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patients, of whom 78.6% were due to the COVID-19 pandemic. Delays (≥ 7 days) were the most frequent treatment change in 41.9%, followed by treatment suspension at 37.4%. After adjusting for age and sex, patients with thoracic neoplasms and depression had 4.5 higher odds of experiencing delays on treatment (95% CI 1.53 to 13.23, $p=0.006$). Similarly, patients with stress had 3.18 higher odds of experiencing delays (95% CI 1.0 to 10.06, $p=0.006$). Anxiety was not associated with delays in care. Moreover, patients without changes in their cancer treatment had a more prolonged progression-free survival and overall survival, [HR 0.21, $p<0.001$] and [HR 0.28, $p<0.001$]. **Conclusion:** There is enough evidence to suggest that depression among patients with thoracic neoplasms is associated with treatment delays. Changes in primary treatment, especially delays due to pandemic, were associated with lower survival rates than those without changes. **Keywords:** SARS-COV2, Thoracic cancers, COVID-19 pandemic

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The Global Impact of COVID-19 on Telehealth and Care for Persons With Thoracic Cancers



M. Smeltzer,¹ B. Bunn,² Y.S. Choi,³ L. Coate,⁴ J. Corona-Cruz,⁵ A. Drilon,⁶ N. Duma,⁷ M. Edelman,⁸ M.J. Fidler,⁹ S. Gadgeel,¹⁰ Y. Goto,¹¹ R. Herbst,¹² M. Hesdorffer,¹³ K. Higgins,¹⁴ B. Labdi,¹⁵ T. Leal,¹⁶ S. Liu,¹⁷ J. Mazotti,² S. Novello,¹⁸ S. Patel,¹⁹ S. Popat,²⁰ R. Ramirez,²¹ K. Reckamp,²² N. Reguart,²³ R. Soo,²⁴ A. Tan,²⁵ J. Wolf,²⁶ S. Yano,²⁷ B. Stiles,²⁸ A. Baird²⁹ ¹University of Memphis, Germantown/US, ²International Association for the Study of Lung Cancer, Denver/US, ³Samsung Medical Center, Seoul/KR, ⁴Mid-Western Cancer Centre, Limerick/IE, ⁵Instituto Nacional de Cancerlogia de Mexico, Benito Juarez/MX, ⁶Department of Medicine, Memorial Sloan-Kettering Cancer Center and Weill Cornell Medical College, New York/NY/US, ⁷University of Wisconsin, Madison/US, ⁸Fox Chase Cancer Center, Philadelphia/PA/US, ⁹Rush University Medical Center, Chicago/IL/US, ¹⁰Henry Ford Cancer Institute/henry Ford Health System, Detroit/MI/US, ¹¹Department of Thoracic Oncology, National Cancer Center Hospital, Tokyo/JP, ¹²Yale Cancer Center, New Haven/US, ¹³Mesothelioma Applied Research Foundation, Annapolis/US, ¹⁴Radiation Oncology, Emory University, Atlanta/GA/US, ¹⁵Memorial Hermann Cancer Center, Humble/US, ¹⁶University of Wisconsin Comprehensive Cancer Center, Madison/US, ¹⁷Georgetown University, Bethesda/US, ¹⁸Department of Oncology, Azienda Ospedaliero-Universitaria San Luigi Gonzaga University of Turin, Orbassano/IT, ¹⁹Ucsd Moores Cancer Center, La Jolla/US, ²⁰The Royal Marsden Hospital and the Institute of Cancer Research, London/GB, ²¹Ochsner Medical Center, New Orleans/US, ²²Cedars-Sinai Medical Center, Los Angeles/CA/US, ²³Hospital Clinic Barcelona, Barcelona/ES, ²⁴National University Hospital, Singapore/SG, ²⁵National Cancer Centre Singapore, Singapore/SG, ²⁶Department of Internal Medicine, Center for Integrated Oncology, University Hospital of Cologne, Cologne/DE, ²⁷Kanazawa University, Cancer Research Institute, Kanazawa/JP, ²⁸Montefiore Medical Center, New York/US, ²⁹Trinity Translational Medicine Institute, Trinity College Dublin, Dublin/IE

Introduction: The COVID-19 pandemic has resulted in countless challenges and changes in health-systems and healthcare delivery around the world. Face-to-face consultation became the exception rather than the norm. Many people at risk of, and living with, thoracic malignancies experienced significant barriers to accessing care. Telehealth was employed by many providers to engage and monitor patients remotely, thus providing some continuity of care. The aim of this project was to assess the use of telehealth during the pandemic and the wider impact on thoracic cancer care from the perspective of healthcare professionals. **Methods:** An English language survey was developed by the IASLC communications committee, and administered using Qualtrics software from April 12, 2021 through May 31, 2021. It was disseminated via the IASLC and others, through multiple modalities. The 24-question survey included multiple choice, Likert scale, and free-

response questions: covering two broad themes concerning the impact of the pandemic on (i) the use of telehealth and (ii) lung cancer/mesothelioma care. Some general information was also gathered such as location and primary speciality. Statistical analyses included summary statistics reported for each question by region and provider speciality, compared with Chi-Square tests. **Types of Analysis and Data Reporting:** Full survey results will be reported for the two study themes (i) the use of telehealth and (ii) impact on lung cancer and mesothelioma care. We will present overall results and stratify by region of the world and provider type. Statistical comparisons across groups will also be reported. Finally, free-response data will be summarized and most frequent themes identified will be reported. **Results:** The 141 respondents were most frequently male (63.8%), between 41-50 years old (32.6%), medical oncologists (50.7%), with majority based at academic centres (84.2%). Responses were primarily from North America (37.6%), Europe (31.2%), and Asia (14.9%). During the pandemic most used telehealth for the first time (65.2%) and billing (where appropriate) at normal rates (48.2%); the majority felt that telehealth is here to stay (48.2%). Telehealth visits were conducted by phone call (29.2%) and mixed platforms (35.7%), however 'Video via e-medical record' was the preferred method (42.5%). The most common barriers to adoption of telehealth were lack of resources for patients (66.1%) and regulatory limitations (56.2%), with patient interest and lack of institutional resources not rated as barriers (43.1% and 41.4%, respectively). The top advantages for providers/patients were continuity of care and maintenance of contact with patients (88%-92% of respondents). Top disadvantages for providers were lack of human contact (72.9%), lack of patient internet access/tech knowledge (71.3%) and missing informal aspects of face-to-face visits (71.3%); these also ranked as top concerns for patients (74.8%, 74%, 76.1% and 68.4%, respectively). Providers felt that telehealth was most appropriate during surveillance (94.1%) and least so for initial diagnosis (69.8%). Most felt that patients were receptive to telehealth (55.3%), however there was a worry that its use would increase healthcare disparities (29.7%). Overall, most felt that the pandemic had a negative impact on care (68%), with impacts on accessing diagnostics (i.e. biopsy), clinical trials (i.e. reduction in trials), basic/translational research (i.e. decrease in activity) as well as care (i.e. surgery). There was also a decrease in numbers accessing lung cancer screening (86.9%). **Conclusion:** Much will need to be done to counteract the negative impacts on care, clinical trials, and research during the COVID-19 pandemic. Although, telehealth has been widely adopted, issues remain such as healthcare access, point of use in the care pathway and telehealth platform selection. **Keywords:** telemedicine, covid-19

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Lung Cancer in Vietnam



H.T. Tran,¹ S. Nguyen,² K. Nguyen,³ D. Pham,⁴ A. Le,⁵ G. Nguyen,⁶ D. Tran,⁷ X. Shu,² R. Osarogiagbon,⁸ T. Tran⁹ ¹National Cancer Institute and Hanoi Medical University, Hanoi/VN, ²Division of Epidemiology and Department of Medicine, Vanderbilt-Ingram Cancer Center, Vanderbilt University School of Medicine, Nashville/TN/US, ³Lung Cancer Department, National Cancer Hospital, Hanoi/VN, ⁴Ho Chi Minh City Oncology Hospital, Ho Chi Minh City/VN, ⁵Oncology Center, Cho Ray Hospital, Ho Chi Minh City/VN, ⁶Department of Cancer Epidemiology, National Cancer Institute, Hanoi/VN, ⁷National Cancer Hospital, Hanoi/VN, ⁸Cancer Center, Bmg-Baptist Cancer Center, Memphis/TN/US, ⁹Ministry of Health, Hanoi/VN

Introduction: Lung cancer is an oncologic public health challenge, with widening global disparities. Characterizing nation-level