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.

(91.5%) and front line therapy (62%). More than half were issued for immune checkpoint inhibitors (ICIs) and signal transduction inhibitors. Interestingly, 3 approvals were based on phase 1 trials and OS represented the primary endpoint only in 40.3% of indications, almost limited (77.5%) to ICIs' trials. Surrogate endpoints [Progression Free Survival (PFS), other Time to Event and Objective Response Rate (ORR)] represented the leading endpoints for the approval in 58.2% of indications. QoL was never considered as primary endpoint but was evaluated in 106 cases (82.2%). We found that average Hazard Ratio for OS and PFS were 0.7 (SD 0.105) and 0.57 (SD 0.164), respectively.

Table: 1845P

Setting	Localized	11	8.5%
	Advanced	118	91.5%
Class of drugs	ICIs	40	31%
	Signal transduction inhibitors	39	30.2%
	Angiogenesis inhibitors	16	12.5%
	Cell cycle and DNA repair	18	14%
	Chemotherapeutic agents	8	6%
	Hormonal therapy	7	5.5%
	Radiometabolic agent	1	0.8%
Disease	NSCLC	32	25%
	Breast Cancer	20	15.5%
	Melanoma	13	10%
	Ovarian Cancer	10	8%
	Other	54	41.5%
Phase	1	3	2.4%
	2	29	22.4%
	3	97	75.2%
Primary Endpoint	OS	52	40.3%
	PFS	41	31.8%
	Other Time to Event	9	7%
	ORR	25	19.4%
	PK	2	1.5%

Conclusions: In this analysis, we intended to offer a picture of the recent drug development in oncology where most of the efforts led to broadening indications of pre-existing molecules and 25% of the drugs being approved without phase 3. Moreover, hard outcomes such as OS and QoL were under considered in pivotal trials and most of the indications were based on surrogate outcomes.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: S. Duranti: Financial Interests, Personal, Full or part-time Employment, Employment at AbbVie Medical Affair Division from July 2017 to March 2020: AbbVie. A. Pietragalla: Financial Interests, Personal, Full or part-time Employment, Employed at AstraZeneca Medical Affair Division from March 2015 to December 2018: AstraZeneca; Financial Interests, Personal, Training: GSK. D. Lorusso: Other, Personal, Other: Amgen; Financial Interests, Personal, Advisory Board: AstraZeneca; Financial Interests, Personal, Invited Speaker: Clovis; Financial Interests, Personal, Advisory Board: GSK; Financial Interests, Personal, Invited Speaker: GSK; Financial Interests, Personal, Advisory Board: MSD; Financial Interests, Personal, Invited Speaker: MSD; Other, Personal, Other: Pharmamar; Financial Interests, Institutional, Other, ENGOT trial with institutional support for coordination: Clovis; Financial Interests, Institutional, Other, ENGOT trial with institutional support for coordination: Genmab; Financial Interests, Institutional, Research Grant: GSK; Financial Interests, Institutional, Funding: MSD; Non-Financial Interests, Principal Investigator: AstraZeneca; Non-Financial Interests, Principal Investigator: Clovis; Non-Financial Interests, Principal Investigator: Genmab; Non-Financial Interests, Principal Investigator: GSK; Non-Financial Interests, Principal Investigator: Immunogen; Non-Financial Interests, Principal Investigator: Incyte; Non-Financial Interests, Principal Investigator: MSD; Non-Financial Interests, Principal Investigator: Roche; Non-Financial Interests, Member of the Board of Directors: GCIG; Financial Interests, Personal, Invited Speaker: AstraZeneca; Financial Interests, Institutional, Research Grant: Clovis. A. Fabi: Financial Interests, Advisory Role: Roche; Financial Interests, Advisory Role: Novartis; Financial Interests, Advisory Role: Lilly; Financial Interests, Advisory Role: Eisai; Financial Interests, Invited Speaker: Amgen; Financial Interests, Invited Speaker: AstraZeneca; Financial Interests, Invited Speaker: Celgene; Financial Interests, Invited Speaker: Eisai; Financial Interests, Invited Speaker: Lilly; Financial Interests, Invited Speaker: MCI; Financial Interests, Invited Speaker: MSD; Financial Interests, Invited Speaker: Novartis; Financial Interests, Invited Speaker: Pfizer; Financial Interests, Invited Speaker: Roche. G. Scambia: Financial Interests, Research Grant: MSD; Financial Interests, Other: Tesaro; Financial Interests, Other: MSD; Financial Interests, Invited Speaker: Clovis; Financial Interests, Other: Clovis; Financial Interests, Other: Johnson & Johnson. G. Daniele: Financial Interests, Training: GSK. All other authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.733

1846P A permanent legacy of the pandemic? Patient and staff views of the introduction of virtual clinics to the Irish oncology service

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Background: Virtual clinics were introduced to our practice in March 2020. Many viewed this as a favourable change, but some staff and patients were dissatisfied. We aimed to assess outcomes from virtual clinics, and to assess patient and staff views on them and on their barriers to implementation.

Methods: We prospectively assessed outcomes from the virtual consultations of 53 patients scheduled to attend an oncology outpatient appointment in a cancer centre (April-July 2020). 6 months later, 15 of these took part in a telephone survey. 32 oncologists completed an online survey.

Results: Median time to review patients was 18 mins. (range 4 – 141), time spent on non-contactable patients (n=6) was 15 mins/patient. In 14 cases, visits took under 10 mins. (33%). 9 took 30+ mins. (20%). Median age was 61 (range 22-84). Patients had been attending the service for a median of 26.5 months (range 2-170), and were on surveillance following systemic anti-cancer therapy (n=36, 68%), or were receiving hormonal therapy (n=16, 30%). For 36%, a clinical exam was an essential part of surveillance. Necessary bloods were not done in 80% (n=20). Different plans may have been agreed with 2 patients (4%) had they attended in-person. In patients surveyed, mean Short Assessment of Patient Satisfaction score was 27.8. 69% *preferred* the virtual clinic. All want more virtual followups, but 73% would not want 'bad news' this way. 67% (n=10) and 47% (n=7) had time or financial savings. 87% of surveyed doctors felt virtual clinics were faster than in-person equivalents, in 16% by 10+ mins/patient. 42% (n=13) arranged earlier followup. 8 (25%) felt patients often had not expected a call. Low satisfaction was associated with difficulty with patient assessment (81%, X^2 (1, N=31)=15.7, $p<0.001$) or communication (63%, X^2 (1, N=31)=4.1, p=0.04), resource limitation (48%, X^2 (1, N=31)=8.5, p=0.004), or poor access to results of investigations (40%, X^2 (1, N=23)=5.3, p=0.02). 33% feel their virtual clinic quality is as good as in-person, 68% that they communicate well. 71% felt patients should have no more than 2 consecutive virtual visits.

Conclusions: While patient satisfaction was high, barriers exist, and must be addressed if virtual clinics are to play a long-term role in oncology.

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.2021.08.734

1847P Professional standing of young medical oncologists in Spain during COVID-19 pandemic: A nationwide survey by the Spanish Society of Medical Oncology (SEOM) +MIR Section

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Background: Knowledge of the career paths and employment situation of young medical oncologists is lacking. The aim of our study was to evaluate the current professional standing of young medical oncologists during COVID-19 pandemic in Spain.

Methods: The SEOM +MIR section conducted a national online survey in May 2021 of young medical oncology consultants (<6 years of expertise) and last year medical oncology residents. Using the electronic mailing available in the SEOM database, professionals from Spain were invited.

Results: A total of 136 responses were eligible in the preliminary analysis. 86 (63%) were women. 106 (78%) were consultants and 30 (22%) were residents. 92 (68%) performed standard clinical care and 10 (7%) research activity. 97 (71%) were subspecialized in a main area of interest and almost half of them, 60 (48%), chose it

because it was the only option available after residency. 75 (55%) had considered different employment opportunities other than standard clinical care and 33 (25%) showed an interest in increasing their research activity. 68 (50%) had considered working in foreign countries: 40 (29%) in the European Union. The main reasons were: 35 (26%) thought it might increase their professional development and 29 (22%) argued for better salary conditions abroad. Furthermore, 109 (80%) believed the professional standing in Spain was worse than other countries. After finishing their residency, only 20 (14%) were offered a job at their training hospital. Solely, 17 (12%) participants had an indefinite employment contract. 25 (18%) had previously signed a COVID-19 temporary contract. 55 (40%) were worried about their employment stability.

Conclusions: The availability of subspecializing in medical oncology may depend on the job opportunity after residency rather than personal interest. The abundance of temporary contracts could have influenced the employment stability concerns observed. Our work contributes and is consistent with the ESMO values focused on the wellbeing of medical oncology professionals. Future mentoring strategies should engage in building a long-term career path for young medical oncologists.

Legal entity responsible for the study: SEOM +MIR Section.

Funding: Has not received any funding.

Disclosure: V. Pacheco-Barcia: Financial Interests, Personal, Invited Speaker, Speaker Fee: Eisai; Financial Interests, Personal, Invited Speaker, Speaker Fee: Merck; Financial Interests, Personal, Invited Speaker, Speaker Fee: Bristol Myers Squibb; Financial Interests, Personal, Invited Speaker, Speaker Fee: LEO Pharma; Financial Interests, Personal, Invited Speaker, Speaker Fee: Kyowa Kirin; Financial Interests, Personal, Invited Speaker, Speaker Fee: Grunenthal; Financial Interests, Personal, Invited Speaker, Speaker FEE: Prostakan; Financial Interests, Personal, Invited Speaker, Speaker Fee: Lilly; Other, Other: Merck. D.A. 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All other authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.735

1848P Feasible 3D printed models of renal cell cancer with venous thrombus extension for surgical planning and simulation: Phase I NCT03738488

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Background: Renal Cell Cancer (RCC) accounts for 3-5% of all adults malignancies, and up to 10% are presented with venous thrombus extension (VTE). This worsens prognosis and represents a therapeutic challenge. 3D biomodels are printed copies of patients´ radiological images with visual and tactile components that enhance understanding of anatomy and may improve surgical planning, communication and training. This is a Multicenter Clinical Trial (NCT03738488), which aims to assess the efficacy and efficiency of surgery planning with 3D in RCC with VTE. The objective of the phase I is to obtain a feasible, affordable, accurate and suitable for surgical simulation 3D model.

Methods: A CT image in early arterial and nephrogenic phase was obtained. ITK-snap ® and VirSSPA Software ® were used for segmentation. The resulting 3D mesh was processed with MeshMixer ®. Multiple models were printed using different 3D printers and materials. We evaluated: material, scale, thickness, accuracy, suitability for surgery, cost and printing time. 6 urologists completed a satisfaction questionnaire.

Results: 4 models were discarded (Table). The selected one was printed with BQ Witbox FDM printer in polyurethane filament with a 0.8mm thickness and 100% scale. All anatomical structures could be correctly identified with a good accuracy compared to the CT (< 5mm deviation) and the surgery could be performed on it. Model cost was 15€ and whole processing and printing time 48h. 100% of urologists thought that the obtained 3D model could be useful for surgery planning and simulation.