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ICI only for the possible occurrence of COVID-19. Measures for reducing hospital visits have been adopted by choosing the ICIs schedule with fewer administrations, adopting the highest labeled dose of each drug (55.8%) and/or choosing, among different ICIs for the same indication, the one with the longer interval between cycles (30.8%). 53.8% of respondents suggested the need to test for SARS-CoV-2 every cancer patient candidate to ICIs. Regarding differential diagnosis between immune-related adverse events (irAEs) and COVID-19 manifestations, 71.2% of respondents declared to manage a patient with onset of dyspnea and cough like a COVID-19 patient until otherwise proven (ie, waiting for the result of SARS-CoV-2 test before doing other diagnostic or therapeutic procedures); however, 96.2% did not reduce the use of steroids to manage irAEs during the pandemic. No major impact of COVID-19 on physicians' attitudes towards the use of ICIs to manage specific clinical situations in different cancer types (ie, lung, breast, melanoma, urothelial) was observed.

**Conclusions:** These results highlight the uncertainty of physicians dealing with ICIs in cancer patients during COVID-19 outbreak, supporting the need of dedicated studies on this regard.

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### 1701P Oncological patients' perception of infection risks and level of acceptance of protective measures during SARS-CoV-2 pandemic

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**Background:** The health emergency caused by the SarS-Cov-2 pandemic has a strong impact on oncological patients' (pts) life. The purpose of this study is to explore the emotional impact and pts' perception experienced who accessed to our Oncology section at University Hospital and Trust of Verona (Italy) regarding these rules.

**Methods:** An questionnaire was designed by our Psycho-Oncology service and administered to all pts accessing to our outpatient facilities during a 21-days period (April 9<sup>th</sup> - April 30<sup>th</sup>, 2020). Two main areas were investigated: *i*) organizational aspects and *ii*) awareness about infection risks, protective strategies, and new rules adopted (14 items, plus demographic data). Percentage of relevant answers to questionnaire items are reported with 95% confidence intervals (95% CI).

**Results:** Among 241 respondents, fear of accessing hospital facilities and that chemotherapy treatment could increase the infection risk was reported to be quite high or high in 34% (95% CI: 29-41%) and 27% (95% CI: 21-33%), respectively. Awareness of disease-related risks of infection and strategies to reduce them was "very clear" or "fairly clear" [83% (95% CI: 78-88%) and 93% (95% CI: 90-96%), respectively]. Availability of medical personnel to be contacted while not in hospital was perceived as "very high". Almost all pts felt that organizational measures were clearly expressed (98%, 95% CI: 96-100%) and mainly obtained through the information received at the triage (73%, 95% CI: 67-79%). Overall acceptance of these measures was very high (>70%). Of note, the acceptance of phone-based follow-up and visits were perceived as "not very adequate" or "absolutely not adequate" by 17% (95% CI: 12-22 %) and 18% (95% CI: 13-23%) of respondents, respectively.

**Conclusions:** Herein, we report among the first real-life experiences about oncological pts' perception of infection risks and their level of acceptance of protective measures during SarS-Cov-2 pandemic. A timely and thoughtful measures adoption, the coordinated efforts of all figures involved in cancer care and an effective communication strategy to share the necessary risks and sacrifices with pts/caregivers, can lead to effective protection of oncological pts.

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### 1702P COVID-19 risk for patients undergoing anticancer treatment at the outpatient clinic of the National Cancer Institute of Milan: The COVINT study

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**Background:** In the midst of COVID-19 pandemic, cancer patients (pts) are regarded as a highly vulnerable population. Pts requiring hospital admission for treatment (Tx) administration are potentially exposed to a higher risk of infection and worse outcome given the multiple in-hospital exposures and the Tx immunosuppressive effects.

**Methods:** COVINT is an observational study assessing COVID-19 incidence among pts receiving anticancer Tx in the outpatient clinic of the Istituto Nazionale dei Tumori di Milano. All consecutive pts with non-hematologic malignancies treated with intravenous or subcutaneous/intramuscular Tx in the outpatient clinic were enrolled. Pts were admitted to the clinic wearing surgical masks and only if asymptomatic and afebrile. The primary endpoint is the rate of occurrence of COVID-19. Secondary endpoints include the rate of COVID-19 related deaths and Tx interruptions. The association between clinical and biological characteristics and COVID-19 occurrence is also evaluated using nonparametric tests. COVID-19 diagnosis is defined as: a) certain if confirmed by RT-PCR assay of nasopharyngeal swabs (NFS); b) suspected in case of new symptoms and/or CT scan evidence of interstitial pneumonia with negative/not performed NFS; c) negative in case of neither symptoms nor radiological evidence.

**Results:** In the first two months (16<sup>th</sup> February-10<sup>th</sup> April 2020) of observation, 1083 pts were included. Of these, 11 (1%) were confirmed and 73 (6.7%) suspected for COVID-19. No significant differences in terms of cancer and Tx type emerged between the three subgroups. Prophylactic use of myeloid growth factors was adopted in 5.3%, 2.7% and 0% of COVID-19-free, -suspected and -confirmed pts (p=0.003). Overall, 96 (8.9%) pts delayed Tx as a precaution for the pandemic. Among the 11 confirmed cases, 6 (55%) died of COVID-19 complications, and anticancer Tx was restarted in only one.

**Conclusions:** During the pandemic peak, accurate protective measures successfully resulted in low rates of COVID-19 diagnosis, though with high lethality. Within the COVINT study, prospective pts surveillance will continue with NFS swabs and IgG/IgM serology performed before each Tx cycle until pandemic resolution.

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