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group and 52% (n=100) in the 2nd group were treated with chemotherapy, without differences between those groups.

Conclusions: Our results show that during one year after COVID-19 pandemia the incidence of breast cancer decreased, and patients were diagnosis in more advanced stages. This situation could have been related to patient referral to non COVID-19 Hospitals or correspond to a true sub-diagnosis.

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1629P SARS-CoV-2 and Cancer Trials Ireland: Impact, resolution, legacy

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Background: The SARS-CoV-2 pandemic led to significant ongoing disruptive change in healthcare from 3/2020 to the present. The impact and legacy on a national clinical trials organisation was assessed.

Methods: A review was conducted of prospectively acquired communications, team logs and time sheets, trial activation, closure, and accrual, for the period 2019-present. An online survey of the impact of the pandemic on clinical investigators was performed. During lock-down periods hospital sites closed to monitoring visits and remote visits were not always possible due to paper-based health information systems. Overall accrual to academic cancer clinical trials decreased by 49%.

Results: In the 9 months after the pandemic was declared clinical trial accrual fell by 54%, radiotherapy trial accrual by 90% and translational studies by 36%. Staff re-assignment occurred in 60% of units. Monitoring visits by Clinical Research Associates was reduced by 42% and remote monitoring rose from 5% to 20% of monitoring visits. The opening of new trials fell by 67%. 77% of investigators experienced burnout, 71% had less time for trials and 53% reported less support for trials.

Conclusions: The pandemic has had a significant negative impact on cancer clinical trial activity in Ireland with a notable decline in academic-led trial activity compared to pharmaceutical-led trials. Protected staff assignments, electronic records to facilitate remote monitoring and enhanced support for clinical trials staff is needed to increase resilience in the system.

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1630P The impact of the COVID-19 outbreak on surgical site infections in elective colorectal cancer surgery: One potential benefit of the pandemic?

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Background: The COVID-19 pandemic, also known as the coronavirus pandemic, has affected either directly or indirectly all medical fields. It caused a major reduction of elective surgical operations as well as overall admissions to surgical departments because of the widespread hospital fear and anxiety experienced by most patients during the peak of this outbreak. However, colorectal cancer operations were performed in large numbers also during the pandemic. In order to protect patients and health workers, hygiene and public health measures were intensified when the coronavirus pandemic began. The aim of the present study was to evaluate the rate of surgical site infections (SSIs) after the beginning of COVID-19 hygiene measures, which was in March 2020 in Greece.

Methods: A total of 173 patients who underwent elective colorectal cancer surgery were enrolled retrospectively. Patients were divided into two groups. Group A included 98 patients undergoing colorectal cancer surgery between January 2019-December 2019 (pre-COVID-19 era), whereas 75 patients (group B) underwent colorectal cancer procedures between April 2020-March 2021 (after the beginning of COVID-19 hygiene measures). Statistical analyses were done using Stata13. The student's t-test was used to compare results between groups.

Results: SSI developed in 35 of the 173 patients (20.2%). According to the results of our study, there was a statistically significant difference between the total numbers of SSIs between the 2 examined periods. 25 (25.5%) wound infections occurred in group

A-patients postoperatively, whereas only 10 (13.3%) SSIs were developed in patients undergoing colorectal cancer surgery after the beginning of COVID-19 measures (P=0.048).

Conclusions: The current study demonstrates that COVID-19 hygiene and public health measures affect the rate of SSI after elective colorectal cancer surgery.

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1631P Evaluation of the socio-sanitary and emotional impact caused by SARS-CoV-2 in a Spanish cohort of cancer patients after the second pandemic wave

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Background: The Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has caused more than 120 million cases and more than 2 million deaths from its inception until March 2021, causing a great social and emotional impact. Our objective is to evaluate the emotional distress on the cancer population after the second wave and to compare it indirectly with the onset of the pandemic.

Methods: Observational, cross-sectional, single-center study of 102 Spanish cancer patients recruited between the months of January and March 2021. Patients of any age, with tumors of any location and in any phase of the disease were included. Socioeconomic, health care and psychological variables have been collected, using the Kessler K-10 scale for the assessment of psychological distress. The association analysis of socio-sanitary variables with emotional variables was carried out using the Chi-square test in SPSS v25.

Results: In our cohort, 74% of the cases were between 50 and 74 years old. The most represented tumors were breast (26%) followed by colorectal cancer (18%). 51% were retired people and 19% had temporary work disability, while around 6% were unemployed. 15% reported a change in income and around 19% lived alone without companions. Regarding health variables, 11% had presented symptoms associated with SARS CoV2 infection, 21% reported a longer waiting time for diagnostic test or initiation of oncological treatment, and 17% highlighted a shorter attention time by their medical oncologist. In relation to the emotional impact, a statistically significant relationship (p < 0.05) was observed between the female sex and greater nervousness, retired people and less nervousness and despair, as well as the delay in health care and greater feeling of uselessness, despair, restlessness and depression, especially if this occurred more than 1 occasion.

Conclusions: the SARS-CoV-2 pandemic has caused a worsening of the socioeconomic and health conditions of cancer patients, persisting beyond the second pandemic wave. This is causing a chronification of the psychological impact in this population that could be improved with adequate prevention measures and better health care.

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1632P At home androgen deprivation therapy for patients with prostate cancer during the COVID-19 pandemic. One center experience

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Background: COVID-19 pandemic created major challenges in cancer care. Studies have shown increased risk for COVID-19 infectivity, severe disease and death in patients with cancer. Cancer centers worldwide adapted by modifying and often delaying treatment to minimize contact with patients.

Methods: To provide safe and uninterrupted care for patients, a home care program was created for patients with prostate cancer at Acad. F. Todua Medical center. Men with locally advanced or metastatic prostate cancer (MPC) receiving androgen deprivation therapy (ADT) were enrolled. Patients and their caretakers were instructed on gonadotropin-releasing hormone (GnRH) subcutaneous injections (SQ)