

enrolling to a larger study of planned-use glucarpidase for repeated doses of outpatient HD-MTX.

COVID-25. THE PARADOXICAL EFFECTS OF COVID-19 ON CANCER CARE IN THE NEURO-ONCOLOGY SETTING

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COVID-19 has caused ongoing interruptions to healthcare systems worldwide, shifting care to virtual platforms, and placing significant economic and logistical burdens on clinical practice. The pandemic has created uncertainty in delivering the standard of care, both in areas of cancer diagnosis and treatment, especially within neuro-oncology. Due to the pandemic, care and operational planning goals have shifted to infection prevention, modifying recommendations to decrease viral transmission and increasing telemedicine use, potentially creating a burden on implementing evidence-based medicine. These dynamics have since begun to redefine traditional practice and research regimens, impacting the comprehensive care that cancer patients can and should receive; and the enduring consequences for the delivery of healthcare. The impact of COVID-19 on oncology practice and trials might endure well beyond the short- to mid-term of the active pandemic. Therefore, these shifts must be accompanied by improved training and awareness, enhanced infrastructure, and evidence-based support to harness the positives and offset the potential negative consequences of the impacts of COVID-19 on cancer care. To address these paradoxical effects, we will conduct iterative, qualitative (face-to-face/video conference) interviews with neuro-oncology clinical and research professionals and adult brain tumor patients receiving care during the pandemic. We will capture unique aspects of oncology care: the lived, subjective, situated, and contingent accounts of patients and medical professionals, especially during a pandemic. We will also specifically compare the impact of telehealth during the pandemic on delivery of care to complex neuro-oncology patients. A summary of this in-depth, qualitative approach will result in a sophisticated understanding of neuro-oncology care on the frontline at a time of crisis, as experienced during a pandemic, to articulate best practices for future implementation.

COVID-26. TELEPHONE CONSULTATIONS IN NEURO-ONCOLOGY DURING THE COVID-19 PANDEMIC: LEVELS OF PATIENT SATISFACTION AND COMPARISON WITH TRADITIONAL FACE-TO-FACE CONSULTATIONS

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INTRODUCTION: Controversy exists as to whether telephone clinics are appropriate in neurosurgical-oncology. The COVID-19 pandemic forced neuro-oncology services worldwide to re-design and at the University Hospitals Birmingham UK, telephone clinics were quickly implemented in select patients to limit numbers of patients attending hospital. It was important to determine how these changes were perceived by patients. **METHODS:** A 20-question patient satisfaction questionnaire was distributed to patients who attended neuro-oncology clinic in person (“face-to-face”), or via the telephone. Fisher’s exact test was used to determine significance, which was set at $p < 0.05$. **RESULTS:** Eighty questionnaires were distributed between June 2020 and August 2020. Overall, 50% ($n=40$) of patients returned the questionnaire, 50% ($n=23$) of face-to-face and 50% ($n=17$) telephone patients. Of those who received telephone consultations, 88% ($n=15$) felt the consultation was convenient, 88% ($n=15$) were satisfied with their consultation and 18% ($n=3$) felt they would have preferred to have a face-to-face appointment. Of those who attended clinic in person, 96% ($n=22$) felt their consultation was convenient, 100% ($n=23$) were satisfied with their consultation and 13% ($n=3$) would have preferred a telephone consultation. Within the face-to-face clinic attendees, only 13% ($n=3$) were concerned regarding the COVID risk associated with attending hospital. There was no significant difference in patient convenience or satisfaction ($p=0.565$ and $p=0.174$ respectively) between face-to-face and telephone clinics. There was no significant difference in whether patients would’ve preferred the alternative method of consultation ($p > 0.999$). **CONCLUSION:** Our study suggests that careful patient selection for neuro-oncology telephone clinic is not inferior to face-to-face clinic. Telephone clinic during COVID-19 pandemic proved to be convenient, safe and effective. This global health crisis has transformed telephone neuro-oncology consultations from an experimental innovation into established practice and should be continued beyond the pandemic in select cases.

COVID-27. THE COVID-19 PANDEMIC AND NEURO-ONCOLOGICAL PATIENTS

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INTRODUCTION: The Coronavirus disease 2019 (COVID-19) pandemic has uprooted healthcare systems worldwide, disrupting care and increasing dependence on alternative forms of health care delivery. It is yet to be determined how the pandemic affected neuro-oncology patient outcomes, given that the majority of even “elective” neurosurgical oncology procedures are time-sensitive. This study quantifies changes in neuro-oncological care during the height of the pandemic in New York City and investigates patient outcomes in 2020 compared to a historical control. **METHODS:** We performed a retrospective review of patients with brain tumor diagnoses (primary or secondary) who were seen at the Weill Cornell Brain and Spine Center between March 13, 2020 and May 1, 2020. A control cohort from the corresponding time period in 2019 was also reviewed. Alterations in care, including shift from in-person to telehealth, delays in evaluation and intervention, and treatment modifications were evaluated. These variables were analyzed with respect to brain tumor control and mortality. **RESULTS:** 114 patients from 2020 and 171 patients from 2019 were included, with no significant difference in baseline demographics between the groups. There was no significant difference in outcomes between the cohorts, despite significantly more treatment delays ($p=0.0154$) and use of telehealth ($p<0.0001$) in 2020. For patients treated during the pandemic in 2020, patients who experienced delays in care did not suffer from worse outcomes compared to those without delays. Patients who utilized telehealth visits had significantly more stable tumor control ($P=0.0027$), consistent with appropriate use of in-person visits for patients with progression. **CONCLUSION:** Our study showed that use of telehealth and selective alterations in neuro-oncological care during the COVID-19 pandemic did not lead to adverse patient outcomes. This suggests that adaptive physician-led changes during the pandemic were successful and effective. Further studies are needed to evaluate impact on long-term survival.

COVID-28. IMPACT OF COVID-19 IN CHILDHOOD CENTRAL NERVOUS SYSTEM TUMORS IN ARGENTINA. REPORT FROM THE NATIONAL PEDIATRIC CANCER REGISTRY, ROHA NETWORK

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INTRODUCTION: The true impact of COVID-19 infection on children undergoing cancer treatment is unknown. At the present time, data on the clinical spectrum and outcome of children with cancer and concurrent COVID-19 are limited, and further data are awaited. Monitor the incidence and survival across this pandemic is critical to understanding the extent to which this occur and to prepare contingency plans. **RESULTS:** Ninety-seven pediatric patients with cancer and COVID-19 infection have been identified by the Argentinian Oncoepidemiologic Register since April 2020. Sixteen of them had diagnosis of CNS tumor (female=7, male=9); 5 Medulloblastoma, 3 DIPG, 2 GBM, 2 LGG, 2 anaplastic ependymoma, 1 anaplastic ganglioglioma and 1 germinoma. Most frequent aged was between 1-4 years old (6 patients), followed by 15 to 19 (4p), 5-9 (3p) and 10-14 (3p). Most patients were asymptomatic (9p) and the screening was performed regarding a virus exposed (5p), previous to a procedure with anesthesia (2p) and previous a mandatory travel (2p). The most frequent symptom was isolated fever (6p); only 1 patient presented fever with others symptoms. None received specific treatment for COVID infection. No death related to COVID-19 infection was found; 1 patient with metastatic medulloblastoma and COVID-19 infection passed away due to a rapidly tumor progression. **CONCLUSION:** Although COVID-19 infection is a new challenging in the management of pediatric brain tumor patients, our experience showed a relative indolent course in this specific population.

COVID-29. CONTINUATION OF TEMOZOLOMIDE CHEMOTHERAPY IN A GLIOBLASTOMA PATIENT AFTER RESOLUTION OF COVID-19 PNEUMONIA

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We present a case of a 33 year-old patient with glioblastoma (IDH wild type, MGMT unmethylated) who was diagnosed with COVID-19 pneu-