



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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

1605P Being a medical oncologist during the COVID-19 pandemic: Perception, expectations and concerns. OATH study

O. Tanriverdi

Medical Oncology, Mugla Sıtkı Kocman University - Faculty of Medicine, Mugla, Turkey

Background: In COVID-19 pandemic, medical oncologists worked actively both in their own fields and in COVID-19 health services. In this process, they made efforts not only to disrupt the medical needs of their patients, but also to protect them from COVID-19 mortality with actively or telemedicine integrated. This study aims to determine both the perspective of medical oncologists on the pandemic process and their profession, and their burnout during the pandemic process within the scope of implicit questions.

Methods: This research was conducted between April and August 2021, when the pandemic caused obscurity and devastating consequences around the world. The study was initiated after the ethics committee and administrative permissions were completed. 760 medical oncologists registered with the Turkish Medical Oncology Association were asked to participate in the survey by reminding them via e-mail or telephone.

Results: The number of attendees was 397. The average age was 47 ± 11 years, and the average duration of work in oncology was 9 ± 7 years. Most of the participants were women (59%), with academic titles (61%), married (79%), who had at least 2 oncologists in the institution was 67%, and have a multidisciplinary council were 72%. The average number of patients per day was 40 ± 11 . 85% of the participants had sufficient knowledge about the COVID-19 pandemic. The rate of those who were worried about spreading disease to their patients, colleagues and families during the pandemic process was 85%. Disease anxiety for themselves was 35%. The proportion of those who stated that the pandemic process consumed them was 75%, 67% worried that scientific productivity would decrease, and 76% worried that oncology-related occupational productivity would decrease. The rate of those who had a hobby and had to leave it was 92%. When compared with the pre-pandemic, the rate of those who considered themselves exhausted was 86%.

Conclusions: It was determined that in the pandemic, the level of burnout of medical oncologists increased and they were more concerned about their loved ones and their patients. It can be concluded that it would be appropriate to develop methods of coping with burnout in the continuation of the pandemic process or in similar conditions.

Legal entity responsible for the study: The author.

Funding: Has not received any funding.

Disclosure: The author has declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2021.08.1598>

1606P Impact of COVID-19 (SARS-CoV-2, C19) on medical oncologists (MOs) and cancer care: A Canadian Association of Medical Oncologists (CAMO) survey study

S. Gill¹, B. Colwell², S. Welch³, D. Hao⁴

¹Systemic Therapy, BC Cancer - Vancouver, Vancouver, BC, Canada; ²Medical Oncology, Dalhousie University, Halifax, NS, Canada; ³Medical Oncology, London Health Sciences Centre, London, ON, Canada; ⁴Medical Oncology Department, Tom Baker Cancer Centre, Calgary, AB, Canada

Background: The pandemic has presented professional and personal challenges for the MO workforce. CAMO sought to examine the temporal effects of C19 on MOs and care practices across Canada.

Methods: Three serial multiple-choice, web-based surveys were conducted in 2020 – from Mar 30th to April 4th (S1), May 6th to May 15th (S2) and Dec 10th to 18th (S3). The surveys were distributed by email to MOs identified through CAMO and the Royal College of Physicians and Surgeons directory (n=618). Participation was voluntary with no compensation. Descriptive analyses with frequency distributions are reported.

Results: The timing for S1 and S3 coincided with the 1st and 2nd C19 waves in Canada. Response rates decreased slightly: 26% S1, 25% S2 and 20% S3. Per table, demographics were similar across surveys: majority of respondents were from a comprehensive cancer centre and in practice for < 15 years. Concerns regarding PPE access and C19 personal risk decreased over time. A high rate of telemedicine was observed in S1 but this notably decreased by S3, despite the 2nd wave. A similar decreasing trend was observed in the proportion of altered chemotherapy plans due to C19. Similar levels of anxiety, depression, lack of focus and concerns for personal wellness were maintained over time. In S3, respondents noted delayed cancer diagnoses and oncologist burnout as the top 2 post-pandemic challenges, and 87% believed their workload would increase.

Table: 1606P

	S1	S2	S3
N	159	157	124
Less than 15 years in practice	59%	54%	61%
Cancer centre (vs community)	87%	86%	81%
Concern re: PPE access	69%	28%	16%
Moderate-extreme concern about getting C19	79%	54%	59%
Anxiety on most-all days	54%	32%	34%
Depressed on most-all days	19%	14%	16%
Lack of focus on most-all days	33%	31%	29%
Concerned for personal wellness	57%	56%	62%
Use telemedicine for > 75% of encounters	45%	50%	13%
Altered chemo plans for > 20% of patients	33%	20%	4%

Conclusions: As the pandemic continues, positive trends can be observed in concerns around PPE access and C19 risk. A high level of telemedicine adoption was observed early in the pandemic but is decreasing, and chemotherapy plans remained unchanged for most patients. Concerns regarding personal wellness remained high across all 3 surveys. Proactive strategies to support physician wellness, mitigate burnout and manage MO workload are needed.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2021.08.1599>

1607P Trends in cancer imaging by indication, care setting, and hospital type during the COVID-19 pandemic and recovery

O. Zattra, A. Fraga, N. Lu, M.S. Gee, R. Liu, M.H. Lev, J. Brink, S. Saini, M. Lang, M.D. Succì

Department of Radiology, Massachusetts General Hospital, Boston, MA, USA

Background: The delivery of cancer care has been greatly affected by the COVID pandemic. We aim to investigate the effect of the pandemic on computed tomography (CT) imaging of cancer.

Methods: Cancer-related CT exams were retrospectively analyzed during three periods of 2020: pre-COVID (1/5/20-3/14/20), COVID peak (3/15/20-5/2/20) and post-COVID peak (5/3/20-11/14/20). Volumes were assessed by 1) Imaging indication: cancer screening, initial workup, active cancer, surveillance; 2) Care setting: outpatient, inpatient, ED; 3) Hospital type: quaternary academic center (QAC), university-affiliated community hospital (UACH), sole community hospitals (SCHs).

Results: During the COVID peak, a significant drop in CT volumes was observed (-42.2%, $p < 0.0001$), with cancer screening, initial workup, active cancer and cancer surveillance experiencing declines by 81.7%, 54.8%, 30.7% and 44.7% respectively ($p < 0.0001$, Figure 1). The emergency department (ED) was the only setting with stable cancer-related CT volumes. In the post-COVID peak period, CT volumes for cancer screening and for initial workup did not recover (-11.7%, $p = 0.037$; -20.0%, $p = 0.031$), with the outpatient setting particularly affected. CT volumes for active cancer recovered post-peak, but inconsistently across hospital types with the QAC experiencing a 9.4% decline ($p = 0.022$) and the UACH a 41.5% increase ($p < 0.001$). Outpatient CTs recovered during the post-peak period, but a shift in utilization away from the QAC (-8.7%, $p = 0.020$) toward the UACH (+13.3%, $p = 0.013$) was observed. Inpatient and ED-based cancer-related CTs increased post-peak (+20.0%, $p = 0.004$ and +33.2%, $p = 0.009$, respectively).

Conclusions: COVID severely impacted cancer imaging care. CTs for cancer screening and initial workup did not recover to pre-COVID levels well into 2020, a finding that suggests higher numbers of patients with advanced cancers may present in the future. A redistribution of imaging utilization away from the QAC and outpatient settings, toward the community hospitals and inpatient setting/ED was observed. The ED has remained a dependable healthcare delivery setting for patients with cancer throughout the pandemic.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: J. Brink: Financial Interests, Institutional, Member of the Board of Directors: Accumen, Inc. All other authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2021.08.1600>