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PSYCHO-ONCOLOGY

15680 Quality of life in cancer patients treated with immune checkpoint inhibitors: A meta-analysis

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Background: Immune checkpoint inhibitors (ICIs) have transformed treatment of a variety of different cancer types. Published patient-reported quality of life (QOL) data have been largely limited to phase III trials. The size and heterogeneity of this literature can make patient education about ICIs difficult. The aim of this meta-analysis was to quantitatively summarize change QOL in patients receiving ICI for cancer.

Methods: Two meta-analyses were conducted on publications of PD-1/PD-L1 and/or CTLA-4 inhibitors that provided mean-level QOL using the EORTC QLQ-C30 and/or EQ-5D. One meta-analysis examined change in QOL in patients treated with ICIs from pre-treatment to follow-up approximately 12-24 weeks later. The second meta-analysis compared QOL at follow-up in ICI versus non-ICI regimens in randomized trials. Moderator analyses examined ICI regimen, comparator regimen, disease site, age, gender, follow-up period, and risk of bias.

Results: Of 20,323 publications identified, 26 met inclusion criteria. The first meta-analysis, encompassing 26 studies and 6,965 patients, indicated QOL did not change over time in patients treated with ICIs ($P > .05$). Significant moderators included ICI regimen, cancer type, sex, and risk of bias (P values $< .05$). In the second meta-analysis of 16 studies and 6,536 patients (ICI $n=3,588$, non-ICI $n=2,948$), better QOL was observed in ICI versus non-ICI regimens ($P < .05$). Significant moderators included ICI regimen, cancer type, age, and risk of bias (P values $< .05$).

Conclusions: This study is among the first to quantitatively summarize QOL in patients treated with ICIs. Findings suggest ICI recipients report overall stable QOL and better QOL than patients treated with non-ICI regimens. Results confirm that despite immune-related toxicities, ICIs are generally well-tolerated.

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1569P Integrating patients' quality of life (QoL) into clinical practice: A Delphi method-based consensus among French physicians managing lung cancer patients

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Background: QoL assessment has become standard in oncology clinical trials, while its management in routine practice remains subject to many questions. This study aimed to reach a consensus from physicians involved in lung cancer on the patients' QoL management (assessment and discussion) in daily practice.

Methods: 747 physicians involved in lung cancer (oncologists, pulmonologists, radiotherapists) were solicited to take part in a Delphi-method-based consensus

approach. Based on 3 rounds of iterated queries, this explored 7 QoL management aspects (from specification to assessment ways). Consensus was obtained in the case of 70% responders' agreement. A scientific committee composed of clinicians and a psycho-oncologist analysed results following each round.

Results: A representative panel of 60 physicians (13 oncologists, 43 pulmonologists, 4 radiotherapists) participated in at least one round (53 at round 1, 46 at round 2, 39 at round 3). Consensus elements were reached for 6 aspects. Consensus was obtained for a QoL management all along the patient journey. Three key time points were identified: "diagnosis", "tumour evaluation showing progressive disease or start of a new treatment" and "palliative and end of life care". A consensus was reached for a multidimensional QoL discussion with specificities at particular points such as spirituality in palliative care. QoL discussion must occur mainly during routine visits or hospitalisation. The need to involve patient's relatives at all time points (except when discussing side effects) and for a relay by a multidisciplinary team beyond this discussion were consensually recognized. QoL assessment before the visit could be of interest, however its systematisation for all patients at all time points was not consensual. No consensus was reached on the type of tool (interview guide, questionnaire) needed to support the QoL assessment.

Conclusions: QoL was considered by French physicians as a part of routine clinical visits in thoracic oncology, and was deemed key in the patient-physician interaction. Further work should be conducted to harmonise how to best implement and use QoL assessment.

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1570P The emotional impact of COVID-19 outbreak on cancer out-patients and their caregivers: Impressions from the heart of the Italian pandemic

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Background: During COVID-19 pandemic, cancer patients (pts) have to be protected because of higher morbidity and mortality risk. While follow up visits were rescheduled, frequently treatments couldn't be delayed without compromising efficacy. The aim of this study is to investigate the emotional discomfort of out-patients and their caregivers (CG), who needed access to hospitals to receive cancer treatment during the pandemic.

Methods: This is a single-institutional experience of the Department of Oncology at L. Sacco Hospital, one of the Italian hospitals most affected by COVID-19 pandemic. From 5 to 15 May 2020 we conducted a survey on out-patients in active cancer therapy and their CG. We created two different multiple-choice questionnaires (15 questions for pts, 17 for CG) looking at demographic characteristics and changes in emotional status, interpersonal relationships with health professionals (HCPs) and self-perception of treatment outcomes. The answers could be yes, enough vs no, I don't know.

Results: Questionnaires from 332 pts and 117 CG were examined. 65.1% pts and 53% CG were female; 65.7% of pts were >60 ys old and 55.6% of CG were between 41-60 ys. 48.7% of pts vs only 27.4% CG thought to be at greater risk of infection because of living together or visiting the hospital. Both pts and CG considered containment measures (triage at hospital entrance, social distancing, personal protective equipment) as valid support to avoid the spread of infection (87% vs 82%, respectively) without excessive loss of time (79.8% vs 86.3%). Waiting and performing visits and treatments without CG had no impact on emotional status of pts (67.3%), but generated greater anxiety in CG (59.7%) and fear of poor patient management at home (17.7%). The majority of pts (52.6%) and CG (37.6%) did not think that the pandemic influenced treatment outcome. Relationships with HCPs was not negatively affected for 75% pts and 51% CG.

Conclusions: The majority of pts believed they had a higher risk of COVID-19 infection and therefore approved the application of safety standards to help them feel more protected. Good relationships with HCPs contributed to receive face-to-face treatments without experiencing additional distress. For CG the main issues were limitations in sharing of pts' care routines and the perceived impairment in relationships with HCPs.

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1571P Chemotherapy in the COVID-19 era: The patient's perception

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Background: The COVID-19 pandemic poses significant challenges for the management of patients with cancer. In our institution we adapted our delivery of outpatient systemic anti-cancer therapy (SACT) by introducing a number of 'risk-reducing' measures including pre-assessment screening. We sought to evaluate our patients' experiences of this and to gain an insight into their perception of the risks associated with COVID-19. This is a cohort of patients who are at risk of increased morbidity and mortality and often have complex care needs.

Methods: Patients on active SACT attending the oncology day ward during the COVID-19 pandemic were eligible for participation. Data were collected over a one week period during the most intensive phase of Government restrictions, from 11/May/20-18/May/20. Personal demographics including information on social supports were recorded. In order to assess how patients perceived their care during COVID-19 they were asked questions under three headings: risk of infection exposure, changes to treatment plan and psychological impact of COVID-19.

Results: 100 patients were assessed, of these 60 (60%) were male, 41 (41%) were >65 years of age and 67 (67%) had advanced cancer. 11 (11%) patients were living alone. 95 (95%) had family/friends available to help with daily activities such as shopping and transport to medical appointments. 57 (57%) reported feeling at increased risk in general of contracting COVID-19, with 95 (95%) practising social isolation. 68 (68%) patients reported that they were not worried about contracting COVID-19 in the hospital. 96 (96%) patients stated that they wanted to continue on their treatment as originally planned, reporting feeling safer on therapy. 58 (58%) felt isolated and 40 (40%) reported increased anxiety. 10 (10%) opted to delay medical attention if unwell at home.

Conclusions: Though patients on active treatment for cancer during the COVID-19 pandemic reported increased anxiety and feelings of isolation due to COVID-19, the majority of patients wanted to continue SACT as originally planned. Patients may benefit from enhanced psycho-oncological supports in the event of a 2nd peak or prolonged COVID pandemic.

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1572P Psychological impact of the COVID-19 pandemic on health care workers in oncology in Tunisia

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Background: Between 13 March 2020 — date of national lockdown and passing to a third level national alert- and 11 May —first day of progressive release- confirmed cases rose from 24 to 1035 cases 46 deaths. Knowing that oncology health workers are treating cancer patients who have a higher risk of complication due to COVID-19, strict measures were applied. Understanding the psychological impact of the COVID-19 outbreak among health care workers is crucial in guiding policies and interventions to maintain their psychological well-being.

Methods: Health care workers in oncology were invited to participate with a self-administered questionnaire. In addition to information on demographic characteristics and medical history, the questionnaire included the validated Patient Health Questionnaire -9 (PHQ-9), the Generalized Anxiety Disorder-7 (GAD-7) and the Insomnia Severity Index.

Results: Of 100 health workers invited, 48 (48%) participated in the study; baseline characteristics are shown in the Table. Eleven (22.9%) participants screened positive for anxiety, 37 (77.1%) for mild to moderately severe depression, 7 (14.6%) for severe depression, noting that 14 (29.3%) are at risk of self-harm at least on several days. 15(31.3%) participants are suffering from clinical insomnia and one (2.1%) from

severe insomnia. The prevalence of depression was higher among nonmedical health care workers than medical personnel (76.2% versus 44.4% moderate to severe depression). Similarly, higher anxiety level were amongst paramedical staff (38.1% versus 11.1% for medical staff). 16 Participants (33.4%) suffer from clinical insomnia with higher numbers among non-medical staff (42.9% versus 25.9% for medical staff).

Table: 1572P

Sex n(%): F/M:	37(77.1)/ 11(22.9)
Age:	35.33
Status n(%)	
Married	31(64.6)
Single	16(33.3)
Divorced or widowed	1(2.1)
Profession n(%)	
Medical staff	27(56.3)
Paramedical-staff	21(43.8)
PHQ-9 Score	
No depression	4(8.3)
Mild depression	16(33.3)
Moderate depression	12(25)
Moderately severe depression	9(18.8)
Severe depression	7(14.6)
Do you think about harming yourself in anyway these last weeks n(%)	
No	34(70.8)
Several Days	9(18.8)
More than half the days	3(6.3)
Nearly everyday	2(4.2)
GAD7item n(%)	
Minimal anxiety	37(77.1)
Significant anxiety	11(22.9)
ISI n(%)	
No insomnia	10(20.8)
Subclinical insomnia	22(45.8)
Moderate clinical insomnia	15(31.3)
Severe clinical insomnia	1(2.1)

Conclusions: As the pandemic continues, important clinical and policy strategies are needed to support health care workers. Our study identified a vulnerable group susceptible to psychological distress. Early psychological intervention for this target group may be beneficial.

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1573P Anxiety and depression in cancer patients during the COVID-19 pandemic: A single-centre study

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Background: The COVID-19 pandemic has caused global mental health crisis. It has resulted in new sources of anxiety and depression among cancer patients which causes increasing psychological pressure. This study aimed at assessing the anxiety and depression in Tunisian cancer patients.

Methods: We conducted an observational, cross-sectional study between March and May 2020 during the COVID-19 pandemic. Symptoms of anxiety and depression in cancer patients were screened using the Hospital Anxiety and Depression Scale (HADS). A total of 91 patients replied to this survey.

Results: From a total of 91 respondents in the study, there were 48 (52.7%) male patients and 43 (47.3%) female patients. 59 (64.8%) of the patients involved in this study were above 40 years of age, followed by 17(18.7%) of 20-29 years old and 15(16.5%) of 30-39 years old. About marital status, 67(73.6%) were married, 5 (5.5%) divorced, 4(4.4%) widowed and 15 (16.5%) were single. The incidence of depression under novel coronavirus pandemic in cancer patients was 29.7% (27/91). Eighteen (66.7%) had mild depression, 7(25.9%) moderate depression and two (7.4%) severe depression. The incidence of anxiety was 69.2% (63/91). Of those patients, 42(66.7%) were experiencing mild anxiety, 12(19%) moderate anxiety and 9(14.3%) severe anxiety. Univariate analysis showed that asthenia, family support and pain were associated with anxiety ($p=0.006$, $p=0.001$ and $p=0.009$, respectively). Multivariate analysis of logistic regression revealed that family support during the COVID-19 pandemic was negatively correlated with the level of anxiety ($p=0.01$). Presence of pain was associated with anxiety (OR= 4.106; 95%CI, 1.011-16.672; $p=0.048$). There