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**1728P** Evaluation of medical practices in oncology in a context of COVID-19 pandemic in France: Point of view of physicians, PRATICOVID study

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**Background:** The cancer population seems to be more susceptible to COVID-19 infection and have worse outcomes. Front of this pandemic, we had to adapt our patient care to protect our patients without compromising their prognosis related to their cancer. The national PRATICOVID study aims to describe the modification of the medical and surgical patient care for this population, according to the recommendations in this context of pandemic, within our hospitals which are strongly mobilized.

**Methods:** We analyzed data from 9 different institutions, 3 Military Hospitals, 4 Academics Hospital, 2 Private Hospital, from oncologists, surgeons, radiotherapists. The primary endpoint was to assess the prevalence of adapted patient care during pandemic. The secondary endpoints were to describe the point of view of clinicians and patients during and after the pandemic.

**Results:** We analyzed 435 medical care between 9<sup>th</sup> of March and 30<sup>th</sup> of April. The median age was 69 years (range, 24-99), 54% was male. 167 patients (38.4%) were newly diagnosed and only 4% were included in a clinical trial. Because of COVID-19 pandemic, 47.6% of the outpatients had modified patient care. The main primary tumor site was breast cancer (22.7%) at a metastatic stage. 24.6% have postponed surgery, or not receive perioperative chemotherapy, 18.4% received hypofractionated schedule and 57% had an adaptive systemic protocol (stopped, oral protocol, spacing between cures). 70% of physicians are used telemedicine. During this period, 67% of the physicians were relaxed to taking care of their patients. 57% of the patients have seen to be relaxed or low worried about the pandemic. However, 71% are worried after the lockdown, because of future patient care, stage at diagnosis, access to clinical trial, our abilities to receive in the same time all the patients.

**Conclusions:** PRATICOVID study is the first to assess modification of patients cares during an epidemic in cancer outpatients. Faces with this unprecedented crisis, physicians were able to adapt their practice in order to protect their patients against the virus and while ensuring the course of patient care. But physicians are worried after de lockdown because of the care pathway's issues.

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**1729P** Influence of recent administration and type of oncological treatment (T) in survival of oncological patients (p) with COVID-19: Experience of Vall d'Hebron University Hospital

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**Background:** SARS-CoV-2 outbreak has impacted on the management of oncological p, leading to treatment delays in a considerable number of cases. The aim of this study was to evaluate if oncological T affected negatively COVID-19 outcome.

**Methods:** We retrospectively analyzed clinical data from p with solid tumors under active systemic T (received in the last 6 months) that were diagnosed with SARS-CoV-2 infection (defined as positive PCR) between March and 11<sup>th</sup> May 2020 in our center. Study endpoint was death due to COVID-19. We divided the patients in two groups; those who had received treatment in the last 4 weeks and those who had not.

Descriptive and univariate analysis were performed to detect the effect of T type and other variables on COVID-19 related mortality.

**Results:** A total of 70 p were included with a median follow-up of 28 days (10-47) and active oncological T had been administered in the past 4 weeks to 44 p. Median age was 66 (IQR 56-74), 23 p (52.27%) were female and 41 (93.2%) had a baseline ECOG≤1. The most frequent primary site was lung tumor (12 p [27.3%]), followed by breast (11 p [25%]) and gastrointestinal (5 p [11.4%]). Thirty-one p (70.5%) had metastatic disease and 13 (29.5%) were included in clinical trials. Twenty-four p (54.5%) received chemotherapy (CT), 14 (31.8%) targeted therapies, 9 (20.4%) immunotherapy (IT), 5 (11.4%) radiotherapy and 6 (13.6%) hormonotherapy. A total of 13 p (29.5%) received different combinations of oncological T. Death due to COVID-19 occurred in 5/22 (22.7%) p receiving CT and 6/21 (28.5%) p in the non-CT (p>0.05). Only 1/9 (11.1%) p treated with IT died compared to 11/35 (31.4%) p in the rest of the cohort (p>0.05). Age>71, comorbidities such as chronic obstructive pulmonary disease and ECOG status≥2 were associated to a higher mortality. The distribution of these variables between the anticancer T groups was not different.

**Conclusions:** Our results suggest that CT and other anticancer T might not worsen COVID-19 related mortality; nevertheless, the number of patients was small. and decision making has to be individualized. Our findings may warrant further investigation in larger studies.

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**1730P** Electronic medical record (EMR)-assisted phone follow-up (PFU) for breast cancer survivors (CS) during COVID-19 pandemic: An Italian single institution experience

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**Background:** The COVID-19 outbreak became a public health emergency, leading to radical changes in care management. Telemedicine was adopted to minimize hospitals exposure for CS. In our region all patients (pts) data are available through an EMR: thus, the clinicians are able to access at any time CS medical history. From the start of COVID-19 pandemic we adopted EMR-assisted PFU instead of usual follow-up (FU) visit. This study aims to prospectively assess how breast CS perceived PFU.

**Methods:** We emailed to all breast CS managed by PFU a 15-items survey. Answers were measured with Likert scales. The correlation between CS characteristics and answers were analyzed with Pearson test.

**Results:** From February 2<sup>nd</sup> to May 20<sup>th</sup>, 107 out of 261 (41%) pts fulfilled the survey. The median age was 61, median FU was 43 months. 67.3% had high school diploma or higher degrees. 52% CS previously received chemotherapy whereas 80% adjuvant endocrine therapy. 78.5% could reach the hospital autonomously. 66.4% suffered from COVID-19 related anxiety for their health and 85% were waiting for FU visit to feel relief. 96.3% CS believed to have understood medical advice during PFU and were satisfied for the time and the opportunity to ask clarifications. 92% agreed with the decision to switch the usual FU visit in PFU. However, only 41.1% CS would like to have PFU in the future. We found a significant correlation between educational degree and comprehension during the visit (p=0.04) and with expectation for PFU feasibility (p=0.046). Age and educational level were significantly correlated with the ability to reach the hospital (p=0.046). CS treated with endocrine therapy were meaningfully correlated with the PFU satisfaction (p=0.048).

**Conclusions:** PFU was an important tool to avoid hospital contacts during COVID-19 pandemic and the majority of CS in the survey agreed and felt satisfied from this procedure. The number of CS willing to have PFU in non-emergency situations invites to investigate routine PFU at least for a subset of CS. Prospective randomized trials