment, especially delays due to pandemic, were associated with lower survival rates than those without changes. **Keywords:** SARS-COV2, Thoracic cancers, COVID-19 pandemic

OA17.04
The Global Impact of COVID-19 on Telehealth and Care for Persons With Thoracic Cancers

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Introduction: The COVID-19 pandemic has resulted in countless challenges and changes in health-systems and healthcare delivery around the world. Face-to-face consultation became the exception rather than the norm. Many people at risk of, and living with, thoracic malignancies experienced significant barriers to accessing care. Telehealth was employed by many providers to engage and monitor patients remotely, thus providing some continuity of care. The aim of this project was to assess the use of telehealth during the pandemic and the wider impact on thoracic cancer care from the perspective of healthcare professionals. **Methods:** An English language survey was developed by the IASLC communications committee, and administered using Qualtrics software from April 12, 2021 through May 31, 2021. It was disseminated via the IASLC and others, through multiple modalities. The 24-question survey included multiple choice, Likert scale, and free-response questions: covering two broad themes concerning the impact of the pandemic on (i) the use of telehealth and (ii) lung cancer/mesothelioma care. Some general information was also gathered such as location and primary speciality. Statistical analyses included summary statistics reported for each question by region and provider specialty, compared with Chi-Square tests. **Types of Analysis and Data Reporting:** Full survey results will be reported for the two study themes (i) the use of telehealth and (ii) impact on lung cancer and mesothelioma care. We will present overall results and stratify by region of the world and provider type. Statistical comparisons across groups will also be reported. Finally, free-response data will be summarized and most frequent themes identified will be reported. **Results:** The 141 respondents were most frequently male (63.8%), between 41-50 years old (32.6%), medical oncologists (50.7%), with majority based at academic centres (84.2%). Responses were primarily from North America (37.6%), Europe (31.2%), and Asia (14.9%). During the pandemic most used telehealth for the first time (65.2%) and billing (where appropriate) at normal rates (48.2%); the majority felt that telehealth is here to stay (48.2%). Telehealth visits were conducted by phone call (29.2%) and mixed platforms (35.7%), however 'Video via e-medical record' was the preferred method (42.5%). The most common barriers to adoption of telehealth were lack of resources for patients (66.1%) and regulatory limitations (56.2%), with patient interest and lack of institutional resources not rated as barriers (43.1% and 41.4%;, respectively). The top advantages for providers/patients were continuity of care and maintenance of contact with patients (88%-92% of respondents). Top disadvantages for providers were lack of human contact (72.9%), lack of patient internet access/tech knowledge (71.3%) and missing informal aspects of face-to-face visits (71.3%); these also ranked as top concerns for patients (74.8%,74%, 76.1% and 68.4%, respectively). Providers felt that telehealth was most appropriate during surveillance (94.1%) and least so for initial diagnosis (69.8%). Most felt that patients were receptive to telehealth (55.3%), however there was a worry that its use would increase healthcare disparities (29.7%). Overall, most felt that the pandemic had a negative impact on care (68%), with impacts on accessing diagnostics (i.e. biopsy), clinical trials (i.e. reduction in trials), basic/translational research (i.e. decrease in activity) as well as care (i.e. surgery). There was also a decrease in numbers accessing lung cancer screening (86.9%). **Conclusion:** Much will need to be done to counteract the negative impacts on care, clinical trials, and research during the COVID-19 pandemic. Although, telehealth has been widely adopted, issues remain such as healthcare access, point of use in the care pathway and telehealth platform selection. **Keywords:** telemedicine, covid-19

OA18 REAL WORLD DATA IN A MODERN WORLD
MONDAY, SEPTEMBER 13, 2021 - 17:30-18:30

OA18.01
Lung Cancer in Vietnam

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Introduction: Lung cancer is an oncologic public health challenge, with widening global disparities. Characterizing nation-level