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and on the information campaign This study has been approved by all Ethical Committees of the centers.

Results: The first survey was conducted between March 16th and April 30th. 1027 questionnaires were collected. Mean age was 64 yrs (SD 11.7), 58% were women, 49% had low educational level. 80% and 20% received i.v. and oral treatment, respectively. As for pts feelings, 45.5% indicated that their fears related to cancer increased because hope in recovery diminished (23%). Courage of coping with tumor was increased in 26%, unchanged in 64%; 95% perceived a high availability of healthcare facilities and 97.6% declared confidence in the treating teams, while 65.3% stated that the information received from the Government and local bodies was confusing.

Conclusions: Although half of the pts had more fears and concerns about the epidemic, they feel reassured, maintain trust in healthcare facilities and a good communication with doctors and nurses. Due to the epidemic course, the second survey could not yet be performed and data will be available by June.

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1698P The presence of COVID-19 makes more cancer patients distressed and time perception may distinguish them

N.V. Coney¹, M. Petrova², E. Dimitrova¹, K. Zhelev³, Z.I. Zahariev⁴, K. Nikolov⁵, T. Popov⁶, M. Ivanova¹, N. Evgeniev⁷, I. Shterev Donev⁸

¹Clinic of Medical Oncology, St. Marina University Hospital, Varna, Bulgaria; ²Medical Oncology, MHAT Nadezhda, Sofia, Bulgaria; ³Department of Radiology, Unihospital, Panagyurishte, Bulgaria; ⁴Department of Radiology, Unihospital, Sofia, Bulgaria; ⁵Clinic of Medical Oncology, Complex Oncology Center, Burgas, Bulgaria; ⁶Medical Oncology, Complex Oncology Center, Burgas, Bulgaria; ⁷Medical Oncology, Complex Oncology Centre-Ruse, Ruse, Bulgaria; ⁸Medical Oncology, MHAT Nadezhda, Varna, Bulgaria

Background: Our multicentric study explores the potential relationship between time perception, level of distress and fear of infection with COVID-19 in cancer patients undergoing chemotherapy.

Methods: Perception of time was assessed in 300 cancer patients with solid tumors by evaluating each subjects' prospective estimation of how fast one minute passed compared to the actual time. The median value (25 sec) of time perception was used to group cases into two categories of fast and slow perception of time. The National Comprehensive Cancer Network Distress Thermometer was used to evaluate levels of distress on a scale from 0 to 10. Patients scoring 4 or above were 173 (57.7%) and were regarded as having high levels of distress. Analogical thermometer was created for the fear of COVID-19 infection.

Results: Significantly more patients were distressed in the presence of COVID-19 than historically controls. Patients with lung, breast and colon cancer were most distressed and worried about possible COVID-19 infection. Median value of both thermometers was 5. The pattern of the time perception distributions significantly changed over levels of distress and fear of COVID-19 infection (both $p < 0.05$). There were significant negative correlations between time perception and values of Distress and COVID-19 thermometers ($\rho = -0.341$ and $\rho = -0.169$) and positive correlation between values of both thermometers ($\rho = 0.601$). Patients with a fast perception of time had significantly higher levels of distress (5.4 ± 3.1) and fear from COVID-19 (5.3 ± 3.3) infection than patients with a slow perception of time (3.2 ± 2.8 and 4.2 ± 3.2 ; respectively, both $p < 0.05$). Moreover, in a multivariate analysis of covariance, time estimation, was significantly related to the reported values of both thermometers ($V = 0.13$, $F(2, 297) = 21.2$, $p < 0.001$).

Conclusions: Significantly more patients with cancer disease experienced distress in the presence of possible COVID-19 infection. Perception of time is a novel potent indicator for high levels of distress and fear of COVID-19 infection in cancer patients.

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1699P COVID-19 pandemic: Patients' perspective during cancer treatment

F. Merloni¹, N. Ranallo¹, L. Bastianelli¹, F. Vitarelli¹, L. Cantini¹, Z. Ballatore¹, G. Ricci¹, I. Fiordoliva¹, L. Tassone¹, B. Ferretti², P. Alessandrini³, M. Del Prete⁴, S. Chiorrini⁵, M. Safi⁶, L. Stocchi⁷, G. Benedetti⁸, L. Faloppi⁹, R. Stoico¹, R. Berardi¹

¹Department of Oncology, Università Politecnica delle Marche, AOU Ospedali Riuniti, Ancona, Italy; ²Department of Oncology, Ospedale B. Eustachio, San Severino Marche, Italy; ³Department of Oncology, Azienda Ospedaliera Ospedali Riuniti Marche Nord, Pesaro, Italy; ⁴Department of Oncology, Ospedale A. Murri, Fermi, Italy; ⁵Department of Oncology, Ospedale Profili, Fabriano, Italy; ⁶Department of Oncology, Ospedale C. Urbani, Jesi, Italy; ⁷Department of Oncology, Ospedale Civile di Urbino, Urbino, Italy; ⁸Department of Oncology, Ospedale di Civitanova Marche, Civitanova Marche, Italy; ⁹Oncology Unit, Ospedale Generale Provinciale Macerata, Macerata, Italy

Background: The coronavirus disease 2019 (COVID-19) outbreak has been declared global pandemic and Italy is one of the first and heavily affected countries. Cancer patients are a population at higher risk from COVID-19 both for intrinsic fragility bound to their underlying disease and oncologic treatment delay. Aim of our survey was to investigate how cancer patients perceived their health condition, their clinical management and information communication by their medical oncologists during the pandemic.

Methods: Between 15th April and 1st May 2020 a survey was submitted to cancer patients under treatment at hospitals of Marche Region which had been invested by the pandemic. It consisted of questions regarding the perception of personal safety, continuity of cancer care and information quality provided by the Oncology Department and individual psychological distress.

Results: A total of 661 patients participated in the survey; 60.2% was female and 40.4% was aged between 46 and 65. Almost all of the attendees (97.7%) stated that the Oncologic Department complied with the appropriate safety standards and 78% was reassured about their concerns during the medical interview, but 41% was worried of being at higher risk of infection upon entry into the Oncology Department and 53.3% felt being at greater risk of infection because of chemotherapy treatment in general. The majority of the participants (62.2%) felt that postponing cancer treatment could reduce its efficacy, however 80% declared they did not feel abandoned at the time of treatment delay. 79.4% of the attendees felt more worried for their underlying disease in this emergency situation, but the mood worsened only for 34.2% of the participants.

Conclusions: Our survey reveals that Oncology Departments have been considered worthy of the emergency in terms of safety standards and care management by cancer patients. However, the majority of attendees perceived the mutual negative influence between their underlying oncologic disease and risk of Sars-CoV-2 infection and manifested concerns about their health condition highlighting the need for special measures to ensure safe continuity of care.

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1700P Perception and attitudes of Italian physicians towards the management of checkpoint inhibitors in oncology during COVID-19 outbreak: Results from a national survey

M. Tagliamento¹, F. Spagnolo², F. Poggio³, D. Soldato⁴, B. Conte¹, T. Ruelle³, E. Barisione⁵, A. De Maria⁶, L. Del Mastro⁷, M. Di Maio⁸, M. Lambertini⁴

¹Medical Oncology 2, University of Genova and IRCCS Ospedale Policlinico San Martino, Genoa, Italy; ²Skin Cancer Unit, IRCCS Ospedale Policlinico San Martino, Genoa, Italy; ³Medical Oncology 2, IRCCS Ospedale Policlinico San Martino, Genoa, Italy; ⁴U.O.C. Clinica di Oncologia Medica, University of Genova and IRCCS Ospedale Policlinico San Martino, Genoa, Italy; ⁵Interventional Pneumology Unit, IRCCS Ospedale Policlinico San Martino, Genoa, Italy; ⁶Infectious Diseases Unit, University of Genova and IRCCS Ospedale Policlinico San Martino, Genoa, Italy; ⁷Breast Unit, University of Genova and IRCCS Ospedale Policlinico San Martino, Genoa, Italy; ⁸Department of Oncology, University of Turin and Mauriziano Hospital, Turin, Italy

Background: During the COVID-19 outbreak oncological care has been reorganized to face the emergency. Cancer patients have been reported to be at higher risk of severe events related to SARS-CoV-2. Moreover, there are concerns of a possible interference between immune checkpoint inhibitors (ICIs) and the pathogenesis of the infection.

Methods: A 22-item questionnaire was shared with Italian physicians managing ICIs, between May 6 and 16, 2020. This survey aimed at exploring the perception about SARS-CoV-2 related risks in cancer patients receiving ICIs, and whether the management of these patients has been modified during COVID-19 outbreak.

Results: Respondents were 104, with a median age of 35.5 years, mainly females (58.7%), mainly working in Northern Italy (71%). 47.1% of respondents were afraid that a synergism could exist between ICIs mechanism of action and SARS-CoV-2 pathogenesis, leading to worse outcomes. 97.1% of respondents would not deny an

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

D. Tregnago¹, S. Zuliani¹, I. Zampiva¹, M. Casali¹, A. Cavaliere¹, A. Fumagalli¹, S. Merler¹, S.T. Riva¹, A. Rossi¹, F. Zacchi¹, E. Zaninotto¹, A. Caldart¹, S. Casalino¹, M. Gaule¹, D. Kadrija¹, M. Mongillo¹, M. Rimondini², L. Del Piccolo², M. Milella¹, S. Pilotto¹

¹Medical Oncology Department, University of Verona Hospital Trust, Verona, Italy; ²Department of Neuroscience, Biomedicine and Movement Science, University of Verona Hospital Trust, Verona, Italy

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 9th - April 30th, 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

F. Nichetti¹, M. Bini², K.F. Dotti³, A. Ottini⁴, M. Ambrosini⁵, A. Rametta¹, R. Leporati¹, L. Ferrari¹, F.G.M. De Braud⁷

¹Medical Oncology Department, Fondazione IRCCS - Istituto Nazionale dei Tumori, Milan, Italy; ²Dipartimento di Oncologia, Istituto Nazionale dei Tumori di Milano - Fondazione IRCCS, Milan, Italy; ³Medicina Oncologica 1, Fondazione IRCCS INT, Milan, Italy; ⁴Dipartimento di Oncologia Medica, Istituto Nazionale dei Tumori di Milano - Fondazione IRCCS, Milan, Italy; ⁵Oncologia Medica, Istituto Nazionale dei Tumori di Milano - Fondazione IRCCS, Milan, Italy; ⁶Oncology Department, Istituto Nazionale dei Tumori di Milano - Fondazione IRCCS, Milan, Italy; ⁷Medical Oncology & Haematology Department, Istituto Nazionale dei Tumori di Milano - Fondazione IRCCS, Milan, Italy

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 (16th February-10th 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 IgM/IgG serology performed before each Tx cycle until pandemic resolution.

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