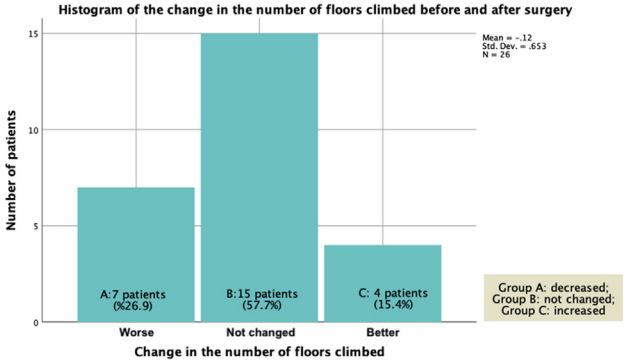
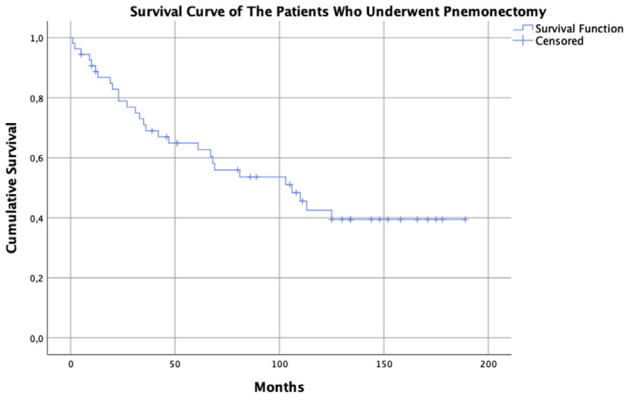
Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

(57.14%) had left pneumonectomy whereas 30 patients (42.85%) had right pneumonectomy. While 26 people (37.1%) were alive, 44 patients (62.9%) died. Four patients were suffered from COVID-19 infection and two of them died. Mortality was 50.0% whereas 1 (3.8%) and 2 (7.7%) patients had had extremely poorer and poorer physical activity compared to those of before pneumonectomy respectively, 9 patients (34.6%), 10 (38.5%) and 4 (15.4%) had same, better and extremely better physical activity compared to those of prior to pneumonectomy respectively. Estimated survival of all patients was 106 months (at the (95% confidence interval [CI]:58.69-153.30 months). The median survival of patients with right pneumonectomy was 103 months (95% CI:56.0-150.0 months) whereas it was 110 months (95% CI:45.5-174.5 months) in patients who had left pneumonectomy (p=0.859). **Conclusions:** The mortality due to Covid-19 was very high following pneumonectomy although the prevalence of COVID-19 seemed low in those patients. The physical activity was found to be worsened in small fraction of patients after pneumonectomy. Pneumonectomy seems safe and not debilitating in select patients even in Covid-19 era.





Keywords: Covid-19, Pneumonectomy, Quality of Life

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COVID-Protected Pathways for Image Guided Lunc Cancer Intervention During the COVID-19 Pandemic: A Cohort Study

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Introduction: The COVID-19 pandemic has driven the development of novel patient flow pathways to separate patients with suspected COVID-19 infection admitted to hospital from elective surgical and interventional radiology patients.

Table 1. Demographic and Postoperative data for COVID-Protected and Mixed-Pathway Cohorts

	Site 1: Mixed-Pathway Cohort (August 2020 to August 2021)	Site 2: COVID-Protected Cohort (April to August 2020)
Number of Patients	85	38
Mean Age (Range)	62 (20-88)	68 (38-90)
Sex (M/F)	40 : 45	18 : 20
Postoperative ICU Admission	0	1
Mean Days in Hospital	1.8	0.7
Number of Confirmed COVID-19 Cases 30 Days Post-Procedure	2	0

In this single centre study we compare the experience of COVID-protected and mixed-cohort pathways at a tertiary referral hospital for elective CT-guided lung biopsy and ablation during the COVID-19 pandemic. In particular to assess the risk of developing COVID-19 post-procedure in both pathways. **Methods:** A total of 123 patients were admitted for elective thoracic intervention from April 2020 to August 2021. From September 2020 to August 2021 patients admitted for elective thoracic intervention were treated at the main site of a tertiary referral hospital (Site 1). Site 1 also received patients nationally for extracorporeal membrane oxygenation (ECMO) and invasive ventilation in the treatment of COVID-19 pneumonia. Shared imaging, theatre, and hallway facilities were used by both groups. From April 2020 to August 2020 patients admitted for elective thoracic intervention were treated at a COVID-protected hospital (Site 2). No patients with suspected or confirmed COVID-19 were treated at Site 2. Demographic and admission data was retrospectively collected. Patients were surveyed retrospectively for clinical and laboratory signs of COVID-19 infection up to 30 days post-procedure. **Results:** At the mixed cohort site (Site 1), 2 patients (2.4%) tested positive for COVID-19 at 10 and 14 days post-procedure. One patient encountered a COVID-positive contact at a social gathering prior to developing symptoms. Both patients recovered at home with supportive therapy. At the COVID-protected site (Site 2) there were no COVID-19 positive cases within 30 days of undergoing elective lung biopsy or ablation. Demographic and post-operative data for both cohorts is provided in table 1. **Conclusions:** A mixed-site method for infection control, where there is partial mixing of COVID-19 and elective patients represents a pragmatic approach to the management of elective procedures during the COVID-19 pandemic or similar illnesses. **Keywords:** Infection Control, Patient Flow, Lung Biopsy

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Maintaining Thoracic Services During COVID-19 - A Single Centre Experience

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Introduction: In March 2020 the COVID19 pandemic erupted resulting in significant burden on critical care capacity and profound disruption on lung cancer surgery.Despite the reduction in capacity, staff, and resources, we agreed locally to try and maintain full surgical services for lung cancer by adapting the surgical pathway to one less resource intense without compromising patient safety. **Methods:** We conducted a retrospective review of thoracic surgery patients from 16th March 2020 to 1st May 2020 which coincided with the first COVID19 peak (Group A). We compared activity, outcomes, peri-operative course, and histology with a group of patients operated on during the same period in 2019 (Group B). **Results:** 53 patients in Group A were compared to the 69 patients in Group B.There was no significant different in pulmonary function, mortality, mechanical ventilation, length of inter-