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.

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SUPPORTIVE CARE AND SURVIVORSHIP

209P Clinically relevant impact of persistent peripheral neuropathy on health-related quality of life among early-stage breast cancer survivors: A population-based study

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Background: We explored the impact, and estimated the clinical importance, of sensory and motor Taxane-Induced Peripheral Neuropathy (TIPN) symptoms on Health-Related Quality of Life (HRQOL) among Early-Stage Breast Cancer Survivors (ESBCS).

Methods: A population-based cohort of 884 residual-free ESBCS in Southeast Sweden received a postal questionnaire including the EORTC chemotherapy-induced PN (CIPN20) and the EORTC QLQ-C30 instruments. Mean scores of QOL subscales among ESBCS with and without TIPN were calculated and adjustments made for confounding factors i.e., age, lifestyle factors and co-morbidities (linear regression analyses). The proportion of ESBCS with a clinically important impairment (CiI) of QOL using thresholds values proposed by Giesinger et al. [1] was calculated. The mean difference in scores was categorized into four groups (trivial, small, medium, large) depending on their clinical relevance in accordance with guidelines reported by Cocks et al. [2].

Results: Response rate was 79%, 646 survivors were included in the analysis. In median 3.6 (1.5-7.3) years had elapsed since taxane treatment. The proportion of ESBCS reporting CiI increased with the level of severity. Among ESBCS with moderate-severe PN, 59.4-93.3% had CiI on physical function and 57.7-78.6% on emotional function. The impact of TIPN symptoms on global QOL worsened with increased level of severity. The significance level of P_{trend} <0.001 was reached for all but two symptoms i.e., "difficulty distinguishing hot/cold water" and "cramps in feet". The largest clinically relevant effect on HRQOL was reported for moderate-severe "difficulty climbing stairs or getting out of chair because of weakness of legs" and "problems standing/walking because difficulty feeling ground under feet".

Conclusions: Persistent symptoms of sensory and motor TIPN is associated with clinically relevant detrimental effects on HRQOL among ESBC survivors. The proportion and size of clinically important impairment increased with level of severity.
[1] Giesinger JM et al. J Clin Epidemiol. 2020;118:1-8.
[2] Cocks K et al. J Clin Oncol. 2011;29:89-96.

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210P Worsening of breast cancer patients' condition: What happened during COVID-19? A meta-analysis

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Background: COVID-19 has impacted every aspect of our lives. Flooding of hospitals with COVID-19 patients have affected quality of care given to breast cancer patients. Our aim is to assess the impact of COVID-19 on presenting cases of breast cancer and worsening of breast cancer stage and/or TNM classification.

Methods: We searched Cochrane, Medline, Pubmed, scopus,Web of Science,and clinical trial registries (clinicaltrials.gov) for RCTs and observational studies. No restrictions of language of the study or year of publication were made. We included studies comparing breast cancer patients during COVID-19 (starting from March, 2020) to pre-COVID-19 periods (before March-2020) with breast cancer stage or TNM classification.We excluded studies including January or February 2020 a COVID-19 period. Authors screened titles and abstracts independently, assessed full text eligibility, and extracted information from eligible trials. We conducted the analysis in random-effects model because of different populations of included studies.

Results: We included 22 studies of 23,845 patients in our meta-analysis. There is an overall decrease in breast cancer cases presenting during COVID-19 period compared to pre-covid-19 period (-61.23%, p=0.051). Regarding breast cancer stage, patients presenting during COVID-19 period were at higher risk to present with advanced locally advanced or metastatic compared to patients presenting in pre-COVID-19 period (RR 1.43, 95%CI 1.25-1.64, P<0.00001). Regarding Lymph node involvement, patients presenting during COVID-19 period had higher risk of positive LN compared to patients presenting in pre-COVID-19 period (RR 1.37, 95%CI 1.15-1.63, P<0.0003). Regarding Tumor size (T3 or more), no significant difference between patients of both groups (RR 1.37, 95%CI 1-1.87, p=0.05). However, patients presenting in pre-COVID-19 period were more likely to present with T2 or less (RR 0.95, 95%CI 0.93-0.97, p=0.00001).

Conclusions: Our results showed a reduction in number of patients presenting with breast cancer at covid-19 period that led to late detection of these patients. Covid-19 have significantly impacted LN status and stage of breast cancer patients which will increase demand for neoadjuvant and/or adjuvant therapy.

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211P Assessment of the financial toxicity after oncological treatment in patients with breast cancer in private oncological reference institutions in Brazil

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Background: Financial toxicity(FT) refers to the harmful effects of the excess financial strain caused by a cancer diagnosis on the well-being of patients. With the continued escalation of cancer treatment costs, FT has become an important matter in recent cancer care. Breast cancer is considered a serious disease associated with a large medical and economic burden.

Methods: A survey containing 23 questions addressing the financial impact of oncological treatment and the Comprehensive Score for Financial Toxicity-COST, was applied on private institutions in Brazil. The relationship between those questions with the COST was evaluated by Linear regression. We considered variables with an influence on COST, those that were significant ($p \leq 0.05$) on uni/multivariable approach.

Results: We obtained 918 answers from unique patients from the survey. It was observed a -2,3-fold(p=0,01) financial impact in women from age<65 years. Other ethnicities than white, possess -2,7-fold(p<0,01) impact in their finances and, marital status changes during cancer treatment suffered -1,7-fold(p=0,05) impact compared to those that do not change during treatment. High school diplomas or less suffered a -1,5-folds impact(p=0,05). Unemployed and patients in work licenses suffered a -6,4-fold(p<0,01) and -3,9-fold(p=0,01), impact respectively. Women that considered poor their health status possesses -4,9-fold(p<0,01) more on their financial life. The Living Standard(-10,6-fold,p<0,01) and Asset losses(-16,1-fold,p<0,01) were extremely significant, indicating that this information should be evaluated with COST. Although, access to private health insurance has a +1,4-fold(p<0,02) impact on finances, those that do not desire a treatment cost discussion present a +3,3-fold(p<0,04) impact, these peculiarities are justified by affluent patients' responses, that do not have financial issues.

Conclusions: This study found a major impact of oncological treatment on patients' finances. Large financial burdens have been found to adversely affect access to care and outcomes among cancer patients, the active development action to mitigate these effects among already vulnerable groups remains of key importance.

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