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.

Core Genome Multilocus Sequence Typing (cgMLST) and the in vitro resistance and therapeutic failure concordance was evaluated by the Kappa coefficient.

Results: We found that the H. pylori resistance prevalence to amoxicillin pbpA SNPs association was 19%, having as frequent mutations, Thr556→Ser, Arg649→Lys y Arg656→Pro. The prevalence of tetracycline resistance was 6% in the 16S rRNA, with A926T, A926G and A928C being the more frequent mutations found. Clarithromycin resistance prevalence was 1.5% in 23S gene where we found the A2142G mutation.

Conclusions: The H. pylori resistance SNPs prevalence to amoxicillin was 19%, to tetracycline 6% and clarithromycin 1.5% in the high gastric cancer risk Colombian population. These findings showed that these mutations were associated with therapeutic failure with first-line treatment used for H. pylori eradication in Colombia. In future studies, the combination of WGS analysis and phenotypic associations could help to clearly understand the bacterial resistance to different antibiotics used for H. pylori management in Colombia.

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P-265 Neoadjuvant radiotherapy for locally advanced rectal cancer during the first wave of COVID19 pandemic: Guy's cancer cohort experience

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Background: The Covid-19 pandemic is a healthcare emergency with a significant impact on cancer services provision. In March 2020, our institution adopted the ESMO expert consensus guidelines for radiotherapy management of rectal cancer during the pandemic. Here we present short-term oncological outcomes of this approach compared to the same period in 2018.

Methods: Patients who underwent neoadjuvant (chemo) radiotherapy for rectal cancer between 1st March 2020 and 31 May 2020 were identified from a research ethics committee (REC)-approved research database for cancer patients (Guy's Cancer Cohort). Patient demographics and treatment characteristics were extracted and compared with a control cohort treated in the same period in 2018. The definition of local response was based on identification of downstaging on re-staging Magnetic Resonance Imaging (MRI) post neoadjuvant treatment (mrT3c/d-4 to mrT0-2 and mrT2 to mrT0-1) and classified in a binary format (response vs no response). In addition, in patients who underwent total mesorectal excision (TME), neoadjuvant rectal (NAR) score was calculated, as described previously, and classified into low (<8), intermediate (>=8<=16) and high (>16). The frequency of MRI and pathological response was compared using non-parametric Fisher exact test.

Results: Thirty patients were treated in the three-month period in 2020 as compared with 21 in 2018 (43% increase). No statistically significant differences were observed in baseline tumour characteristics. The use of neoadjuvant short-course radiotherapy (SCRT) treatment increased significantly from 19% of cases in 2018 to 50% during the pandemic, which was reflected in reduced radiotherapy-related hospital footfall (median 15 appointments in 2020 vs 25 appointments in 2018). While the use of concomitant fluoropyrimidines was lower (47 vs 71%), the use of induction chemotherapy was higher (30 vs 19%) in 2020 compared to 2018, which may reflect more prevalent use of total neoadjuvant treatment. There was no difference in the proportion of MRI responders between cohorts (52% in 2020 vs 38% in 2018). In patients who underwent TME, there was no difference in the proportion of R1 resection (0 in 2020 vs 9% in 2018), median NAR scores (8 (1-30) in 2020 v 15 (range 4-50) in 2018) or NAR score categories (22% good responders, 64% intermediate and 14% non-responders during Covid-19 vs 9% good responders, 55% intermediate and 36% non-responders in 2018).

Conclusions: Changes in radiotherapy treatment of rectal cancer during Covid-19 pandemic, including more frequent use of SCRT (often in combination with neoadjuvant chemotherapy), did not seem to have negatively impacted short-term oncological outcomes, as measured by MRI downstaging rates and NAR scores following TME. The effect of the pandemic on medium and long-term oncological outcomes is still awaited.

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P-266 Oncological outcomes of self-expanding metal stent as a bridge to surgery for obstructive left-sided colon cancer

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Background: Self-expandable metallic stents (SEMS) are used as a bridge to surgery in patients with obstructive colon cancer. However, outcomes associated with stent-related perforation and the optimal timing from stenting to elective surgery remain unknown, and there are still concerns on the oncological safety. The aim of our study was to assess the long-term oncological outcomes as well as surgical morbidity of patients treated with SEMS for left-sided obstructive colon cancer as a bridge to surgery.

Methods: A prospective database of patients who underwent SEMS placement between 2005 and 2019 was retrospectively reviewed. A subgroup of stage I-III SEMS patients were matched for sex, age, ASA, and oncological stage with patients (ratio 1:2) who underwent elective surgery for left-sided colon cancer operated on with curative intention. Patient demographics, tumor characteristics, stoma formation, morbidity, and oncological outcomes were analyzed.

Results: A total of 45 SEMS patients were included, and matched with 90 patients who underwent elective surgery of left-sided colon cancer. Both groups were comparable with respect to age, sex, ASA, BMI, preoperative albumin, and pathological stage. The median time from SEMS to surgery was 12.3 +/- 6.5 days (4-36). There were no statistically significant differences between the SEMS group and the elective group regarding the following: laparoscopic approach (71.7 % vs 77.8%, p=0.4), anastomotic leakage rate (6.7% vs 3.3%, p=0.4), postoperative hospital stay (mean 11.6 vs 9.8 days, p=0.36), overall morbidity according the Clavien-Dindo classification (p=0.85) perforation rate on pathological examination (6.7% vs 4.4%, p=0.69), and adjuvant chemotherapy (66.7% vs 64.4%, p=0.85). A temporary protective ileostomy was performed in three patients in the SEMS group, while none of the elective group had a stoma (6.7% vs 0.0%, P=0.035). There were no statistically significant differences between groups regarding overall survival (Log Rank = 0.075) and the 3-and 5-year disease-free survival.

Conclusions: In our experience, the use of SEMS as a bridge to surgery is a safe option with long-term oncological outcomes similar to non-oclusive colon cancer elective surgery. Timing of surgery after stent placement represents probably a crucial step and should be further investigated.

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P-267 Interleukin-8 levels as a predictor of colorectal cancer patient prognosis

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Background: Among the mechanisms of tumor/microenvironment interactions, the release of specific pro-inflammatory/pro-angiogenic soluble factors has emerged as a crucial, potentially druggable, factor influencing tumor progression and response to treatment. The pro-inflammatory chemokine interleukin-8 (IL-8), involved in several aspects of tumor initiation and progression, has recently emerged as a main determinant of response to immunotherapy and targeted treatment in melanoma, lung and genitourinary cancers. However, its prognostic/predictive role in CRC, with specific regard to sensitivity/resistance to anti-angiogenic treatment, remains to be established.

Methods: We performed a literature-based meta-analysis of the influence of IL-8 expression on CRC prognosis. We assessed the literature in the PubMed and Embase databases. Inclusion criteria were: I) original papers, included those published before the last published meta-analysis (Xia et al., 2015); II) all IL-8 expression evaluation, including serum, plasma and tissue; III) studies reporting hazard ratios (HR) for overall survival (OS) and progression-free survival (PFS).

Results: Of 419 identified publications, 9 manuscripts met inclusion criteria. Statistical analysis showed that high levels of IL-8 correlate with shorter OS and PFS (adjusted/unadjusted OS HR, random effect model, 1.885, CI95% 1.625-2.187, p < 0.001, with significant heterogeneity; adjusted/unadjusted PFS HR, random effect model, 1.684, CI95% 1.073-2.642, p=0.023, with significant heterogeneity). Sensitivity analysis demonstrated that assessment of IL-8 expression in plasma/serum, but not in tissue, was significantly correlated with OS/PFS. Moreover, the prognostic effect of IL-8 expressions levels was clearly evident in surgical series and in patients receiving anti-angiogenic drugs (OS HR 2.189, CI95% 1.376-4.380, p=0.001, with no significant heterogeneity and OS HR 3.372, CI95% 1.854-6.131, p < 0.001, with no significant heterogeneity, respectively). In mixed series of patients treated with or without anti-