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<https://doi.org/10.1016/j.annonc.2020.08.1747>

1684P Scientia Potentia Est: How the Italian world of oncology changes in the COVID-19 pandemic

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Background: After COVID-19 was declared a pandemic by the World Health Organization, a response from the Italian Health System to react to an unprecedented condition became necessary and sudden. COVID-19 pandemic required oncologists to redefine clinical organization and management of cancer patients. The aim of our study was to take a picture of the situation of Italian oncologies and to evaluate the difficulties in patients management.

Methods: Between 18th March and 9th April 2020 we conducted an online survey (Google Forms). It consisted of 45 questions ranging from individual perception of pandemic management by oncological centers to physicians and nurses psychological distress and patient care. The survey was anonymous and broadcasted to oncology health workers by mailing contacts, word of mouth and social networks.

Results: A total of 383 oncology health workers participated in the survey. The majority was female (72%) and from central Italy (46%). Impressively, a total of 357 (93%) participants declared the Oncologic Department reorganized routine clinical activity, but only 41% was adequately trained about the required procedures. 20% of the survey attendees think they have not received adequate and timely protective devices with respect to clinical needs and according to 58% the supply of these devices was only partial. 34% of professionals declared they do not have or know a defined common guideline to reschedule patients' treatments. More than 80% of interviewees declared to feel worry about being at greater risk of contagion than the general population, 92% feared to transmit virus to family members. Deferring treatments has caused fear / anxiety in 228 of the interviewed (60%). Symptoms of stressful situations emerged with a deterioration in sleep quality in 62% of professionals, worsening of mood (69%) and lower concentration ability (49%).

Conclusions: Our survey demonstrated the flexibility of oncologic teams. However, the emergency response quality has been heterogeneous, and several drawbacks emerged from this first analysis. Information, protection, testing, and training of healthcare professionals are keywords that should be kept in mind to encourage recovery after this tragedy and to be ready to face a similar emergency in the next future.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2020.08.1748>

1685P Is cancer what determines COVID-19 oncological patient's outcome or are other external factors involved? Experience in a hospital in Madrid, Spain

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Background: There are no large reported series determining the outcome of cancer patients with COVID-19. We aimed to determine whether differences exist in COVID-19 related mortality between cancer patients and the general population in our hospital, and we also describe associated risk factors.

Methods: We reviewed 2216 medical records of all patients admitted to hospital with COVID-19 diagnosis between 5 March and 13 May 2020. Study data were collected using REDCap electronic data capture tools. We described COVID-19 cumulative incidence in cancer patients, treatment outcome, mortality and associated risk factors.

Results: We detected 85/2216 cancer patients in all COVID-19 diagnoses. Mortality rate: 40/85 cancer patients vs 260/2131 patients in the general ward ($P<0.001$). Median age: 76 years old (34-94), 50/85 male patients. Most frequent histologies: lung cancer (22/85), colorectal cancer (19/85) and prostate cancer (15/85). Most frequent staging: metastatic disease (32/85). Only 2/85 patients were admitted to ICU. Mortality was associated with older median age (79.5 vs 73, $P=0.03$), high d dimer levels (1630 vs 830, $P=0.03$), high LDH levels (315.5 vs 224, $P=0.003$), bilateral pneumonia (24/42 vs 5/22 with unilateral pneumonia, $P=0.02$), acute respiratory distress syndrome (ARDS) (12/13 vs 28/72 without ARDS, $P<0.0001$) and metastatic disease (20/32 metastatic vs 20/53 non-metastatic, $P=0.02$). Differences were maintained in multivariate analyses regarding ARDS (OR 23.7, $P=0.007$) and metastatic disease (OR 2.5, $P=0.05$).

Combined treatment with hydroxychloroquine and azithromycin showed a better outcome in uni and multivariate analyses with only 21/61 dead patients (OR 0.13, $P=0.005$), adjusted by sex, histology, staging, ARDS and comorbidities.

Conclusions: COVID-19 had significant mortality in cancer patients. High D dimer and LDH levels and ARDS development in elderly metastatic patients carry an elevated risk of death in cancer patients diagnosed with COVID-19. However, only 2/85 patients were admitted to ICU and this data was decisive. Combined hydroxychloroquine and azithromycin could be a good treatment option in COVID-19 cancer patients. It is a priority to create measures to avoid COVID-19 transmission in oncological patients.

Legal entity responsible for the study: Medical Oncology Department, HU Infanta Leonor.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2020.08.1749>

1686P The impact of the COVID-19 crisis on perceived changes in care and wellbeing of cancer patients and norm participants: Results of the PROFILES registry

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Background: We aimed to assess the impact of the COVID-19 crisis on 1) perceived changes in cancer treatment and follow-up care; and 2) cancer patients' wellbeing in comparison with a norm population.

Methods: Patients participating in the PROFILES (Patient Reported Outcomes Following Initial treatment and Long-term Evaluation of Survivorship) registry and a norm population were invited to complete a questionnaire mid-April 2020. Analyses included cohorts of colon, rectal, breast, melanoma, gynecological, prostate, hematological, pancreas, and esophagogastric cancer patients diagnosed between 1/2006 and 3/2020. Logistic regression analysis assessed factors associated with changes in cancer care. General Linear Models were computed to assess differences in QoL, anxiety/depression and loneliness between patients and age- and sex matched norm participants.

Results: Of 3,960 cancer patients, 213/768 (28%) in treatment and 448/2575 (17%) in follow-up reported that their treatment or appointment was cancelled or replaced by a telephone consult (TC) in the COVID-19 crisis. Older age, type of cancer, higher BMI, more comorbidities, metastasized cancer and being worried about getting infected with SARS-CoV-2 were independently associated with these changes. Twelve percent of cancer patients had their consultation replaced by a TC, and although most