Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

conducted with separate interview guides designed for each participant group. Questions related to the use of VCs in the future, accessing technology, waiting times and communicating issues, wider worries or fears. Participants rated their experiences from 1-5 (1 being low and 5 being high). Interviews were recorded with verbal consent and transcribed verbatim. Data was thematically analysed using NVivo12.

Results: A total of 36 patients and 10 clinicians participated. Themes were acceptance, time, technology, purpose of clinic, communication, equipment, benefits and choice. Participants were accepting of the VC with 80.5% of patients (n=29/36) and 90% of clinicians (n=9/10) supporting future use. Both groups agreed that VCs are not suited to everyone and the use of the VC should be individualised for the patient based on several criteria including patient preference, reason for consultation and patient characteristics. The average satisfaction rating of the VC was higher among patients (4.45/5) than clinicians (3.75/5), with many clinicians suggesting that support setting up video clinics may improve the score.

Conclusions: The study showed the promising use of VCs in the future. Recommendations were suggested to optimise the patient and clinician experience. These include implementing a patient triage system to advise which patients should have a virtual consultation, providing enhanced training and equipment to staff and ensuring the chosen method of VC provided is individualised to the patient's needs.

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1626P The perks of SARS-CoV-2 monitoring through serial nasopharyngeal (NP) swabs in an Italian high prevalence area

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Background: The outbreak of SARS-CoV-2 infection and the associated COVID-19 pneumonia have dramatically disrupted the delivery of cancer care worldwide. Indeed, this crisis has raised the urge of thoughtfully balancing the risk of delaying potentially curative treatments against the harm of developing a life-threatening respiratory infection. In this study, we report the experience of an Italian Reference Cancer Center, where strict triage procedures had to be promptly adopted.

Methods: We retrospectively analyzed a consecutive cohort of 787 cancer patients (pts) who accessed the Day Hospital (DH) of the Oncology Department of Udine from April 6th to June 19th 2020. Screening NP swabs and RT-PCR analysis were performed at every access in pts who, after passing the triage, were admitted to receive intravenous therapies. Clinicopathological data were collected from electronic health records and include sex, age, tumor type, disease stage, type of treatment, number of swabs received and RT-PCR results.

Results: Overall, 2602 NP swabs were performed in a population of 787 cancer pts receiving intravenous therapies, including 55.7% female and 44.3% male pts, respectively, with 54.9% aged ≥65. Of note, 28.2% of pts had gastrointestinal tumors, 23% breast cancer, 19.8% lung cancer and 14.2% tumors of the genitourinary tract. Approximately 32% of pts had early-stage disease whereas 68% of them was receiving therapies for advanced disease. Treatments most frequently included chemotherapy (60%), immunotherapy (14.7%) and target therapies (9.8%) whereas 11.1% of swabs were performed in pts entering the premises for supportive therapy. The median number of SARS-CoV-2 tests per patient was 3 and 26% of pts received ≥5 swabs. In the whole population, only 10 SARS-CoV-2 tests (1.3%) resulted positive and were promptly isolated.

Conclusions: In the pandemic context, the adoption and gradual refinement of rigorous procedures aimed at minimizing COVID-19 diffusion among pts and healthcare professionals are mandatory to ensure continuity of care. In our experience systematic triage, sequential screening with NP swabs and the prompt identification of asymptomatic SARS-CoV-2 carriers limited COVID-19 spread among cancer pts accessing the Oncology DH.

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1627P Management of locally advanced rectal cancer during the COVID-19 outbreak: First results of a shift towards short course neoadjuvant radiotherapy

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Background: Alike other tumor types, it was recommended that the management of locally advanced rectal cancer (LARC) during the COVID outbreak would shift towards hypofractionated RT schemes. Short-course neoadjuvant radiotherapy (SCRT) is comparable to long-course chemoradiation (CRT) in terms of toxicity and survival; nevertheless, CRT is still largely used, especially in advanced tumors. We aim to report the clinical-pathological characteristics and first treatment results of patients treated in a 3-month period during COVID-19 outbreak and to compare them to those treated in the previous year.

Methods: We retrospectively reviewed consecutive cases of patients with LARC treated with neoadjuvant RT during Apr-Jun 2020 and Apr-Jun 2019 (control group). Chi square and independent T tests were used for comparison.

Results: During Apr-Jun 2020, 35 patients (median age 62 [31-86] years, median Charlson score 4 [2-8]) were treated with neoadjuvant RT. Primary tumor was staged as cT2 (6%), cT3 (57% T3a-b, 17% T3c-d) and cT4 (17% T4a, 3% T4b); 83% were cN+; 11% patients were M1 at diagnosis and had primary CT. All patients were treated with SCRT (25Gy/5Gyfr); 20% patients had perioperative CT and 46% had adjuvant CT. In the control group (n=34), 9 patients had SCRT and 25 had CRT (50.4Gy, 1.8Gyfr, plus capecitabine); 6% had primary CT for M1 disease and 6% had perioperative CT. Both groups (2019 vs 2020) were comparable in terms of clinical-pathological variables (age, comorbidities, TNM stage, mesorectal fascia involvement, R0 margin). Pathological complete response (9% vs 11%, p=0.720), modified Ryan tumor regression score ≥2 (74% vs 80%, p=0.456) and rate of postoperative complications ≥III-b (20% vs 9%, p=0.357) also did not differ. Median time from diagnosis to start of RT was 58±43 days vs 61±31 days, p=0.448. Median time to delayed surgery was 66±18 days vs 67±18 days, p=0.948. The start of RT was postponed in 1 patient due to COVID+.

Conclusions: Patient characteristics and time to neoadjuvant RT did not appear to differ during COVID-19 outbreak. A shift towards a safer treatment for LARC during this period did not seem to impact pathological response neither postoperative complications.

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1628P Impact of COVID-19 pandemia on the diagnosis of breast cancer in one region of north of Portugal: One year experience

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Background: The onset of COVID-19 pandemic forced lockdown and halted breast cancer screening programs. We aimed to investigate the impact of COVID-19 on the new diagnosis and staging of breast cancer.

Methods: In this cohort study, we included all patient with new diagnosis of breast cancer who were admitted to our Hospital (Hospital Pedro Hispano, Matosinhos, Portugal), between March 2019 and March 2021. We collected data on baseline clinical conditions such as age, stage at diagnosis and treatment. We created two different groups were created: 1st group- before COVID-19 pandemia (March 1, 2019 to March 16, 2020); 2nd group - COVID-19 pandemia (March 17, 2020 to March 31, 2021). A comparative assessment between groups was carried out.

Results: Were included 483 patients; n=289 in the 1st group and n= 194 in the 2nd group. The median age was 60 years old in the 1st group and 59 years old in the 2nd group. In the 1st group, 13% patients were diagnosis with ductal in situ carcinoma (DCIS), 51% in stage I, 24% in stage II, 9.5% in stage III and 3% in stage IV. In 2nd group, 9% had DCIS, 30% were in stage I, 40% in stage II, 11% in stage III and 10% in stage IV. Stage at diagnosis was significantly higher in the 2nd group (p< 0.001) This situation was mainly due to tumour size (T). In the 1st group, most patients (n=91; 38%) had tumour size between 10 e 20mm (T1c in TNM classification). One the other hand, 40% (n=78) of patients included in the 2nd group had tumour size between 20 e 50mm (T2), with significant differences between them (p=0.004). No difference was found between groups in nodular involvement (p=0.189), with the majority of patients (~50% in both groups) presenting without nodular involvement (N0 in TMN classification). 10% of patients in 2nd group and 3% in 1st group had metastatic disease at diagnosis, with differences between them (p=0.006). 49% (n=119) of patients in 1st