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$p=0.223$). The total number of cancers diagnosed in 2019 and 2020 was 220 and 203, respectively.

Conclusion: Despite a fall in the number of lung cancer referrals during the Covid-19 pandemic, we did not see a fall in the pick-up rate of lung cancer, and this is partly due to an increased number of patients presenting via the emergency department.

Reference:

[1] Maringe C, et al. The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study. *Lancet Oncol* 2020;21:1023-1034.

Disclosure: No significant relationships.

36 Quantifying the impact of Covid-19 on lung cancer: an urgent need for restoration

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Introduction: The public health messaging necessary to control the Covid-19 pandemic may delay presentation of people with lung cancer because of the overlap of symptoms. Delay in diagnosis is a very important cause of adverse outcomes. To further examine the impact of the pandemic we used real-world data to evaluate management of patients with lung cancer around the first wave compared with data from 2019.

Methods: We used English data from the Rapid Cancer Registration Dataset for the period January to September 2019 and 2020. More detailed lung cancer data were collated from seven UK Trusts/ Cancer Alliances in England and Wales covering the same timeframe.

Results: In the UK, national lockdown started in mid-March 2020 and the peak in Covid-19 hospital admissions followed in April 2020. There was a 32% decrease in lung cancer registrations comparing May 2019 and May 2020 (Fig. 1a) and a 76% peak reduction in primary care chest radiograph requests comparing April 2019 and 2020. Furthermore, there was no compensatory increase in registrations to suggest a catch-up in diagnoses. 7% fewer patients were diagnosed at performance status 0 and 1 and 2% more at PS 3. For April to September 2020 there were 6% fewer diagnosed at stage 1 and 8% more at stage 4 (Fig. 1b). Surgical resections reduced from 18% to 14%. 90-day mortality (January–September) was 26% in 2019 and 36% in 2020.

Conclusions: Our data show a serious impact that comprises a reduction of incidence, less favourable stage, fewer surgical treatments and increased mortality. The latter is particular concerning in the context of a reduction in incidence where poor prognosis patients would represent a greater proportion of the missing patients. These data support calls for a redoubling of the efforts to achieve early diagnosis through awareness, early presentation and screening.

Disclosure: No significant relationships.

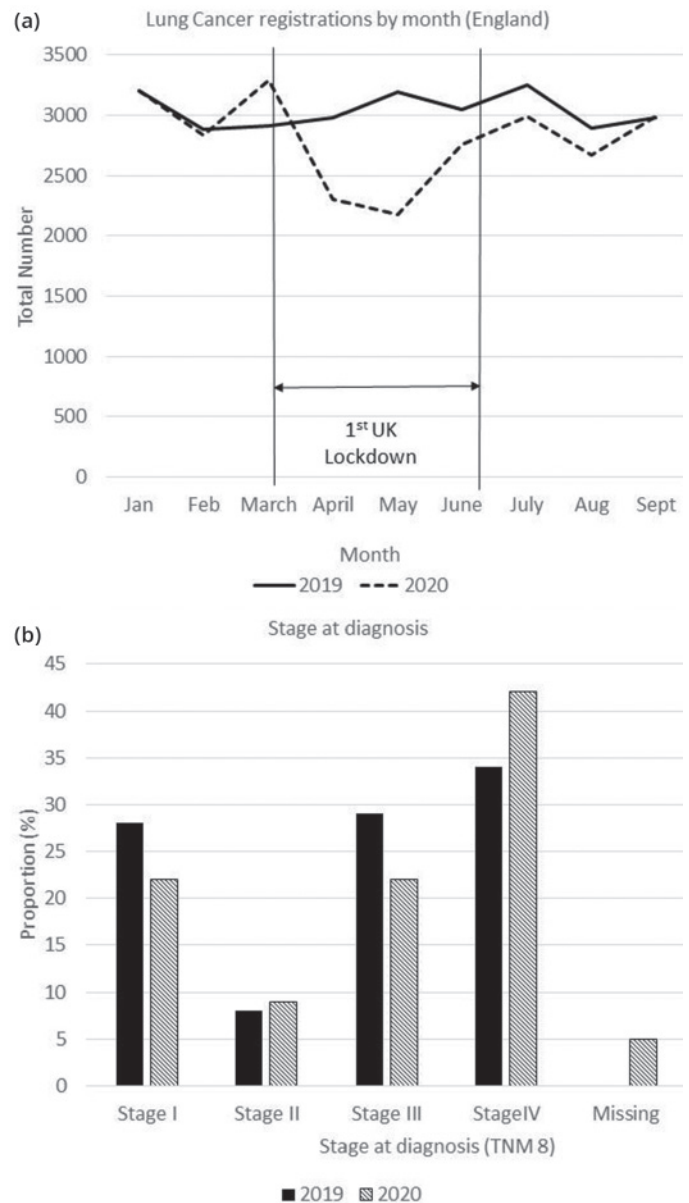


Fig. 1 (abstract 36). a) Data from the Rapid Cancer Registration dataset. b) Limited to April–September 2019 and 2020 (data from 4 centres).

37 Impact of COVID-19 on mesothelioma clinical nurse specialists

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Introduction: Mesothelioma UK clinical nurse specialists (MCNSs) are based in NHS hospital across England, Scotland and Wales. They have worked tirelessly through the COVID-19 pandemic to support patients, minimise the impact of the pandemic and adapt services to ensure continuity has been maintained as much as possible.

Methods: In August 2020, the charity Mesothelioma UK undertook a survey to capture data from MCNSs on the impact of COVID-19 on mesothelioma patients and their families, and also the challenges that MCNSs and their clinical teams were facing. The survey, comprising five closed questions and 13 open questions, was circulated to 25 MCNSs. Twenty responses were returned by