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treatment can be postponed; and those who can be supervised distantly and for who special treatment is not required for up to 3 month.

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324P COVID era: Perception of oncologists from a developing nation

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Background: Cancer being a lethal disease, delay in treatment may be fatal. International organizations have come up with useful guidelines for cancer management. Still the availability of resources, infrastructure, state health policy, COVID incidence and approach of healthcare professionals differ. This study aims to find out the perception and approaches of Indian oncologists - which might prove to be useful in nation specific delivery of cancer care during COVID Pandemic.

Methods: After taking consent, a survey form was circulated online amongst oncologists (haemato/ radiation/ medical/ surgical) across the country and responses collected.

Results: 79.2% oncologists represent private sector, 16.8% government sector. 50% oncologists were willing to postpone investigations for stable cancer patients. 42.6% willing to start treatment without knowing the COVID status, while 44.6% were against the idea and 12.9% were indecisive. 73% willing to perform surgery right away for operable nonemergency cases with a negative COVID status and rest 27 % willing to postpone surgery. Concurrent Chemoradiation (57%) was preferred over sequential approach (43%). Majority (53.5%) were comfortable prescribing chemotherapy via telemedicine. Asymptomatic COVID positive patients requiring chemotherapy 64.4% were willing to wait for the virus to resolve and then start therapy and 35.6% were suggesting some form of oral therapy and ongoing isolation. 89.1% preferred oral route if option present. 83.7 % preferred targeted therapy, 8.2% immunotherapy and rest went for other options. 93.1 % preferred day care chemotherapy during COVID and not admission. 61 % thought extended course of dexamethasone given as pre-medication during chemotherapy did not have a protective role for patients during COVID outbreak. Treatment initiation criteria in descending order - 39.6% stage of the disease, 36.6 % performance status, 22.8% COVID status and for rest it was the cost. 91% oncologists thought nurses were at a higher risk of exposure to COVID infection than the doctors. 54.5% were not taking anti COVID prophylaxis..

Conclusions: Greater homogeneity in practice was noticed amongst oncologists of a developing nation during COVID outbreak. The above information might be useful in policy making.

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325P Clinical characteristics and outcomes of cancer patients with COVID-19 infection: A retrospective study in a single center in the Philippines

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Background: The COVID-19 pandemic is a rapidly evolving crisis worldwide. Cancer patients represent a highly vulnerable group during this pandemic and are facing the most severe and critical consequences of this outbreak. This study aims to present our local data and contribute to our existing knowledge on the clinical impact of this novel disease on cancer patients.

Methods: We conducted a retrospective, single center, cohort study of cancer patients with laboratory-confirmed severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection admitted in a tertiary hospital in Quezon City, Philippines from March to May 2020. Clinical characteristics, laboratory data and treatment histories were compared between patients with mild and severe outcomes. Chi-square test and Fisher's exact test were applied to analyze the differences between groups.

Results: Nineteen cancer patients with COVID-19 infection were included. The most common tumor types were breast (26.3%), lung (21%), and genitourinary cancer (10.5%), and majority had early stage cancer (63.2%). Fifteen patients (78.9%) had recent anti-cancer treatment within 2 weeks prior to admission, most commonly, cytotoxic (21.05%) and targeted therapy (21.05%). Among patients who developed severe outcomes, most had lung cancer, stage IV disease, recent anti-cancer

treatment, and higher levels of inflammatory markers. Findings of bilateral opacities on chest x-ray ($p=0.009$) and ground glass densities on chest CT scan ($p = 0.002$) were significantly associated with having severe complications. Having nosocomial-acquired infection was also associated with severe outcomes ($p=0.004$).

Conclusions: We found that those with recent anti-cancer treatment, particularly chemotherapy, have higher rates of severe complications; and that hospital-acquired infection is common among cancer patients and is associated with severe illness. Our study is limited by its small population, though our findings are consistent with other published studies. Our findings suggest that cancer patients require urgent and special attention during the pandemic, especially those who are receiving anti-cancer treatment.

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326P Management of diffuse large B cell lymphomas in the COVID-19 era

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Background: Patients with haematologic malignancies, including diffuse large B cell lymphoma (DLBCL), have the highest COVID-19 severity and mortality. It is thus important to balance minimising nosocomial COVID-19 transmission with treatment of aggressive DLBCL. At the National Cancer Centre Singapore (NCCS), we implemented these changes: 1. Reduce outpatient visits for patients on surveillance through telemedicine consultations 2. Low threshold for prophylactic granulocyte stimulating factors (G-CSF) to reduce febrile neutropenia 3. Low threshold for antimicrobial prophylaxis 4. Subcutaneous instead of intravenous rituximab to reduce "chair time" in suitable patients 5. Outpatient chemotherapy where possible (including for rituximab with dose-adjusted etoposide, prednisone, vincristine, doxorubicin and cyclophosphamide; DA R-EPOCH for double/triple hit lymphomas) 6. Central Nervous System International Prognostic Index (CNS-IPI) to determine high risk patients requiring CNS prophylaxis; delay CNS prophylaxis with intravenous methotrexate (MTX) to later cycles We then reviewed the data to see if these outcomes had been achieved.

Methods: Data from DLBCL patients between 1 March to 30 April 2019 and the same period in 2020 were reviewed retrospectively and compared. Statistical analysis was performed using the chi-square test (Stata version 16.0, StataCorp, Texas, USA).

Results: There was no nosocomial COVID-19 infection. Inpatient admissions and outpatient visits showed numerical decrease, with significant reduction in surveillance visits ($p<0.001$). Patients still received appropriate curative treatment. CNS prophylaxis was given when indicated; MTX was given intrathecally during staging lumbar puncture and intravenously later. Most on treatment received G-CSF as primary prophylaxis. All who received R-EPOCH also received antimicrobial prophylaxis. There was no difference in number of patients receiving radiation or palliative care.

Conclusions: In- and outpatient visits were successfully reduced with no compromise to treatment and supportive care, with no nosocomial transmission of COVID-19. With no end from the pandemic in sight, this strategy for the management of DLBCL is useful in the "new normal" and for future pandemics of similar nature.

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327P COVID-19 in patients with oncohematologic diseases in Kazakhstan

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Background: SARS-CoV-2 is a novel coronavirus of zoonotic origin that emerged in China and now is spreading worldwide. 71 838 cases have been registered in Kazakhstan. At the moment, 3 585 of which died. The risk of coronavirus infection in oncohematological patients is much higher, due to a reduced immune status and