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1613P Prevalence and predictive value for 6-month mortality of four criteria for assessment of sarcopenia in older patients with cancer: NutriAgeCancer national prospective cohort study

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Background: Older patients with cancer are at increased risk of sarcopenia. The European Working Group on Sarcopenia in Older People (EWGSP)2 proposed criteria for case-finding, diagnosis and severity assessment of sarcopenia. The aim was to estimate the prevalence of each criteria: an abnormal SARC-F [Strength, Assistance with walking, Rising from a chair, Climbing stairs, and Falls] questionnaire, low handgrip strength (HGS), low arm circumference (AC, substitute for muscle mass), low physical performance (PP; abnormal timed up-and-go test [TUG] or incapable), and their predictive value for 6-month mortality in older cancer patients, overall and by metastatic status.

Methods: We analyzed data from the NutriAgeCancer study, a nationwide survey of French hospitals participating in a national network of geriatric oncology clinics. Patients were aged ≥ 70 years with cancer and referred for geriatric assessment prior to cancer treatment. Cox proportional-hazards models were built to assess the predictive value of each criteria and two composite variables, adjusted for other known predictive factors.

Results: Among the 781 patients included in this study (mean age: 83.1 \pm 5.99; females: 53%; poor performance status: 43.1%; main cancer sites: digestive (28%) and breast (17%); metastases: 42%), 35.5% had an abnormal SARC-F, 44.5% had a low HGS, 44.7% had a low AC and 35.2% had a low PP. Sarcopenia was present in 24.5% (low HGS and AC) and severe sarcopenia in 11.7%. For the composite variable, classes of increasing risk showed a graded relationship with 6-month mortality (Table). Similar results were found in patients with metastases, whereas no association with mortality was observed in patients without metastases.

Table: 1613P Multivariate Cox analysis of the association between a composite variable of four criteria to evaluate sarcopenia and 6-month mortality

	Adjusted HR	95% CI	P
Normal SARC-F and HGS	1 (ref.)		0.006
Abnormal SARC-F or low HGS	1.67	0.99-2.83	
Sarcopenia (low HGS and AC)	2.45	1.39-4.35	
Severe sarcopenia (low HGS, AC and PP)	2.94	1.55-5.58	

Conclusions: Sarcopenia was highly prevalent in older patients with cancer, with a strong significant association with 6-month mortality in metastatic patients.

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1614P Influence of cancer on COVID-19 vaccine beliefs, attitudes and uptake

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Background: People with cancer have reported concerns regarding the possible interactions between COVID-19 vaccines, cancer and anti-cancer treatments. Vaccine hesitancy has been observed within this vulnerable population, but the attitudes and beliefs behind this behavior remain poorly understood.

Methods: Online survey was conducted across nine health services in Australia from June to October 2021. Vaccination status, participant demographics and cancer history were collected. Attitudes and beliefs to COVID-19 vaccination was assessed through validated measures including the Oxford Hesitancy Scale (OHS), Oxford Vaccine Confidence and Complacency Scale (OCCS) and Disease Influenced Vaccine Acceptance Scale-Six (DIVAS-6). Statistical analysis included logistic, linear and multivariate regression.

Results: There were 2691 evaluable responses; 80% had received a COVID-19 vaccine (available for five months at the time of the study). Demographics associated with higher uptake included increasing age, male gender, English as a first language and metropolitan locality. Cancer-related factors associated with lower vaccine uptake were diagnosis within the last 6 months and head and neck cancer type. Higher OHS and DIVAS-6 scores, indicating greater concern and hesitancy, were observed in unvaccinated participants. DIVAS-6 measured the influence of cancer on concern for COVID-19 infection, 'disease complacency', and the extent cancer influenced vaccine attitude, 'vaccine vulnerability'. Lower disease complacency and higher vaccine vulnerability was observed in participants with female gender, lung cancer, current anti-cancer treatment and metastatic disease. Higher disease complacency and lower vaccine vulnerability was observed in those with genitourinary cancers. Their doctor's recommendation regarding the vaccine was considered important by 79%.

Conclusions: Cancer-related and vaccine-related concerns can act as motivators or barriers to vaccination. DIVAS-6 is a simple clinical assessment tool which can be used by clinicians to identify specific concerns held by patients in order to direct tailored communication. This is essential to maximize vaccine uptake in this medically vulnerable population with ongoing need for additional booster doses.

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1615P The association of social distancing and obligatory face masks during COVID-19 era with the rates of febrile neutropenia in patients with solid tumors receiving antineoplastic therapy

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Background: Febrile neutropenia (FN) is a major complication of anti-neoplastic therapy, with significant morbidity and mortality. While granulocytes colony stimulating factors (G-CSF) and hand sanitation are proven preventive measurements, facial mask is not routinely recommended. COVID-19 pandemic led to obligatory social distancing and use of masks in public places. We aimed to assess whether these preventive measurements were associated with reduced rate of FN in patients receiving chemotherapy.

Methods: In this retrospective single-center study, all consecutive solid cancer patients treated with anti-neoplastic therapy from January 2019 to December 2021 were identified in the electronic databases of Rambam Oncology ward. Demographic and clinical data were collected. Patients classified according to time of anti-neoplastic therapy initiation as pre-pandemic group (2019) and pandemic group (2020). We compared the two groups in terms of FN rates and inpatient G-CSF use. FN was defined as oral temperature ≥ 38 with absolute neutrophil count ≤ 1000 .