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patients since the start of the pandemic. Three quarters (12/16, 75%) had seen an increase in calls to telephone helplines, 11 out of 16 (69%) received more email requests, half (9/16, 56%) saw increases on Facebook and seven out of 16 (44%) received more requests via their website. Patients' most frequently asked questions were on their risk of contracting COVID-19 (19/22, 86%) and implications of treatment delays because of COVID-19 (18/22, 82%). Two thirds of organisations (14/21, 67%) had closed some services. Most of these were face-to-face such as seminars, support groups, community outreach programmes and information hubs at hospitals. However, 18 organisations (18/21, 86%) had introduced new digital services including calls to patients or online consultations, as well as extending helpline hours and providing more web content and podcasts. Some organisations preferred not to disclose information about the impact of the pandemic on their organisation's income. Of the 15 organisations that did respond, ten organisations (67%) had seen a decrease in their income since the start of the pandemic. Only five organisations said their national or regional governments were offering support to patient organisations. Five organisations (5/20, 25%) were worried about their survival, seven (7/20, 35%) were worried about their ability to provide the same level of services, and nine (9/20, 45%) were worried about being able to employ their staff as they did pre-COVID-19. Conclusion: Patient advocacy and support organisations are providing more support to patients during the pandemic. However, many have seen a decrease in their funding, making it more challenging to do so. Patient organisations need urgent support to continue to meet increased patient needs, and for some to survive. Keywords: advocacy, COVID, patient information

MA07.08

Needs Assessment of Lung Cancer Patients & Caregivers in the Post-Shelter-in-Place Era in the United States during COVID-19



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Introduction: Lung cancer (LC) patients are especially vulnerable to developing severe forms of COVID-19, due to patient-specific factors (smoking history or immunosuppressive treatments) and the disease's impact on the lungs. After COVID-19 was declared a global pandemic, US states issued shelter-in-place/lockdown orders that began to be lifted around late May 2020. We analyzed whether LC patients are prepared to navigate healthcare in the post-shelter-inplace era. Methods: A rapid needs assessment survey was deployed to a national online sample of LC patients/caregivers from June 10-June 25, 2020. The survey contained questions on patient worries about access to LC care, patient preparedness to navigate care, and information needs. Descriptive statistics were used to understand frequencies and means. Relationships between categorical variables were measured using X² analysis. Results: Of the 302 respondents, 97% were NSCLC patients, 33% lived in COVID-19 hotspots, 64% were below the age of 66 (younger group), and 61% were in active treatment whereas 30% were NED/Cured. 1. Forty-six percent reported interruption in LC care [not seeing their doctors (23%) and increased difficulty in receiving appropriate LC care (18%)]. Younger patients reported a higher difficulty in accessing care (53% vs 34% reported by older patients - p < 0.05) 2.0verall, **96% of respondents** were concerned that the pandemic will affect their cancer care. This is more apparent in younger patients and those living in COVID-19 hotspots (Figure) 3. Forty-five percent of respondents worry about accessing care post-shelter-in-place. Of note, NED/Cured patients are more worried than those in active treatment due to fear of recurrence (Figure). 4. Two-thirds spend between 1-4 hours/week reading or listening to information about COVID-19. Older patients and those living in COVID-19 hotspots were more likely to spend greater than 4 hours per week seeking information. Respondents rated information from their physicians or patient advocacy groups as most reliable (mean reliability score MRS = 6.2; 0 = Not Useful and 10 = Very useful). Online sources were the least reliable (MRS = 2.9) 5. Respondents living in COVID-19 hotspots or in active treatment felt the least prepared about their LC care plan in the post-shelter-in-place era (Figure).

Grouping Variable	Age		Residence in COVID-19 hotspot		Status of treatment	
	66 and	65 and	Yes	No	NED/Cured	Active
	above	below				treatment
	(N=108)	(N=192)	(N=97)	(N=193)	(N=90)	(N=183)
Responses	How concerned are you about the COVID-19 pandemic affecting your/yo					
Not at all concerned	13% 4% 1% 5% 7% 2%					
A little bit concerned	26%	17%	11%	18%	14%	13%
Moderately concerned	37%	22%	23%	24%	19%	27%
Very concerned	22%	26%	34%	27%	29%	32%
Extremely concerned	22%	30%	31%	26%	31%	25%
	How often do you worry about being able to access care for your LC after shelter-in-place restrictions are lifted?					
Never	24%	21%	18%	24%	22%	23%
Rarely	31%	34%	32%	34%	34%	31%
Sometimes	31%	26%	32%	26%	18%	33%
Often	13%	15%	15%	13%	21%	11%
Always	2%	3%	3%	3%	4%	2%
	Have you spoken to your doctors about any of these concerns?					
Yes	41%	59%	53%	51%	47%	56%
No	59%	41%	47%	49%	53%	44%
	How prepared do you feel about your plan for lung cancer care now that shelter-in-place restrictions are being eased?					
Very unprepared	0%	1%	1%	0%	1%	1%
Somewhat unprepared	6%	8%	11%	6%	12%	4%
Neutral	23%	19%	26%	18%	23%	19%
Somewhat prepared	36%	42%	30%	44%	30%	44%
Very prepared	34%	30%	33%	32%	33%	32%
P<0.05 by X ² analysis highlight	ted in red					

Conclusion: Our study reveals that LC patients continue to feel vulnerable and ill-equipped to navigate cancer care post-shelter-in-place. Indeed, patient-specific factors (age and treatment status) and local COVID-19 caseload are important predictors of patient worries and access to healthcare and should be taken into account both during patient-physician discussions and planning LC care at a systems-level. **Keywords:** COVID-19, Access to care

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Lung Cancer Patients Survey Under COVID-19 Epidemic



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Introduction: Disaster lowers adherence to both treatment and drug of people with chronic diseases including lung cancer patients, which affects health outcome directly. COVID-19 detected in Wuhan, China on December 18, 2019 has spread throughout Japan. On February 26, 2020 Japanese government recommended closing schools and requested refraining from commuting and gathering. Whereas lung cancer patients are COVID-19 high-risk group, they need cancer treatment. The purpose of this study is to investigate actual condition of lung cancer patients in terms of adherence decrease and concerns about their treatment. Methods: Survey was conducted through website from March 6 to 11, 2020. 354 lung cancer patients and families answered questionnaires regarding not only adherence to treatment and drug, but also concerns about cancer treatment and daily life. **Results:** Out of 267 patients and families under treatment, 55.1 percent have trouble or concern about cancer treatment, 96.0 percent not experienced treatment or doctor consultation postponement for hospital convenience, 95.1 percent not experienced treatment or doctor consultation postponement for patients' convenience, and 99.9 percent continue drug compliance. Regarding daily life concerns, 75.7 percent