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E. Garralda: Financial Interests, Personal, Advisory Board: Genentech; Financial Interests, Personal, Advisory Board: F.Hoffmann/La Roche; Financial Interests, Personal, Invited Speaker: Ellipses Pharma; Financial Interests, Personal, Advisory Board: Neomed Therapeutics1 Inc; Financial Interests, Personal, Advisory Board: Boehringer Ingelheim; Financial Interests, Personal, Advisory Board: Janssen Global Services; Financial Interests, Personal, Invited Speaker: Seattle Genetics; Financial Interests, Personal, Expert Testimony: TFS; Financial Interests, Personal, Advisory Board: Alkermes; Financial Interests, Personal, Advisory Board: Thermo Fisher; Financial Interests, Personal, Invited Speaker: Bristol-Mayers Squibb; Financial Interests, Personal, Advisory Board: MabDiscovery; Financial Interests, Personal, Advisory Board: Anaveon; Financial Interests, Personal, Invited Speaker: MSD; Financial Interests, Personal, Advisory Board: Lilly; Financial Interests, Institutional, Funding: Novartis; Financial Interests, Institutional, Funding:

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1624P Impact of the COVID-19 pandemic in the cancer fast-track programme

<u>M.T.M. Martinez</u>¹, S. Simón¹, J. Montón-Bueno¹, S. Moragón¹, B. Ortega Morillo¹, S. Roselló¹, J. Navarro², A. Sanmartin², A. Julve³, M. Flores³, E. Buch⁴, A. Peña⁵, J. Franco⁶, J. Martínez-Jabaloyas⁷, J. Marco⁸, M.J. Forner⁹, A. Cano¹⁰, B. Bermejo¹, A. Cervantes¹, I. Chirivella¹

¹Department of Medical Oncology, Biomedical Research Institute INCLIVA, University of Valencia, Valencia, Spain; ²Management Hospital, Hospital Clinico Universitario de Valencia, Biomedical Research Institute INCLIVA, University of Valencia, Valencia, Spain; ³Department of Radiodiagnosis. Biomedical Research Institute INCLIVA, University of Valencia, Valencia, Spain; ⁴Department of Surgery, Biomedical Research Institute INCLIVA, University of Valencia, Valencia, Spain; ⁵Department of Medicine Digestive, Biomedical Research Institute INCLIVA, University of Valencia, Valencia, Spain; ⁶Department of Pneumology, Biomedical Research Institute INCLIVA, University of Valencia, Valencia, Spain; ⁷Department of Urology, Biomedical Research Institute INCLIVA, University of Valencia, Valencia, Spain; ⁸Department of Otolaryngology, Biomedical Research Institute INCLIVA, University of Valencia, Valencia, Spain; ⁹Department of Internal Medicine, Biomedical Research Institute INCLIVA, University of Valencia, Valencia, Spain; ¹⁰Department of Gynecology, Biomedical Research Institute INCLIVA, University of Valencia, Spain; ⁹Department of Internal Medicine, Biomedical Research Institute INCLIVA, University of Valencia, Valencia, Spain; ¹⁰Department of Gynecology, Biomedical Research Institute INCLIVA, University of Valencia, Valencia, Spain;

Background: The COVID-19 pandemic has disrupted many aspects of clinical practice in oncology, particularly in making timely cancer diagnosis. Our public health system has been concerned about potential delays leading to a higher proportion of patients with advanced stages. Our cancer diagnosis fast-track program (CFP) in the Clinic-Malvarrosa Health department in Valencia (Spain) is connecting primary care (PC) with different specialists to speed cancer diagnosis and treatment upon well founded suspicion. A 10-year evaluation of our CFP has recently been published. The aim of this analysis was to investigate the impact of the COVID-19 pandemic on the CFP.

Methods: We analysed the programme flow during the state of emergency starting on March 16, 2020 for one year.

Results: During that year, 975 suspected cancer cases were submitted to the CFP. The submissions only decreased during the times of highest COVID-19 incidence and stricter lockdown (March, April and October 2020). However, referrals were slightly higher than in the two previous years (average 877). Of those 975 patients, 817 were seen by the corresponding specialist. A cancer diagnosis was confirmed in 197 (24.1%) with 33% urological, 23% breast, 16% gastrointestinal and 9% lung cancer. Median time from referral to the specialist visit was 13 (interquartile range, 8 to 22 days) days and a diagnosis was reached in a median of 18 days (interquartile range, 10 to 30 days). In cancer patients, treatment was started in around 30 days (interquartile range, 13.5 to 51 days) from the time of diagnosis. Sixty-one percent of cancers were found in an early stage, 20% in a locally advanced stage, and 19% in an advanced stage. These intervals and proportions were similar to the previous years.

Conclusions: Our programme has proven to be a reliable tool to help PC physicians referring patients with cancer suspicion cancer, maintaining its normal flow and efficacy despite the current pandemic.

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The virtual clinic: An insight into the patient and clinician experience in cancer during COVID-19

<u>A. Poovamnilkunnathil¹, S. Nabhani-Gebara¹, M. Dalby²</u>

¹Pharmacy, Kingston University, Kingston upon Thames, UK; ²Corporate Nursing, St. Bartholomew's Hospital - Barts Health NHS Trust, London, UK

Background: Technology in healthcare has been evolving with an amplified use over the last year, due to the coronavirus 19 (COVID-19) pandemic. Face-to-face consultations for cancer patients were reduced and virtual clinics (VCs) in the form of telephone or video were offered in replacement. The aim of the study was to assess the experiences of VCs in cancer care amongst patients and healthcare professionals at Barts Health NHS Trust.

Methods: Patients were identified from the electronic patient system who had received cancer care at Barts Health NHS Trust from 01/09/20-15/01/21 and attended at least one VC. Clinicians actively working within cancer were invited if they had attended at least one VC. Individual semi-structured telephone interviews were