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CANCER NURSING: SARS-COV-2 AND CANCER NURSING

CN43 Maintaining intravenous anti-cancer systemic therapy during COVID: Pharmacy and nursing factors

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Background: The COVID-19 pandemic has impacted many aspects of the practice of oncology around the world. COVID was first detected in Ireland on 29/2/20. Many oncology units saw dramatic changes in activity in the face of rising infection rates. We aim to assess compare pharmacy activity, day unit systemic therapy administration and nursing staffing levels during the pre- and COVID periods.

Methods: Hospital information systems were used to retrieve numbers of patients attending, numbers and types of items dispensed by pharmacy, and available nurses to deliver the systemic therapies from March 2019 to Feb. 2021. The data was analysed to identify trends in prescribing and dispensing practices for this period. Supportive medications such as anti-emetics, bisphosphonates were not included. Subgroup analysis on numbers of chemotherapy, immunotherapy, monoclonal antibody drugs dispensed per month was performed. A paired t-test was used to compare means.

Results: 9410 non-clinical trials and 411 clinical trials items were dispensed from March 2019 until February 2020 (pre-COVID) for 11,606 patient attendances. From March 2020 until February 2021 (COVID period), 8931 non-clinical trials and 826 clinical trials items were dispensed for 10818 patient attendances. The mean number of non-clinical trials items dispensed per month were 784 and 744 respectively, with no statistical difference being found ($p=0.11$). There was a doubling in the number of clinical trials agents dispensed. The mean number of nurses available to administer therapies per day was 5.7 (SD=0.78) compared to the projected 7.8 WTE (whole time equivalents) ideally required.

Table: CN43 Mean number of dispensed non-clinical trial agents per month per time period

	pre-COVID (3/19-2/20)	COVID (3/20-2/21)	p-value
Chemotherapy	598	544	0.03
Immunotherapy	52	57	0.29
Monoclonal antibodies	134	133	0.084

Conclusions: Despite COVID restrictions it was possible to administer comparable numbers of cancer treatments throughout the COVID period, when compared to the previous year despite modest nursing staff numbers due to the dedication and selflessness of nursing, oncologists and oncology pharmacy staff.

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CN44 Exploring cancer patients' and survivors' experiences of cancer care in COVID-19: A longitudinal qualitative study

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Background: There is limited understanding of how the experiences of people with cancer may change and evolve against the shifting landscape of COVID-19 incidence, mortality, vaccination and healthcare delivery. This study aimed to explore the experiences of cancer care among people affected by cancer during the COVID-19 pandemic using a longitudinal qualitative study design.

Methods: Participants were recruited to this longitudinal descriptive qualitative study via social media advertisements. Sixteen semi-structured interviews were conducted with people living with, after or caring for someone with cancer at three timepoints

over a six-month period during the COVID-19 pandemic. Interviews were recorded, transcribed and analysed thematically.

Results: Participants described *feeling afraid and keeping safe* through prevention and shielding strategies. Some had been vaccinated by phase 2 but many had not. Although *hospitals felt safe and efficient*, some participants felt COVID-19 restrictions were being used an excuse for compromised care. *Substitution of face-to-face appointments with telehealth services restricted* participants' access to professional and social support and *reliable information*. In phase one participants felt public health measures to reduce transmission of COVID-19 had created a sense of *not missing out*, but this feeling had largely shifted by phase 2 and the continued restrictions on social interactions amplified feelings of isolation.

Conclusions: This study highlights opportunities for longitudinal qualitative research to explore evolving experiences of people with cancer in the context of changing socio-cultural and healthcare provision during the COVID-19 pandemic.

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CN45 Effect of SARS-CoV-2 on management of paediatric blood malignancy: A regional cancer centre study

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Background: COVID-19 has emerged as a global pandemic. The purpose of this study to assess the effects of SARS-CoV-2 on management of Paediatric blood malignancies.

Methods: Patients (Age <14years) of blood malignancies during the period of 3 months (March, April and May) of year 2019 and 2020 was compared for remissions rates and regular follow up.

Results: Remission rates in 2020 were 56% (14 out of 25) showed remission whereas in 2019 it was 83% (24 out of 29). A striking decrease in remission rate by 26 % in 2020. The number of patients of Rajasthan (study state) also increased to 7%. Loss of follow up cases in 2019 was 4% (1in 25) in comparison to 24% (6 in 29) in 2020(a rise by 20 %).

Conclusions: There has been a negative impact in remission rate of blood malignancies amidst the pandemic of COVID-19.

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