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Table 1. Median survival for Stage 4 lung cancer

Group	N	MedianSurvival (months)	Standard Error	95% Confidence Interval
Cohort1	68	14.47	3.23	8.15-20.79
Cohort2	96	8.73	4.90	0.00-18.34
Total	164	13.10	2.57	8.06-18.14

decreased compared to pre-COVID year (14.5 vs 8.7 months) (Table 1). Statistical significance has not been reached as follow-up time was not long enough for year 2020 ($p=0.58$). **Conclusions:** The present study represents interim data of our ongoing effort to evaluate the effect of the COVID-19 pandemic on our lung cancer patients. The pandemic has led to a significant decline in LC diagnoses in the first year, and a subsequent increase in diagnoses during the 2nd year. Unfortunately, these changes resulted in a trend towards decreased survival for our metastatic LC patients. The final survival analysis will require longer follow-ups and this data will be presented at the meeting. **Keywords:** COVID-19, Retrospective, Survival

EP06.01-002

Cancer Care in a Time of COVID: Lung Cancer Patient's Experience of Telehealth and Connectedness.



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Introduction: As health care systems have raced to prepare for, and manage, the SARS-CoV-2 (COVID19) pandemic, we have seen a reorganization of how health care is delivered. Delivery of cancer care has been affected globally. New Zealand (NZ) entered their highest restriction level in March 2020, essentially locking down the country for all but essential services for a period of five weeks. Reprioritization of healthcare services began. Auckland Regional Cancer and Blood Service, which provides oncology services for a population of approximately 1.72 million quickly implemented pathways to protect vulnerable patients. This included a shift from on-site clinic visits to telehealth. The current literature suggests that while telehealth offers an alternative approach to care delivery, there are a number of factors for consideration. Virtual assessments may offer a reduction in patient related costs such as petrol, travel, time off work, and childcare. In addition, some patients have reported that a virtual assessment is less stressful than attending a face to face consultation. Clinicians have identified convenience and flexibility with virtual consultations, and expressed the addition of tools such as email and texting could facilitate assessments in the cases of patients who were too anxious to attend face to face consultations. However, the research raises concerns regarding telehealth, including the potential for increased clinical risk and future uptake of services. Challenges related to technology, including familiarity of use, access to internet and data, and confidentiality are all ongoing concerns for services planning virtual assessments and remote care delivery. **Methods:** 30 patients with lung cancer were recruited. Data was collected using a qualitative exploratory design with semi-structured interviews. Transcripts were thematically coded using NVivo software. **Results:** Five key themes were identified. 1) Maintaining resilience: participants acknowledged they were self-reliant prior to their diagnosis, and that the sense of their own internal capabilities was a source of comfort for them. 2) Importance of pre-established relationships with healthcare professionals: the sense of connection established prior to the telehealth consultation supported participants to engage with healthcare professionals. The need for connectedness was amplified by a sense of isolation. 3) Seeking help: participants sought help from services that they perceived as being "expert". 4) Convenience: factors such as costs and saving time were highlighted. 5) Preferences for consultation type: majority of participants identified physical and emotional comfort being in their own

space. For a small number of patients, continuing a face to face assessment was important due to expectation based on previous experience. **Conclusions:** The use of telehealth was supported during the management of COVID-19. Connectedness and convenience were key to the level of comfort and confidence for patients with lung cancer using telehealth during 'lockdown'. **Keywords:** COVID-19, lung cancer, resilience

EP06.01-003

Impact of COVID-19 on Lung Cancer Patients; The Patients' Perspective



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Introduction: Delays and disruptions in cancer care throughout the COVID19 pandemic have created additional stressors for cancer patients. Following the second wave of the COVID19 pandemic in Alberta, we surveyed a convenience sample of cancer patients undergoing treatment at the Tom Baker Cancer Centre in Calgary, Alberta, Canada to evaluate the effect of the pandemic on patients' treatment decision-making, and cancer care experiences. **Methods:** A-24 item patient survey was constructed based on the results from literature review, existing instruments and iterative feedback from medical oncologists, nurses, and a patient volunteer. The survey included items measuring patients' health concerns, delays/cancellations in treatments, attitudes towards vaccination, and virtual care. Between January to March 2021, 161 patients with different types of cancer were accrued, of which 54 had lung cancer. Patient and treatment-related factors were collected from review of the electronic medical record. Descriptive statistics were utilized to describe the cohort and survey responses. **Results:** Fifty-four (n=54) patients with lung cancer completed the survey. The median age of patients was 71.5 years (46-84 years), 59% (n=32) were female, and 69% (n=37) of the patients had non-small cell lung cancer. Among surveyed patients 9% (n=5) had surgery, 46% (n=25) had radiation therapy, 59% (n=32) had chemotherapy, 39% (n=21) had immunotherapy and 7% (n=4) were treated with targeted therapy. 85% (n=46) of the patients were stage IV and thus treated with palliative intent therapy. Our survey showed that 57% (n=31) of the patients agreed or strongly agreed that they were at increased risk of contracting COVID19, and 52% (n=28) were afraid of dying from COVID19. Similarly, 48% (n=26) felt uncomfortable or anxious thinking about COVID19, 9% (n=5) had trouble sleeping, 9% (n=5) reported their hands felt clammy, and 5% (n=3) experienced palpitations. Despite patients' fears of COVID19, none reported their concerns impacting their decision-making around cancer treatment. In our survey, 56% (n=30) had undergone COVID19 testing, but only two tested positive: one had to delay palliative treatment, while the other curative-intent patient had no changes in the treatment plan. Regarding the COVID19 vaccine, 70% (n=38) patients were willing to get vaccinated, whereas 9% (n=5) patients were not comfortable with getting the COVID19 vaccine; 20% of the patients were uncertain if they would proceed with vaccination against COVID19. About 69% (n=37) of patients reported changing from in-person clinic assessments to virtual care; all were satisfied with their appointments. Similarly, 94% (n=51) reported being very comfortable with the measures taken by the healthcare team to minimize the risk of COVID19 during their in-person

appointments. **Conclusions:** Our survey highlights that despite a high degree of concern about COVID19 among lung cancer patients on active therapy, their treatment decisions were seemingly not affected by their fears/anxiety. Our patients were satisfied with the transition to virtual care during the pandemic. The interaction between oncologists and patients should be persistent and augmented with effective platforms for continuous and improved health outcomes. **Keywords:** COVID19, lung cancer, treatment decisions

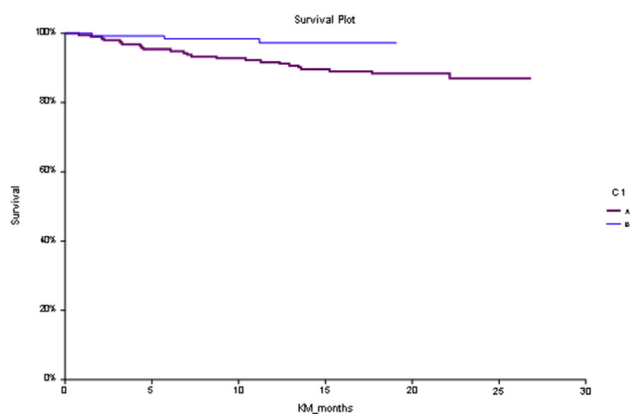
EP06.01-004

Lung Cancer Resection During the Covid-19 Pandemic: A Single Centre Study



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Introduction: During the Covid-19 pandemic, less invasive alternatives to surgery were recommended to minimise the risk of patient exposure to the virus. Therefore, this study aimed to assess the impact of covid-19 on lung cancer resections. **Methods:** We retrospectively analysed lung resections between March 2019 and May 2021. Eligibility criteria included patients with confirmed non-small cell lung cancer. We divided the patients into Group A (lung cancer resection between March 2019 and February 2020 and Group B (lung cancer resection between March 2020 and May 2021. The WHO declared Covid-19 a pandemic on 11th March 2020. The outcome measures were (1) the number of lung resections, (2) the completed waiting period and (3) Survival between the two groups **Results:** In Group A, 192 (78.7%) were for primary lung cancer, while in Group B, 133 (71%) were for primary lung cancer ($p < 0.05$). The mean completed waiting period for Group A patients was 71.85 ± 60 days (median 58 days; R 5-449 days), while the mean completed waiting period in Group B patients was 45.2 ± 34 days (median 38 days; R 4-213 days) ($p < 0.0001$). The mean survival times for Group A & B were 17.8 and 18.7 months, respectively (Logrank = 0.015). In Group A, survival at 30-days, 90 days and 1-year was 99.48%, 98% and 91.67% respectively. In Group B, survival was 100%, 99.25%, and 97.1% at 30-days, 90 days, and 1-year **Conclusions:** We found a 30.7% decrease in the lung cancer resection volume. Also, the completed waiting times for lung cancer resection decreased by 26.51 days during the study period. Early survival was better in Group B patients than Group A. Recoded staging figures reflected higher pathological stages in the latter group ($p = 0.04$). Additionally, subgroup analysis showed that we operated on more stage-1 lung cancers in Group B vs Group A (63.4% vs 54.2%).



Keywords: Lung cancer resection, Covid-19, Survival

EP06.01-005

COVID-19 and Post-COVID Outcomes in Lung Cancer Patients: Experience from an Indian Cancer Center



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Introduction: Patients with lung cancer appear to be at higher risk of COVID-19 related complications and mortality. There is limited data on COVID-19 outcomes in lung cancer patients, particularly from India. Studies have rarely included post-COVID morbidity and mortality in cancer patients. **Methods:** In this single center study, a prospectively maintained database of lung cancer patients who were diagnosed with COVID-19 infection between May 1, 2020 and November 30, 2021 was used to assess the outcomes, and to identify the factors associated with mortality and intensive care unit (ICU) admission. 30-day post-COVID mortality was assessed in patients who recovered. **Results:** A total of 54 lung cancer patients with COVID-19 were identified (mean [SD] age, 61.8 [8.5] years; 20.4% women, 79.6% men), of whom 74.1% had advanced stage disease. Recent treatment (within 30 day preceding COVID-19 diagnosis) was received by 77.8% of the patients (53.7% with systemic chemotherapy, 23.8% with tyrosine kinase inhibitors, and 5.6% with immune-checkpoint inhibitors). Patients requiring hospitalization and ICU admission were 59.3% and 16.7% respectively. In-hospital mortality during the same admission was 24.1%. Total

Figure 1: Operations done between 2019 and 2021

