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.

mortality including the 30-day post discharge period was 40.7%, while in 18.5% patients there was no further follow up after discharge from hospital. Cancer progression was detected in 11.1% of patients and 29.6% had performance status (PS) decline making them ineligible for further systemic anticancer therapy. Among various factors tested only progressive disease (PD) in the last response evaluation preceding COVID-19 diagnosis was associated with mortality (p=0.005). **Conclusions:** Lung cancer patients with COVID-19 infection had a high rate of complications and mortality. Patients with progressive lung cancer diagnosed with COVID 19 were at higher risk of death. Mortality, cancer progression, and PS decline were also high in this group of patients in a 30-day period following COVID-19 recovery. **Keywords:** COVID-19, Lung Cancer, Mortality

EP06.01-006
Multidisciplinary Team during the COVID-19 Pandemic: The BE-PACIFIC Italian Observational Study Analysis

S. Ramella,[1] A. Morabito,[2] S. Silipigni,[1] A. Russo,[3] E. Capelletto,[4] S. Rossi,[5] A. Leonetti,[6] M. Montrone,[7] I. Facilissimo,[8] G. Romano,[9] I. Stasi,[10] G. Ceresoli,[11] C. Gridelli,[12] A. Lugini,[13] S. Pilotto,[14] P. Tagliaferri,[15] E. Bria,[16] S. Canova,[17] E. Rijavec,[18] P. Borghetti,[19] M. Brighenti,[20] A.M. Carta,[21] L. Ciuffreda,[22] R. Giusti,[23] M. Macerelli,[24] F. Verderame,[25] F. Zanelli,[26] R. Berardi,[27] V. Gregorc,[28] C. Sergi,[29] E. Vattemi,[30] S. Manglaviti,[31] P.L. Piovano,[32] E. Olmetto,[33] G. Borra,[34] S. Gori,[35] M. Aieta,[36] A. Bertolini,[37] F. Cecere,[38] G. Pasello,[39] D. Rocco,[40] M. Zulian,[41] B. Roncari,[42] S. Novello[4] *[1]Policlinico Universitario Campus Bio-Medico, Roma/IT, [2]INT Fondazione G. Pascale, Napoli/IT, [3]Azienda Ospedaliera Papardo, Messina/IT, [4]A.O.U. San Luigi Gonzaga, Orbassano (TO)/IT, [5]Istituto Clinico Humanitas, Rozzano (MI)/IT, [6]Azienda Ospedaliero Universitaria di Parma, Parma/IT, [7]Istituto Tumori Giovanni Paolo II, Bari/IT, [8]Ospedale San Giovanni Bosco, Torino/IT, [9]Ospedale Vito Fazzi, Lecce/IT, [10]Azienda Toscana Nord Ovest, Livorno/IT, [11]Humanitas Gavazzeni, Bergamo/IT, [12]A.O.R.N. San Giuseppe Moscati, Avellino/IT, [13]A.O. San Giovanni Addolorata, Roma/IT, [14]AOUI Verona - Policlinico G. Rossi, Verona/IT, [15]A.O.U. Mater Domini Università Magna Grecia, Catanzaro/IT, [16]Fondazione Policlinico Universitario A. Gemelli IRCCS, Roma/IT, [17]ASST Monza - Ospedale San Gerardo, Monza/IT, [18]Fondazione Ca' Granda Ospedale Maggiore Policlinico, Milano/IT, [19]ASST Spedali Civili, Brescia/IT, [20]ASST Cremona, Cremona/IT, [21]A.O. Brotzu - Ospedale Oncologico A. Businco, Cagliari/IT, [22]AOU Città della Salute e della Scienza, Torino/IT, [23]A.O.U. Sant'Andrea, Roma/IT, [24]ASU FC - ASUI S. Maria della Misericordia, Udine/IT, [25]AO Riuniti Villa Sofia-Cervello, Palermo/IT, [26]AUSL IRCCS di Reggio Emilia, Reggio Emilia/IT, [27]AOU Ospedali Riuniti Ancona, Ancona/IT, [28]Ospedale San Raffaele, MIlano/IT, [29]ARNAS Garibaldi-Nesima, Catania/IT, [30]Ospedale Centrale di Bolzano - A.S. Alto Adige, Bolzano/IT, [31]Istituto Nazionale dei Tumori, Milano/IT, [32]Ospedale Civile Ss. Antonio e Biagio e Cesare Arrigo, Alessandria/IT, [33]A.O.U. Careggi, Firenze/IT, [34]A.O.U. Maggiore della Carità, Novara/IT, [35]IRCCS Ospedale Sacro Cuore Don Calabria, Negrar di Valpolicella (VR)/IT, [36]IRCCS CROB Ospedale Oncologico Regionale, Rionero In Vulture (PZ)/IT, [37]ASST Valtellina Ospedale di Sondrio, Sondrio/IT, [38]Istituto Nazionale Tumori Regina Elena, Roma/IT, [39]Istituto Oncologico Veneto, Padova/IT, [40]A.O.R.N. Ospedali dei Colli - Monaldi, Napoli/IT, [41]AstraZeneca Italy, Milano/IT, [42]Medineos Observational Research - an IQVIA company, Modena/IT*

Introduction: COVID-19 pandemic outbreak in Italy started in February 2020 in Codogno (LO) and rapidly spread to most of the country. National and local regulators soon implemented emergency measures, including a generalized lockdown and reorganization of health institutions in response to the pandemic. BE-PACIFIC (Italian oBsErvational study on Patient mAnagement strategies in real-world Clinical practice For patIents with loCally advanced (stage III) NSCLC) is a multicenter observational retro-prospective cohort study designed to describe the management of patients with stage III NSCLC in the Italian real-life setting. Study includes patients with confirmed diagnosis of Stage III NSCLC at enrolment or within the prior 6 months. A total of 296 eligible patients were analysed between July 2020 and July 2021 in 40 participating Italian sites. **Methods:** A subject-level analysis was performed on 296 eligible patients' diagnostic procedures, treatment strategy and tumor resection. A site-level analysis was performed on 40 participating sites, in order to explore the COVID-19 pandemic impact on NSCLC diagnosis, treatment practice, including multidisciplinary team (MDT) management. Site-level data were collected through survey to physicians involved in the MDT to describe different scenarios encountered during the pandemic: most acute lockdown phase and time of loosening of COVID-19 health restrictions in Italy (between 1st and 30th sept 2021). **Results:** A total of 222 patients were diagnosed and included before the first COVID-19 lockdown imposed on 10 march 2020, 74 patients completed the diagnostic process during the pandemic outbreak. During the pandemic, 26 sites (65%) declared impact on diagnosis and patient management: 55% declared changes in follow-up contacts modalities, 45% delays in radiological evaluations, 40% reported decreased number of diagnostic evaluations performed, 33% reported a decreased number of NSCLC diagnosis. MDT survey was completed by 39 sites. During the most acute phase of the pandemic, 5 sites (12.8%) reported absence or temporary absence of MDT meetings, 22 sites (56.4%) reported reduced MDT activity with respect to pre-COVID-19 outbreak, 12 sites (30.8%) reported regular MTD activity. Changes in MDT modalities and schedule persisted in 7 sites (18%) after the most acute phase of the pandemic (September 2021). Patients' diagnostic process suffered reduced healthcare professionals presence: -28% of pathologist involvement, -23% of molecular biologist, -14% nuclear medicine physician, -13% of radiation oncologist, -11% of surgeon, -10% of pneumologist. Delayed surgery procedures were reported for 13 sites (32.5%); 5 sites (12.5%) reported delayed start of treatments. Sites reported changes in treatment type (13%) and schedule (18%), including minimization of hospital access, reduction of prescribed therapy dose and altered fractionation of radiotherapy. **Conclusions:** MDT meeting activity changed in most participating sites during the acute phases of the pandemic, with potential impact on patient journey. Site-level data collected after the acute phase suggest that changes in MDT composition and schedule might not be reverted to pre-pandemic status in the short term. Pandemic seems to have impacted the diagnostic and monitoring processes more (65%) than the cancer treatment practice (45%) of participating sites. **Keywords:** COVID-19, Stage III NSCLC, Multidisciplinary Team

EP06.01-007
Fate of Pneumonectomy Patients During Covid-19 Pandemic

G. Güler, Z.S. Dülger, I. Sarbay, B. Kılıç, K. Kaynak, A. Turna *Istanbul University-Cerrahpasa, Cerrahpasa School of Medicine, Istanbul/TR*

Introduction: The best treatment modality for lung cancer patients relies on survival estimates to weigh risks and benefits of treatments. However, patients who had pneumonectomy may have inherent oncologic or physiologic survival challanges. We aimed to analyzed the physiologic and survivability consequences of COVID-19 in these patients. **Methods:** A total of 111 of 898 patients(12.3%) who underwent resection in our clinic between 2001-2021 underwent pneumonectomy. Data of 70 patients were completed and the remaining 41 patients were excluded from the study for various reasons. The patients' survival, daily physical activities, comparison of preoperative and postoperative physical activity, and the general condition of those who had COVID-19 were questioned. **Results:** Sixty-seven patients were male (95.7%), three patients were female (4.3%). Forty patients