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.

1608P The impact of COVID-19 on the delivery of systemic anti-cancer treatment at Guy's Cancer Centre

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Background: Early reports in the COVID-19 pandemic suggested higher mortality for cancer patients. The impact of potentially immunosuppressive systemic anti-cancer treatments (SACT) was unknown. This study analysed the delivery of SACT for patients with solid malignancies during the COVID-19 outbreak in 2020 compared to the same period in 2019 to inform future clinical decision-making.

Methods: All patients receiving at least one SACT at Guy's comprehensive Cancer Centre during the COVID-19 outbreak for solid tumours (1st March- 31st May 2020) were compared to the same period in 2019. SARS-CoV2 infection was by positive RT-PCR test. Data collected: demographics, tumour type/stage and treatment (chemotherapy, immunotherapy (IO), biological-targeted (BT)).

Results: 2125 patients received SACT in 2020, compared to 2450 in 2019 (13% decrease). Demographics were comparable with mean age of 62. 56% females in 2020 vs 54% in 2019, 85% vs 83% in the low socio-economic category, 63% vs 73% PS 0-1; 30% vs 29% uro-gynaecological, 27% vs 24% breast and 20% vs 23% GI tumours. In 2020 compared to 2019, there was an increase in metastatic disease (71% vs 62%), decrease in CT (34% vs 42%), increase in IO (10% vs 6%), but similar rates of BT treatments (38% vs 37%). Treatment paradigms were similar in 2020 and 2019: neo/adjuvant (28% vs 29%), radical (4% vs 5%) and palliative (69% vs 67%). Earlier palliative treatments were prioritised in 2020 with significant increase in treatments in 1st-2nd line (72% vs 67%; p=0.02) and reduction in $\geq$ 3rd line (12% vs 27%; p<0.05). 42 of 2125 patients (2%) developed SARS-CoV2 infections; 38% GI, 26% breast with 69% on CT. Of 42 patients with COVID-19, 24 (57%) had severe infections and 6 (14%) resulted in COVID-related death.

Conclusions: These data suggest that SACT does not put solid tumour patients at much a higher additional risk from COVID-19. Despite a 13% decline in treatment rates, radical and early palliative treatment were prioritised. There was a low frequency (2%) of SARS-CoV-2 infection; comparable to the 1.4% point prevalence rate in our cancer population. However, this was during national lockdown with limited COVID-19 testing. The next steps are to evaluate the impact of new variant strains and COVID vaccination programme.

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1609P COVID-19 outbreak repercussions on breast cancer diagnoses and access to treatment: Preliminary data from the COVID-DELAY study

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Background: The coronavirus disease (COVID-19) has profoundly impacted on cancer care since March 2020. With our country in the eye of the pandemic storm, cancer patients (pts) faced an unprecedented challenge in accessing crucial services. Cancer screening programs were postponed to preserve health care system capacity. Breast cancer (BC) mainly benefits from early detection. Our multicenter study aimed to assess impact of COVID-19 outbreak on access to cancer diagnosis and treatment for BC pts compared to pre-pandemic period.

Methods: All consecutive medical records of new diagnosed BC pts pertained to 3 Italian Oncology Departments between March and December 2020 were evaluated. Monthly access rate and temporal intervals between date of symptoms onset, radiological, cytohistological diagnosis and treatment start were computed and compared with those of the same period in 2019. Differences between the two years were analyzed using Fisher's exact test or chi-square test for categorical variables and unpaired Student t test, or the Mann-Whitney U test for continuous variables.

Results: A significant reduction (27%) in newly diagnosed BC cases was seen when compared with 2019 (430 vs 595). Newly BC pts in 2020 were less likely to be diagnosed with early stage (stage I-II) BC (75% vs 84%, $p < 0.01$), had a worsened ECOG PS (20% had PS > 0 in 2020 vs 15% in 2019) and were more symptomatic at diagnosis (37% vs 17%, $p < 0.01$). Other clinical and tumor characteristics such as histotype and molecular subtype were similar regardless of the year. Looking at pts management, time intervals between symptom onset and radiological diagnosis (median 13 days in 2020 vs 21 days in 2019, $p = 0.04$), symptom onset and cytohistological diagnosis (23.5 vs 27.5 days, $p = 0.11$), cytohistological diagnosis and treatment start (median 62 vs 76 days, $p < 0.01$) were maintained or even improved. However, less BC were discussed in multidisciplinary meetings during 2020 (66% vs 78%, $p < 0.01$).

Conclusions: As COVID-19 continues to rage, our data shed light on the concerning decrease in BC early detection with potential lasting effects on cancer outcomes. Despite the pandemic context, Oncology Departments were able to guarantee the tightness of diagnostic-therapeutic pathways.

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1610P Delivery of ONCOlogic care at HOME: Ready for "ONCOHOME"

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Background: During COVID pandemic, many cancer patients (pts) refused to come to hospital, suspending therapies, with ominous consequences. Based on positive (+) results of DOMONCOVID, our homecare project for COVID+ cancer pts, we created a new model of assistance, ONCOHOME, delivering cancer care at home to immune-compromised pts. We aim to provide data on feasibility, efficacy and costs of this innovative model.

Methods: ONCOHOME is a multicenter project involving 3 Cancer Center (CC) of the North of Italy: National Cancer Institute, San Raffaele in Milan and Cremona CC. We created an organizational homecare model based on a medical and nursing team with a car equipped for home visits and a secretariat managing patient calls, with a dedicated phone number. The team administers cancer care at home and provides pts with the same assistance usually delivered in hospital. Patient-reported outcome (PRO) assessment is performed.

Results: From August 3rd 2020 to May 5th 2021, 79 cancer pts were assisted at home by Cremona team, receiving oral (62 pts), subcutaneous (10pts) or intravenous therapy (7 pts). All types of cancer were included. 77% of pts had a metastatic disease, 88% had a PS ECOG 0-1. Median duration of assistance was 126 days [range 2-270 days]. Most of the pts received oral chemotherapy (41pts). TKIs (25 pts), hormonal therapy (12 pts), supportive care with denosumab and zolendronic acid (5 pts) and immunotherapy (1 patient, pt) were successfully administered at home, too. 13 pts required hospitalization due to clinical complications. In this group, only 2 pts were admitted to hospital due to severe toxicity; in particular, 1 pt treated with trifluridin/tipiracil developed febrile neutropenia and 1 pt treated with gefitinib reported Grade 3 diarrhea. Both pts were discharged and continued to be assisted at home.

Conclusions: ONCOHOME showed that inpatient or outpatient cancer drug administration could be successfully replaced by home administration, for appropriate therapies and selected pts. This model is feasible at an affordable cost. The project is ongoing, planning to accrue other 100 pts for each center. ONCOHOME will be implemented with electronic devices for PRO evaluation, certified telemedicine service and non-invasive wearable smart tissue monitoring physiological parameters devices.

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