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can be a potential prognostic and predictive biomarker for patients with advanced GC/EC who received ICIs.

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MO22-1 Outcomes and Risk Factors of Patients with COVID-19 and Cancer (ONCORONA): A Sub-study of the Philippine CORONA study

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Background: A study conducted in China revealed that cancer conferred a five times increased risk for needing intensive care admission and mortality. Furthermore, data from the TERAVOLT and CCC19 showed that the presence of active cancer was associated with mortality. No data was collected from the Philippines, a developing country with a different healthcare system. Thus, the investigators conducted a sub study on the participants of the Philippine COVID-19 Outcomes (CORONA) study with a history of cancer and their clinical outcomes.

Methods: Multi-Center, Retrospective Cohort Design.

Results: After adjusting to the different confounding variables of interest, having cancer is significantly associated with the following outcomes; have 75% increased odds of having severe/critical COVID-19 at nadir ($p < 0.001$), have 136% increased odds of in-hospital mortality ($p < 0.001$), have 109% increased odds of respiratory failure ($p < 0.001$), have 98% increased odds of being admitted to ICU ($p < 0.001$). Additionally, after adjusting to the different confounding variables of interest, having cancer is significantly associated with the following time-to-event outcomes: 72% increase in hazard of in-hospital mortality ($p < 0.001$), 65% increase in hazard of respiratory failure ($p < 0.001$), and 57% increase in hazard of being admitted to ICU ($p < 0.001$).

Conclusion: History of cancer conferred poorer clinical outcomes on adult, hospitalized patients who were infected with COVID-19. Other demographic and clinical risk factors associated with cancer patients infected with COVID-19 are; older age, female sex, multiple co-morbidities, and having more respiratory symptoms and neurologic manifestations.

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MO22-2 Thromboembolic events associated to COVID-19 in a breast cancer cohort during the most recent waves of the disease

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Background: Thromboembolic events (TEE) are potential complications of COVID-19 in cancer patients. Knowledge on the impact of TEE associated to COVID-19 and COVID-19 vaccines during the last waves of COVID-19 in patients with breast cancer (BC) is limited, as well as the impact of intensive vaccination and new viral variants.

Methods: Retrospective evaluation of TEE in a cohort of 1884 patients (p.). Study period: March 2021-September 2021. Study area: European region with a high cumulative incidence of confirmed COVID-19 (12.4% population, September 2021) and a nearly completed vaccination of the adult population. Diagnoses have been regarded in 2021 as fourth (Spring) wave after March 18th and as fifth (Summer) wave after June 28th. This study was approved by the regional ethics committee.

Results: Vaccination rate in this cohort: 96.9% (September 2021). Distribution of vaccination. 46/1804 p. (2.5%) had a new diagnosis of COVID-19 (with PCR or qualified antigen tests) during the spring and summer waves. Median age: 66 years (38-95). 14 were receiving active drug therapy with tamoxifen (6), letrozole (3), letrozole plus palbociclib (3), tamoxifen plus trastuzumab (1), capecitabine (1). 7/46 p. required hospital admission and one 86-year woman died from bilateral pneumonia. 26/46 Previous COVID-19 vaccination was present in 18/20 (16 full, 2 partial) infected p. during the summer wave. There has been no case of COVID-19 associated TEE in this cohort, but one patient on letrozole plus palbociclib developed a pulmonary embolism 1 month after the infection. There was one case of cardioembolic cerebral infarction after vaccination in an elderly woman with a previous diagnosis of atrial fibrillation.

Conclusion: The impact of TEE secondary to COVID-19 or vaccination was very low and had no impact on oncological care during the most recent waves of the disease. This may be related to a lower severity of the disease, with less admissions and lethality.

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MO22-3 Gravity of COVID-19 infection in oncology patients undergoing active treatment, a Romanian Cancer Center experience

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Background: COVID-19 pandemic had a great impact on the way we deal with oncology patients. One of the compulsory methods to restrain the spread of the virus implemented by Romanian Ministry of Health in April 2020 was the compulsory PCR COVID-19 screening test for all asymptomatic patients undergoing chemotherapy, molecular treatment or immunotherapy, 24-48 hours before the beginning of treatment.

Methods: Between April 2020 and August 2021, 145 asymptomatic patients were tested for COVID 19 (screening before treatment) in our Oncology Department. Patients were aged 37 to 82. They were undergoing neoadjuvant, adjuvant or palliative treatment. Regarding the site of the disease, 120 of them (82.75 %) had urogenital cancers, 13 (8.96 %) had colorectal cancers, 10 (6.89 %) had breast cancer, and 2 (1.4 %) had gynecological cancer.

Results: We had 12 patients (8,27%) positive for COVID-19, 10 of them had urogenital area cancer, 1 had breast cancer and 1 gynecological cancer; they were aged 37 to 78. All had asymptomatic/mild symptomatic disease. They received treatment for mild/asymptomatic disease as per National Protocol (B1, B6, C and D3 vitamins, acetaminophen, zinc, famotidinum). Only 2 patients were hospitalized for observation (very frail patients) but they did not need special intervention besides the treatment above. All patients recovered without consequences.

Conclusion: Previous studies showed that oncology patients had a worse prognosis compared with general population in case of COVID-19 infection. This is particularly true for hematological and lung cancers. Our experience is different from those studies as all our patients had asymptomatic/mild symptomatic disease. This might be due to the fact that we do not treat patients with lung or hematological cancer. Our cohort of patients is small but it may warrant further studies in order to confirm that maybe not all categories of cancer patients have a poorer prognosis if they contact COVID-19.

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MO22-4 Impact of the COVID-19 pandemic on the treatment schedules of cancer patients receiving systemic treatment

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Objectives: To determine the impact of the COVID-19 pandemic to the treatment schedules of adult cancer patients receiving systemic treatment at the Cancer Institute of the University of the Philippines-Philippine General Hospital.

Methodology: This cross-sectional study included adult cancer patients who received systemic therapy during the first six months of the pandemic. Review of medical records was done. A descriptive analysis of patients receiving systemic treatment, their clinical profiles and pertinent treatment outcomes.

Results: Medical records of 139 patients were reviewed. All patients received chemotherapy, and none received immunotherapy. The median of age of patients is 52 years. More females (82.01%) received chemotherapy. The top diagnoses are breast (56.83%) and colorectal cancers (25.90%), had Stage I-III disease (65.47%), and were given curative intent treatment (71.94%). The median delay in chemotherapy is five days (range, 0-138 days). More than half of those whose chemotherapy was initiated prior to the pandemic had longer days of treatment delays (chi square: 11.06, $p < 0.01$).

Conclusion: There is a delay in chemotherapy among cancer patients during the start of the pandemic. The most significant delays happened during the start of the pandemic when the first community quarantine led to travel restrictions causing unprecedented interruptions in the delivery of cancer care.

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