



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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

## THORACIC MALIGNANCIES, OTHER

### 1629P Increased incidence of thymic epithelial tumors during COVID-19 pandemic: A retrospective analysis from the French RYTHMIC network

J.C. Benitez<sup>1</sup>, J. Florez-Arango<sup>1</sup>, M-E. Boucher<sup>1</sup>, E. Dansin<sup>2</sup>, M. Kerjouan<sup>3</sup>, L. Bigay-Game<sup>4</sup>, E. Pichon<sup>5</sup>, F. Thillays<sup>6</sup>, P-E. Falcoz<sup>7</sup>, S. Lyubimova<sup>8</sup>, Y. Oulkhouir<sup>9</sup>, F. Calcagno<sup>10</sup>, L. Thiberville<sup>11</sup>, C. Clément-Duchêne<sup>12</sup>, V. Westeel<sup>13</sup>, P.A. Thomas<sup>14</sup>, J-M. Maury<sup>15</sup>, T. Molina<sup>16</sup>, N. Girard<sup>17</sup>, B. Bese<sup>18</sup>

<sup>1</sup>Dept. Medical Oncology, Gustave Roussy - Cancer Campus, Villejuif, France; <sup>2</sup>Dept. Thoracic Oncology, Centre Oscar Lambret, Lille, France; <sup>3</sup>Dept. Thoracic Oncology, CHU de Rennes - Hopital Pontchaillou, Rennes, France; <sup>4</sup>Department of Pneumology, CHU Toulouse-Hôpital Larrey, Toulouse, France; <sup>5</sup>Pneumology, CHRU Hopitaux de Tours - Hopital Bretonneau, Tours, France; <sup>6</sup>Radiation Oncology Department, Centre Henri Becquerel, Rouen, France; <sup>7</sup>Thoracic Surgery Department, Hopitaux Universitaires de Strasbourg - Nouvel Hopital Civil, Strasbourg, France; <sup>8</sup>Dept. Thoracic Oncology, CHU de Montpellier - Hopital Gui de Chauliac, Montpellier, France; <sup>9</sup>Dept. Thoracic Oncology, Chu De Caen Normandie - Hôpital Clemenceau (CHR), Caen, France; <sup>10</sup>Medical Oncology Department, CHRU Besancon - Hopital Jean Minjot, Besancon, France; <sup>11</sup>Dept. Pneumology, CHU de Rouen Normandie, Rouen, France; <sup>12</sup>Dept. Medical Oncology, CHRU Nancy, Nancy, France; <sup>13</sup>Pneumology Department, CHRU Besancon - Hopital Jean Minjot, Besancon, France; <sup>14</sup>Thoracic Surgery Department, Assistance Publique Hopitaux de Marseille, Marseille, France; <sup>15</sup>Thoracic Surgery Department, CHU Lyon, Lyon, France; <sup>16</sup>Dept. Pathology, Hôpital Neckers et Enfants, Paris, France; <sup>17</sup>Thorax Institute, Institut Curie, Paris, France; <sup>18</sup>Cancer Medicine Department, Institut Gustave Roussy, Villejuif, France

**Background:** TETs are rare malignancies ranging from indolent thymoma (T) A to aggressive thymic carcinoma (TC). The incidence rate of TET ranges from 0.13 to 0.32 per 100 000 person/year, although limited data is available. Because of respiratory complications, patients with COVID-19 infection frequently had chest CT-scan, leading to a potential overdiagnosis of asymptomatic thoracic lesion, including TET. Here, we report the incidence rate of TET by year during first decade of the French RYTHMIC network.

**Methods:** RYTHMIC is a French network for TETs composed of national and regional expert centers, with the objective of systematic discussion of patient's management at a single national tumor board, based on consensual guidelines. We conducted a retrospective analysis of patients from RYTHMIC between January 2012 and April 2022. Data were prospectively collected in the registry. We aimed to assess clinic-pathological and epidemiological characteristics of TETs in RYTHMIC cohort.

**Results:** 3667 pts were included in the analysis. The median age at diagnosis was 63.5 (range 9-91). 15% (n=552) of AIDs, mainly myasthenia Gravis (n=411, 74.4%). T B2 was the most frequent (n=540, 14.7%) followed by AB (10.7%), B3 (6.7%), TC (6.6%), B1 (6.3%) and, A (4%). Most of the pts were diagnosed encapsulated (MK I, n=358) or with invasion of the capsule (MK IIa and IIb, n= 308 and 272, respectively). The prevalence of TETs in France based on RYTHMIC nationwide registry was 0.0054% at 30<sup>th</sup> of March 2022 cut-off. Incidence is shown in the table. In 2020, incidence x 100 000 person/year was 0.97.

Year	New patients (N)	France population (M)	Increase of population in France	Incidence x 100.000 inhabitants	Increase incidence in RYTHMIC
2012	173	65,24	-	0,26	-
2013	179	65,56	0,32	0,27	0,01
2014	260	65,9	0,34	0,39	0,12
2015	320	66,42	0,52	0,48	0,09
2016	421	66,6	0,18	0,63	0,15
2017	304	66,77	0,17	0,45	-0,18
2018	358	66,99	0,22	0,53	0,08
2019	388	67,13	0,14	0,57	0,04
2020	654	67,45	0,32	<b>0,97</b>	<b>0,4</b>
2021	338	67,62	0,17	0,49	-0,48

**Conclusions:** Incidence of TETs in our network is higher than previously reported. In 2020, we observed a pic in the incidence (170% compared to the average rate), potentially due to the COVID induced CT-scans.

**Legal entity responsible for the study:** RYTHMIC French network.

**Funding:** Has not received any funding.

**Disclosure:** All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2022.07.1708>

### 1630P Effectivity and safety of anti-SARS-CoV2 vaccination in patients with lung cancer: The VAC-CaP observational study (GCEP 21/01)

E. Nadal<sup>1</sup>, M.T. Moran Bueno<sup>2</sup>, D. Rodriguez Abreu<sup>3</sup>, Z. Vidales Sepulveda<sup>4</sup>, M.A. Sala Gonzalez<sup>5</sup>, M. Antonanzas Basa<sup>6</sup>, J.J. Garcia Gonzalez<sup>7</sup>, P. Diz Tain<sup>8</sup>, M. Martinez Kareaga<sup>9</sup>, G. Lopez Vivanco<sup>10</sup>, J. Baena Espinar<sup>11</sup>, B. Campos Balea<sup>12</sup>, D. Cumplido Buron<sup>13</sup>, S. Cerezo Gonzalez<sup>14</sup>, A. Diaz<sup>15</sup>, M. Guirado<sup>16</sup>, X. Mielgo Rubio<sup>17</sup>, O.J. Juan Vidal<sup>18</sup>, M. Saigi Morgui<sup>2</sup>, M. Provencio Pulla<sup>19</sup>

<sup>1</sup>Medical Oncology Department, ICO - Institut Català d'Oncologia l'Hospitalet (Hospital Duran i Reynals), L'Hospitalet De Llobregat, Barcelona, Spain; <sup>2</sup>Medical Oncology Dept, ICO - Institut Català d'Oncologia Badalona (Hospital Universitario Germans Trias i Pujol), Badalona, Barcelona, Spain; <sup>3</sup>Medical Oncology Department, Hospital Universitario Insular de Gran Canaria - Complejo Hospitalario Materno-Insular, Las Palmas De Gran Canaria, Canary Islands, Spain; <sup>4</sup>Medical Oncology Department, ICO - Institut Català d'Oncologia l'Hospitalet (Hospital Duran i Reynals), L'Hospitalet De Llobregat, Spain; <sup>5</sup>Medical Oncology, Hospital Universitario de Basurto, Bilbao, Spain; <sup>6</sup>Medical Oncology Dept., Hospital Clinico Universitario San Carlos, Madrid, Spain; <sup>7</sup>Dept. Oncologia Medica, CHUS - Complejo Hospitalario Universitario de Santiago de Compostela SERGAS, Santiago De Compostela, Spain; <sup>8</sup>Medical Oncology Department, Complejo Asistencial Universitario de León - Hospital de León, León, Spain; <sup>9</sup>Medical Oncology, HUA - Hospital Universitario Araba - Txagorritxu, Vitoria-Gasteiz, Spain; <sup>10</sup>Medical Oncology, Hospital de Cruces, Barakaldo, Spain; <sup>11</sup>Medical Oncology, Hospital Universitario 12 Octubre, Madrid, Spain; <sup>12</sup>Oncology, Hospital Universitario Lucus Augusti (HULA), Lugo, Spain; <sup>13</sup>Medical Oncology, Hospital de Torreveja, Alicante, Spain; <sup>14</sup>Medical Oncology, Hospital General Mancha Centro, Alcazar De San Juan, Spain; <sup>15</sup>Medical Oncology, Complejo Asistencial de Zamora, Zamora, Spain; <sup>16</sup>Medical Oncology, Hospital General Universitario de Elche, Elche, Alicante, Spain; <sup>17</sup>Medical Oncology Department, Hospital Universitario Fundación Alcorcón, Alcorcon, Madrid, Spain; <sup>18</sup>Medical Oncology Dept., Hospital Universitari i Politècnic La Fe, Valencia, Spain; <sup>19</sup>Medical Oncology, Fundación Para La Investigación Biomedica Del Hospital Universitario Puerta De Hierro Majadahonda, Majadahonda, Spain

**Background:** Patients with cancer were excluded from initial clinical trials assessing anti-SARS-CoV2 vaccines. The aim of this study is to evaluate the safety and effectivity of anti-SARS-CoV2 vaccination in patients with lung cancer.

**Methods:** This observational non-interventionist study included patients diagnosed with lung cancer of any histology and tumor stage who had received at least one dose of anti-SARS-CoV2 vaccine approved by EMA and who signed the informed consent. The study was promoted by the Spanish Lung Cancer Group (GCEP).

**Results:** 794 patients from 27 centers were included in the study between January and October 2021. Main patients' characteristics are shown in the table. Most patients (71.8%) were receiving active treatment when received the vaccination: chemotherapy (45.8%), immunotherapy (38.2%), radiotherapy (13.4%) and targeted therapy (14.5%). Only 9.7% of patients have had COVID-19 before vaccination. Most patients received mRNA vaccines at any vaccination round: 1<sup>st</sup>, 86.4%; 2<sup>nd</sup>, 87%; 3<sup>rd</sup>, 73.2% and most received the second (98.2%) and third booster dose (74.7%). Most vaccine-related adverse events were grade 1 (79.6%) or grade 2 (17%) and only 7 patients experienced grade 3 and 1 patient grade 4 toxicity. There were 58 cases of COVID-19 (7.3%) but most were asymptomatic or paucisymptomatic (62.1%). Only 10 patients (1.3%) were admitted at the hospital, but none require intensive unit support. During study follow-up, 9 patients died due to cancer or to other causes, no COVID-19-related deaths after receiving the vaccination were recorded.

Patients' characteristics	
Age, median (range)	66 (33.91)
Gender, n (%) Male Female	511 (64.4%) 283 (35.6%)
Smoking status, n (%) Former smoker	420 (52.9%) 257 (32.4%) 115 (14.5%) 2 (0.3%)
Current smoker Never smoker Unknown	
ECOG Performance Status, n (%) 0 1 2	278 (35%) 483 (60.8%) 32 (4.2%)
Histology, n (%) Non-small cell lung cancer	704 (88.7%) 76 (9.6%) 14 (1.7%)
Small cell lung cancer Other	
Tumor stage, n (%) I-II III IV Unknown	109 (13.7%) 161 (20.3%) 449 (56.5%) 75 (9.4%)

**Conclusions:** Anti-SARS-CoV-2 vaccines are safe in patients with lung cancer and most vaccine-related adverse events were mild or moderate. The rate of COVID-19 infection is low in this cohort of vaccinated patients with lung cancer and most COVID-19 cases were mild and managed without hospitalization.