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.

86 pts with stage IIIA-IIIB NSCLS were enrolled from January 2011 to June 2020 and classified according to histology (57 adenocarcinoma, 28 squamous, 1 carcinosarcoma), stage (7 IIB, 35 IIIA, 44 IIIB). 39 pts received induction chemotherapy (45%). After neoadjuvant approach all pts underwent surgery: 12,5% pneumonectomy, 14% bilobectomy, 68,5% lobectomy and 5% wedge resections. All pts underwent R0 surgery. In 49% downstaging was observed. 62% of pts had lymph node clearance (N0), 23% had pCR (pT0N0). Treatment was well tolerated: G2 pulmonary toxicity was observed in 10,5%. No G3-4 pulmonary toxicities were recorded. G2 oesophageal toxicities were recorded in 14% and 23% pts. No G3-4 oesophageal toxicities were observed. G2 haematological toxicity was observed in 11,6%, G3 in 8% and G4 in 10,5% of pts. With a median FUP of 30 mth, 2 and 5-year OS was 71% and 51% with median OS of 62 mth. 2 and 5- year DFS was 49% and 33% with a median DFS of 20,5 mth. Stage IIIA had a non-significant better OS than IIIB (73 vs 48 months). A significant improvement in OS was observed in the group with lymph node clearance with 2-years OS of 79% vs 71% in those who did not have it. Pts with pCR showed a non-significant higher median OS in comparison with no pCR (63 vs 46 months). Lymph node and pleural recurrences occurred in 19% pts and metastasis in 43% (bone, brain, adrenal gland, lungs).

Conclusion
Our data showed that concurrent neoadjuvant radiochemotherapy followed by surgery is an effective approach in stage III NSCLC with excellent long - term OS and PFS as well as low treatment-related toxicity profile.

PO-1249 The impact of COVID-19 pandemic in the lung cancer treatment in a radiotherapy service

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Purpose or Objective
SARS-CoV-2 appeared in Wuhan at the end of 2019 and rapidly spread to the rest of the World. More than 243 million cases of COVID-19 have been confirmed and almost 5 million persons died [1]. The knowledge about the risk associated with severe COVID-19 disease, lung cancer and its treatment is scarce, particularly about radiotherapy (RT). We studied the impact of 1 year of COVID-19 in the RT treatment of lung cancer. We also intended to evaluate the tolerability to RT in patients infected with SARS-CoV-2.

Materials and Methods
We analyzed medical records relative to the RT department in an oncological center, comparing May/2019-April/2020 to May/2020-April/2021, i.e., the year previous and a year during the pandemic. We collected the patients' demographic and lung cancer characteristics. Patients infected with SARS-CoV-2 previous or during cancer treatment were also registered, as their tolerability to RT. Descriptive and statistical analyses were performed using SPPS software.

Results
228 treatments (206 patients) and 266 treatments (244 patients) were delivered in the year previous and the year with COVID-19, respectively.
The median age was 72.0 years [40-99 years] and 74.3% of patients were men, without difference between groups. Most of the patients presented adenocarcinoma (57.3%), epidermoid (26.9%) and small-lung cancer cell (7.3%).
65% of the patients were referenced to our institution from other hospitals to perform RT. All these hospitals were COVID-19 treatment centers. Nevertheless, no decrease in the number of patients referenced by these institutions was observed. No difference regarding the clinical stage was found between (42.5% vs 46.6% stage I; 11.0% vs 9.0% stage II; 33.3% vs 28.9% stage III; and 13.2% vs 15.4% stage IV, for pre vs COVID-19 year, respectively).
Most of the patients were treated with SBRT (53.5% vs 53.0%), radical RT (25.9% vs 25.2%), palliative RT (10.1% vs 11.3%) and adjuvant RT (8.3% vs 8.3%, for pre vs COVID-19 year, respectively). RT fractionation schemes were not changed during COVID-19 pandemic.
Ten patients were infected with SARS-CoV-2 previous or during cancer treatment. Six patients were asymptomatic, 2 developed mild symptoms and 2 moderate/severe disease. Half of the diagnoses were performed during cancer treatment, with chemotherapy (ChT) treatment being delayed in 1 patient and omitted the last cycle in 2 patients. RT was interrupted in 2 patients. All patients presented good tolerance to RT treatment (G≤2, CTCAE 5.0). One of the patients with omission of the last cycle of ChT has disease stable at the end of the study, one without information and the remaining have no evidence of active disease.

Conclusion
COVID-19 pandemic is a major threat in the provision of medical services, including management of cancer. Unexpectedly, in our service, the number of treatments of lung cancer was maintained during the pandemic. The patients infected with SARS-CoV-2 presented good tolerance to RT treatment.

PO-1250 Exploring published acute esophagitis models to support improved clinical management in thoracic RT

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Purpose or Objective