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.

Thoracic Surgery Operative Data Comparison for COVID19 Era (Group A) and 2019 Cohort (Group B)

	Group A n=53	Group B n=69	p Value
Age Median (Range)	62 (18-84) years	61 (17-87) years	0.78
Male / Female	53% / 47%	64% / 36%	0.53
FEV_1% Median (Range)	80 (36-131) %	79 (37-123) %	0.85
TLCO% Median (Range)	77 (25-123) %	80 (33-103) %	0.82
Cancer Pathway n(%)	38 (72%)	41 (59%)	0.51
Mortality n(%)	1 (1.8%)	0 (0%)	0.26
Mechanical Ventilation	1 (1.8%)	1 (1.5%)	0.85
Drains Duration Median (Range)	2 (1-14) days	3 (1-21) days	0.35
Hospital Stay Median (Range)	3 (0-15) days	3 (0-15) days	0.81
Cancer Diagnosis n(%)	34 (64%)	22 (32%)	0.003
High Dependency Usage n(%)	30 (57%)	52 (75%)	0.32

Lung Cancer Surgery Operative Data Comparison for COVID19 Era (Group A) and 2019 Cohort (Group B)

	Group A n=38	Group B n=41	p Value
Tumour Size Median (Range)	2.4 (0.7-16) cm	1.7 (0.5-11) cm	0.12
Drains Duration Median (Range)	2 (1-7) days	3 (1-8) days	0.43
Hospital Stay Median (Range)	3 (1-10) days	3 (1-11) days	0.87
Cancer Diagnosis n(%)	34 (89%)	22 (54%)	0.15
High Dependency Usage n(%)	22 (58%)	31 (76%)	0.45

costal drain or hospital stay between each group. There was less use of high dependency care in Group A (57% Vs 75%) and more patients in Group A (72%) were part of the Lung Cancer Pathway compared to Group B (59%) (TABLE 1). Malignant histology was confirmed in 64% of Group A compared to 34% of Group B. Two-week post-operative outpatient follow up in Group A, did not identify any patients with symptoms consistent of, or with a confirmation test for COVID19. There were differences in confirmation of malignant histology, tumour size and usage of high dependency care between the groups for patients on the Lung Cancer Pathway (TABLE 2).After 2-year follow up, 85% of Group A and 88% of Group B remain alive. **Conclusions:** Despite previously unfaced challenges, with careful peri-operative planning we were able to maintain thoracic cancer services and minimise the use of Critical Care resources without increasing complications. During this time tumours were larger in nature and histology was universally malignant. **Keywords:** Lung Cancer, Uniportal VATs, COVID19

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Clinical Outcomes after Hypo Fractionated Radiotherapy for Locally Advanced Non-Small Cell Lung Cancer During The Covid-19 Pandemic In Morocco

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Introduction: Patients treated with curative-intent lung radiotherapy are in the group at highest risk of severe complications and death from COVID-19. There is an urgent need to reduce the risks associated with multiple hospital visits and their anti-cancer treatment. The aim of this preliminary retrospective report is to present outcomes of patients treated by Hypo fractionated radiotherapy for locally advanced non-small cell lung cancer during the covid-19 pandemic in the Greater Casablanca Region, Morocco. **Methods:** All adult inoperable or unresectable patients with a clinical and radiological diagnosis of locally advanced non-small cell lung cancer treated in our department by Hypo fractionated radiotherapy (55 Gy in 20 fractions over 4 weeks) by using the 3-dimensional conformal (RT) technique with or without chemotherapy were retrospectively analysed , during the COVID-19 Pandemic between 2nd April 2020 and 2nd April 2021. All cases were discussed at the multidisciplinary tumor board (MDT) and referred for Hypo-IGRT. Primary endpoint was the local control, local progression-free survival (PFS), metastasis free survival and toxicity rates were also analysed and reported. **Results:** 100 patients Were included and treated by Hypo fractionated radiotherapy. Median age was 60 years (range: 40 -83 years); mean follow-up time was 15 months (range: 6-24 months). Partial response was seen in 70.8% of patients, and stable disease was seen in 29.2% while there was neither complete. The results of mean local control, overall survival and metastasis free survival are in progress. Satisfactory symptom relief was found after RT, but severe acute dysphagia and radiation dermatitis (more than grade 3) were not observed. **Conclusions:** The COVID-19 pandemic resulted in changes to patient treatment in line with national recommendations. The main change was an increase in hypofractionation. This analysis aims to report the outcomes of patients treated during the pandemic in order to assess the effect of radiotherapy and chemotherapy adaptations on survival and toxicity for these patients. **Keywords:** Hypo Fractionated Radiotherapy, Lung Cancer, Covid-19

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COVID-19 Impact in Thoracic Surgery: a Comparison Between Public and Private Care in a Single-Center Facility

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Introduction: Due to restrictions caused by the COVID-19 pandemic, elective procedures were canceled or postponed. This study aims to compare the epidemiological profile of cases from Brazilian's Public Healthcare System (SUS) and Private Healthcare (PH) in a teaching single-center facility between 2019 and 2021. **Methods:** Data were gathered from patients who underwent lung resection (LR) by PUCRS's Sao Lucas Hospital Thoracic Surgery team between 2019 and 2021. Data were obtained by retrospective review of electronic charts in March 2022. A retrospective analysis was made. **Results:** There were 212 procedures performed, being 80 in 2019, 66 in 2020 and 66 in 2021. In 2019, there were 45 (56.2%), in 2020, 43 (65.1%), and in