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of breast cancer (BC) and cervical cancer (CC) patients (pts) during their first consultation, comparing the periods during and prior to the pandemic.

Methods: Data were collected from pts who started follow-up and treatment in a cancer center in Brazil from Sep/20-Jan/21 and from Sep/19-Jan/20. These periods were selected considering the beginning and duration of the COVID-19 pandemic in Brazil, which started on Feb/20 and is still ongoing. We considered the period (Sep/20-Jan/21) to be representative of the pandemic impact on cancer diagnosis. The primary endpoint was BC and CC stages at diagnosis. CC staging was defined according to 2018 FIGO staging. Clinical or pathological (for those with upfront surgery) BC stage was defined according to the TNM anatomic stage from AJCC 8th edition. The comparison of cancer stages between the two periods was performed using Chi-Square test.

Results: 268 BC pts and 44 CC pts had their first consult from Sep/20-Jan/21; 457 and 60, respectively, occurred from Sep/19-Jan/20. Pts who attended their first consult during the pandemic period presented with higher BC ($P<0.001$) and CC ($P=0.328$) stages than those prior to the pandemic, although the difference was not statistically significant for cervical cancer. The proportion of CC pts diagnosed with locally advanced disease (stages III-IVA) was 56.8% ($N=25$) in Sep/20-Jan/21 compared to 43.3% ($N=26$) in Sep/19-Jan/20. Similarly, 37.3% ($N=100$) of BC pts had stage III disease in Sep/20-Jan/21 compared to 23.2% ($N=106$) in Sep/19-Jan/20. Fewer pts were diagnosed with stage I BC during the pandemic (9.3% vs 20.6%). Additionally, fewer BC pts were diagnosed due to screening tests during the pandemic (13.7%; $N=36$) than before it (25.5%; $N=113$) ($P<0.001$).

Conclusions: BC and CC pts presented with a higher stage in their first consultation at a cancer center during the period of the COVID-19 pandemic compared to a similar period prior to the pandemic, confirming the long-term negative impact of the pandemic for oncologic pts. Thus, efforts should be made not to compromise essential cancer services.

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1619P Transition to a virtual cancer multidisciplinary team meeting during the COVID-19 pandemic: Experience from a regional Irish Cancer Centre

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Background: The COVID-19 pandemic has dramatically changed how healthcare services are provided. In order to comply with public health recommendations, the multidisciplinary team (MDT) network of the South East Cancer Centre at University Hospital Waterford made a transition to a virtual meeting format. The centre coordinates a network of eight individual cancer MDTs with three satellite hospitals. Following adaptation to virtual format, remote participants now join by videoconference, telephone call, or by phone application.

Methods: A 30-part questionnaire was developed in electronic format and distributed to consultants who comprise the senior membership of the cancer MDTs. The objectives were to investigate experience of the virtual meetings post-implementation, and assess preference regarding the future of the meetings.

Results: Among 36 respondents, surgeons accounted for 38.9%, medical oncologists (22.2%), pathologists (13.9%), radiologists (11.1%), haematologists (5.6%) and radiation oncology, palliative care and physicians for 2.8% each. The most common means of joining the meeting included videoconference (61.1%), physical attendance at MDT room (19.4%), telephone (11.4%) and by phone application (8.3%). 67% experienced difficulties using the technology including issues connecting (67%) and screen-sharing (50%). 78% reported that the virtual format did not affect their attendance at MDT, with 11% reporting increased attendance. 56% thought the case discussion at the virtual MDT was not as in-depth as the conventional MDTs, but a majority (81%) believe that decisions made are not impacted by the virtual format. 71% believe it has negatively impacted on education. Most respondents (40%) preferred the traditional face-to-face format, with 37% preferring a combination of virtual and face-to-face. The majority of consultants determine that virtual MDTs should continue past social distancing guidelines.

Conclusions: The results of this study suggest that virtual MDT meetings can be implemented into routine MDT practice. Although challenges are encountered, transition to a virtual format enables continuation of MDT meetings in uncertain times and may become a lasting legacy of COVID-19.

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1620P COVID-19 vaccines and cancer: Tailored information for Australia's diverse populations

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Background: As the COVID-19 vaccine rollout commenced in Australia in early 2021, limited evidence was available internationally about the safety and efficacy of the COVID-19 vaccines for people with cancer, particularly because cancer patients were largely excluded from the initial clinical trials. As such, people with cancer had many questions about the COVID-19 vaccines. Australia's Indigenous and culturally and linguistically diverse (CALD) populations experience poorer cancer outcomes and have specific information needs. As the national cancer control agency, Cancer Australia has a leadership role in providing information to support optimal outcomes for people with cancer, including Australia's Indigenous and CALD populations.

Methods: To understand and address the information needs about COVID-19 vaccines for people with cancer, Cancer Australia undertook a scoping review of national and international published literature and guidance, and sought input from key cancer control experts and consumers. In collaboration with Indigenous health and multicultural communications experts, Cancer Australia developed tailored information for Indigenous Australians and CALD populations affected by cancer.

Results: Cancer Australia developed a range of information resources relating to the COVID-19 vaccines and cancer, including Frequently Asked Questions (FAQs), and multimedia promotional collateral including animation and radio advertisements. The FAQs were adapted to provide culturally appropriate messaging for Indigenous Australians with cancer and translated into the ten most spoken languages in Australia. Multi-channel social media communication promoted uptake of the resources to CALD and Indigenous communities, and between March and May 2021, the social media campaign received over 800,000 impressions and the FAQs approximately 20,000 page views.

Conclusions: Throughout the pandemic, Cancer Australia has been responsive to the unique needs of the Australian cancer community. The development and dissemination of tailored information about COVID-19 vaccines for Indigenous and CALD populations is one example of how Cancer Australia aims to improve outcomes for all people with cancer in Australia.

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1621P Emotional distress in cancer patients during the first wave of the COVID-19 pandemic in Madrid

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Background: The COVID-19 pandemic has emerged as the most important international health problem of the last decades. This study explores the psychopathological implications that Covid-19 has caused on cancer patients during the first wave of the pandemic in Spain.

Methods: In this prospective study, we included cancer patients in active treatment from March to June 2020. A 24-question semi-structured questionnaire was designed to measure baseline demographic, clinical and Covid-19 exposure characteristics. Mental health was assessed using the validated Hospital Anxiety and Depression Scale. A descriptive and analytical univariate analysis of the variables studied was performed. Results have been compared with baseline emotional distress rates from historical cohorts in cancer patients.

Results: 104 cancer patients were included; a 52.8% of emotional distress, 42.3% of anxiety and 58.6% of depression were detected. 51% of patients expressed higher concern about cancer diagnosis vs COVID-19 infection. Tumor type, stage, type of oncologic treatment or rescheduling of cancer therapy were not related with higher levels of psychological symptomatology. Patients with previous consumption of psychotropic drugs and those who adopted additional infection prevention measures because they considered themselves at risk of having a more aggressive COVID-19 disease had higher levels of emotional distress ($p=0.008$; $p=0.003$), anxiety ($p=0.026$; $p=0.004$) and depression ($p=0.013$; $p=0.008$). Emotional distress was higher in patients whose financial status had worsened ($p=0.002$). Anxiety rates were higher among patients who often used relaxing therapies ($p=0.011$) and those who were frequently exposed to media ($p=0.05$). Depression rates were higher among patients with lower educational level ($p=0.032$), in those whose economic situation had worsened ($p=0.003$), and those who relied on Religion or Faith ($p=0.029$).

Conclusions: High rates of emotional distress have been detected during the first wave of the Covid-19 pandemic among cancer patients in active treatment, however, not higher than expected in this population. The cancer disease itself continues to be the main factor of concern for cancer patients, above and beyond the distress generated by Covid-19 pandemic.

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1622P The impact of COVID-19 on cancer treatment delivery in Sub-Saharan Africa

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Background: There is limited data on the impact of COVID-19 on cancer care in sub-Saharan Africa (SSA). Here, approximately 14 months into the pandemic, we report survey results to understand how the delivery of cancer care has changed in SSA.

Methods: We created a global consortium of cancer specialist from Africa and North America to collect data related to COVID-19 and cancer care in SSA. This abstract represents the results of a survey to consortium members, and other colleagues, from 8 cancer centers in Ghana, Nigeria, Kenya, Ethiopia, South Africa, Rwanda, and Zimbabwe. The survey was completed in February 2021.

Results: All sites report relatively low rates of confirmed SARS-COV-2 infection (range, 0-83 cases) with a wide range in the case fatality rate (0-50%). With a median duration of 2.3 months (IQR .9-4.2 months), all sites report a temporary lock down with no (12.5%), minimal (12.5%), moderate (50%) and severe (25%) impact on patient care. Examples of this impact include intra-city travel restrictions (25%), inter-city travel restrictions (62.5%), and excessive patient travel costs (75%). Most sites report changes in radiation therapy (RT) delivery strategies including transition to hypofractionation (50%), selection of single fraction RT for metastasis palliation (62.5%), deferral of RT for low-risk adjuvant situations (37.5%), or no change (25%). Changes in chemotherapy delivery strategies include transition to oral options (37.5%), use of hormone therapy over chemotherapy (37.5%), deferral of palliative chemotherapy (50%), and delivery of RT without concurrent chemotherapy (12.5%), or no change (50%). A total 3 sites (37.5%) reported the existence of breast or cervical cancer screening programs prior to the pandemic. Only one site reported return to pre-pandemic levels of cancer screening. HPV vaccination programs were active at 2 sites prior to the pandemic with only partial recovery at one site.

Conclusions: The pandemic has challenged cancer patients despite relatively low rates of reported infection and death. To minimize transmission, oncologist utilize treatment strategies minimizing patient time in hospital. The negative impact on the limited screening and preventative services in SSA is concerning for an impact that may continue for years to come.

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1623P Phase I clinical trials (CT) forge on despite COVID-19

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Background: Phase I CT are a cornerstone in the treatment of cancer patients. Given the future uncertainties due to COVID19 pandemic, one of the concerns is the potential decrease of new phase I CT entering the clinic in subsequent years. Our aim was to evaluate the impact of COVID19 in the Start-up activities of the phase I Unit at Vall d'Hebron Institute of Oncology (VHIO).

Methods: We analyzed the activity of VHIO Clinical Trials Start-Up Unit from 2019 to April 2021. The number of new proposals/studies (NS), pre-selection site visits (PSSV), and site initiation visits (SIV) for phase I CT were analyzed. Specific measures in response to COVID19 pandemic were registered.

Results: Regarding NS, a 9.6% decrease was observed in 2020 in comparison to 2019 (132 vs 146 with an average of 11 NS/month vs 12.16 NS/month respectively). This was mainly due to a decrease during the first wave of COVID19 (Mar-May 2020) with 8.33 NS/month vs 12.66 NS/month in 2019. In 2021 (Jan to Apr), NS increased with an average of 17.25 NS/month. Sponsors were 56.4%Pharma vs 43% Biotech during 2020 and 47.05% vs 52.94% in 2021. Despite the decrease of NS in 2020, an increase of remote PSSV was detected (40 in 2019 vs 60 in 2020). During the first wave of COVID19 we performed an average of 5.66 PSSV/month vs 2.33 PSSV/month in 2019. In 2021, PSSV are still increasing with an average of 6.4 PSSV/month. Forty SIV were performed in 2019, 69 in 2020 and 17 from Jan-April 2021 (average 3.3 SIV/Month, 5.75 SIV/month and 4 SIV/month respectively). On the first wave, 4.33 SIV/month were carried out vs 5 SIV/month in 2019. Remote SIV were performed during COVID19, and hybrid (remote/on-site) during 2021. Documents to explain sponsors the measures undertaken for safe trial implementation have been generated (i.e. remote monitoring, shipment of medication, habituating COVID free monitoring rooms and treatment wards).

Conclusions: Despite COVID19 and an initial decrease of new studies during 2020, the number of new proposals for phase I CT is increasing in 2021. This appears to be equal for biotech and big pharma proposals. Remote PSSVs are an efficient alternative to on-site visits. Digitalization and measures taken are effective to maintain the Clinical trial start up activity in VHIO and will probably remain after the pandemic is over.

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