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.

1771P Do breast cancer patients with COVID-19 have a poor prognosis? Experience in a hospital in Madrid

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Background: Small case series of patients with active cancer and coronavirus infection have been described since the beginning of the pandemic. The patients most affected by this infection are those with lung cancer but it also affects other types of cancer such as breast cancer. We described the characteristics of patients with breast cancer and COVID 19, their associated risk factors, treatment and evolution.

Methods: We reviewed 2216 medical records of all patients admitted to hospitalization with COVID-19 diagnosis between 5 March and 13 May 2020. Study data were collected and managed using RedCap electronic data capture tools. We described breast cancer patients, associated risk factors, mortality and outcome.

Results: We detected 85/2216patients cancer with a mortality rate 47% (40/85). Of all cancer patients, 11% (10/85) had breast cancer. Median age breast cancer patients was 70.5 years old (35-86). Most frecuent staging was locally advanced (50 %, 5/10) and most of them were on hormone therapy (50%, 5/10). As associated risk factors, 20% (2/10) had heart disease, 50% (5/10) had hypertension, 20 (2/10) were obese, 30% (3/10) had diabetes, 40% (4/10) had dyslipemia and only 10% (1/10) was smoker. Half the patients 50% (5/10) had bilateral pneumonia, none of them were admitted to the ICU and 20% (2/10) died. All patients were treated with the combination of azithromycin and hydroxychloroquine and 40% (4/10) with lopinavir/ritonavir. Mortality was associate with high LDH levels (1529 vs. 264 U/L, p=0,0002), high PCR levels (159.15 vs. 29 mg/L, p=0.0140), ARDS (1/1 vs. 1/9 without ARDS p=0.035). A posible relation has been found with history of hypertension (2/5 vs. 0/5 without hypertension, p=0.114) and bilateral pneumonia (2/5 vs. 0/5, p= 0.114).

Conclusions: COVID 19 appears to have lower mortality in breast cancer patients than in other tumor types. High LDH and PCR levels and ARDS could be related with increased risk of death. Combined treatment in these patients with azithromycin and hydroxychloroquine might be a good option.

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1772P Impact assessment of SARS-CoV-2 testing on cancer patients undergoing immunosuppressive treatment

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Background: On March 11, 2020, COVID-19 was declared a global pandemic. Caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), this infection may remain asymptomatic. The European Society of Medical Oncology and the Portuguese Health Authority recommended both a symptomatic survey and laboratory testing in all cancer patients (pts) undergoing immunosuppressive treatment (IT). The impact of this measure is still unknown. We report our experience in a Portuguese center.

Methods: Since March 2020, a symptomatic survey has been performed at our institution before each hospital visit. From April 6 through May 8, 2020, reverse-transcriptase polymerase chain reaction (RT-PCR) SARS-CoV-2 testing was added on cancer pts before undergoing IT. The impact of this intervention was evaluated comparing the hospitalization rate of cancer pts due to COVID-19, before and after the introduction of RT-PCR testing. Retrospective analysis of clinical data was performed.

Results: 444 tests were carried out on 244 pts and laboratory SARS-CoV-2 infection was confirmed in 11 (5%); 5 were male, with a median age of 65 years [34-76]. Breast and colorectal cancer were prevalent; 2 pts had lung cancer; 6 advanced disease. Ongoing IT in these pts was temporarily suspended: 9 pts under chemotherapy, 1 atezolizumab and 1 rituximab. Only 1 patient was symptomatic (9%) and previously hospitalized. No admission due to COVID-19 was registered in this group. Since March 7, 179 pts were admitted due to COVID-19 at our center: 12 were active cancer pts (6.7%) of which 4 were under IT. 6 of the oncological pts passed away, all of them had advanced diseases, 1 was under IT. Of the dead pts, lung and breast tumors were prevalent. Among all COVID-19 hospitalizations, the prevalence of pts under IT was similar before and after the implementation of the RT-PCR testing (2.2% vs. 2.4%).

Conclusions: We found a significant percentage of active cancer pts diagnosed with asymptomatic COVID-19. Due to the small sample size of COVID-19 pts under IT, it is difficult to evaluate the impact of RT-PCR testing. However, on a long-term analysis, this intervention may reduce the risk of severe complications related to COVID-19 in cancer pts. Health education and dynamic organization are also important measures.

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1773P Mainstreamed genetic testing for French breast and ovarian cancer patients and its utility during the COVID-19 pandemic

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Background: Cancer genetics clinics are struggling to cope with increasing referrals of breast and ovarian cancer (BC/OC) patients. The approval of anti-PARP for cases with germline *BRCA1/2* pathogenic variants (PV) and the associated necessity for the oncologist to receive results rapidly are compounding these difficulties. Mainstreamed genetic testing (MGT) via oncologists and gynecologists obviates the need for a genetics consultation for most patients, as only complex cases and PV carriers are referred. We report results from an MGT project involving a Paris University hospital and two regional hospitals, and show how MGT guaranteed care continuity during the COVID-19 pandemic.

Methods: Oncologists and gynecologists participated voluntarily. They were sent an e-learning module summarizing the principles of genetic susceptibility to BC/OC, patient selection, consent, carrier management, and highlighting the importance of cascade testing in relatives. A computerized and adapted version of the Manchester Scoring System was used for patient selection. Only index cases with cancer and aged $>$ 30 were included. The oncologist or gynecologist provided basic genetic counseling and gave patients an information sheet. A single academic laboratory performed all analyses.

Results: During the 01.2018 – 05.2020 period, MGT was carried out in 244 patients with an average age of 51. PV detection rate in the *BRCA1/2, PALB2,* and *RAD51C/D* major genes was 11%. All carriers were subsequently seen by a cancer geneticist. Whenever possible, patients with negative results were discussed at a multidisciplinary meeting involving a geneticist or a genetic counselor. 27 of the reported patients had MGT during the 8-week COVID-19 lockdown.

Conclusions: We report the successful implementation of MGT in France for BC/OC patients. It allowed for immediate testing at their point of care of eligible patients. Results were rapidly returned, and all PV carriers were seen by a cancer geneticist. The PV detection rate was similar to rates observed using traditional testing pathways. Of note, MGT guaranteed continuity of care during the COVID-19 lockdown, when all medical activity considered nonessential, including cancer genetics, was drastically reduced.

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1774P The study of physical and mental distress among cancer patients during the COVID-19 epidemic

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Background: In December 2019, an outbreak of respiratory infection in humans caused by a novel coronavirus was detected. It is characterized by rapid human-to-human transmission leading to a pandemic spread. Cancer care practice paradigms have drastically changed during this time and, consequently, cancer patients may exhibit psychological difficulties. The purpose of this study is to assess the intensity of physical and mental distress among cancer patients during this pandemic.

Methods: 123 cancer patients hospitalised to receive chemotherapy at the oncology centre of the University Hospital of Marrakech were included from 23 March to 11 May 2020. This group consisted of 68 men and of 55 women. Regarding the initial location of the cancer, the distribution was as follows: 10 cancers of breast and gynaecological origin, 19 gastrointestinal, 52 head and neck cancers, 5 urological, 28 pulmonary cancers and 9 sarcoma. Twenty patients had a psychiatric history. Of these, 11 had a history of depression. In 5 patients, there was the notion of alcoholism. Four patients had a history of anxiety disorders. The assessment of psychological distress was carried out using 2 scales: 1. Hospital Anxiety and Depression Scale (HADS) 2. the Edmonton Symptom Assessment System Scale (ESAS).

Results: The results of HADS showed 77 (62%) patients and 67 (54%) patients had anxiety and depression, respectively. For both anxiety and depression, the gender difference was not statistically significant (chi-square test, $P = 0.47$). There was no difference between patients with a psychiatric history and those without ($P =$ 0,39). For the ESAS, the most expressed symptom was financial distress (4; interquartile range 0-7). whereas all ESAS symptom assessment scores were moderate. The majority of patients expressed their worry about being infected themselves (90%) or their family (85%), and of cancer progression due to delayed treatment (95%).

Conclusions: During the outbreak of COVID-19, the vast majority of cancer patients (more than half) in our study developed anxiety, depression and fear of COVID-19 infection. These results imply that cancer patients followed during the epidemic require serious psychosocial support focused on COVID-19-related fears.

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1775P Optimal cancer care in the context of COVID-19 in Australia

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Background: Cancer Australia (CA), Australia's national cancer control agency, aims to reduce the impact of cancer, address disparities and improve cancer outcomes. The approach to cancer care needs to be tailored to different phases of the pandemic and the multiple competing priorities driving healthcare. These include the likely increased risks to cancer patients of acquiring COVID-19 and of serious illness or mortality, the limitations of resources, the possibility of the healthcare system being overwhelmed and the risks of delaying cancer diagnosis and treatment. CA is in unique position to undertake this project.

Methods: Australia's Optimal Care Pathways (OCPs) for people with cancer guide the delivery of consistent, safe, high-quality and evidence-based care for people with cancer. Using published data, guidelines and recommendations, CA has developed a conceptual framework for system-wide approaches to cancer management in line with the OCPs mapped to different stages and potential severities of the COVID-19 pandemic.

Results: A conceptual framework for optimal management of cancer during the COVID-19 pandemic has been developed, taking the journey from prevention and early detection through to survivorship and end-of-life care. Opportunities for evidence-based, risk-based and consensus-based decision-making about modifications to management which aim to both improve patient outcomes and minimise their exposure to, and risk of harm from, COVID-19 are mapped according to 3 acute phases (the beginning of the pandemic, approaching hospital capacity, and hospital capacity exceeded) and 2 recovery phases (early and late) of the pandemic. Second and subsequent waves of infection can also be accommodated. Some modifications to care will be of permanent value (and the pandemic has therefore driven improvement). Telemedicine is one example.

Conclusions: This conceptual framework provides guidance on optimal management of cancer during the COVID-19 pandemic, is intended as a useful resource, and while designed with the Australian healthcare system and this COVID-19 pandemic in mind, is readily transferrable to any jurisdiction and for any pandemic. Lessons need to be learned for the future so that advances are not lost.

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1776P Analysis of potencial drug interactions in oncologic patients diagnosed with COVID-19

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Background: Patients with cancer may be at higher risk for a more severe form of COVID-19. The aim of this study was to evaluate the relationship between potential drug-drug interactions (PDDI) with hospital stays in COVID-19 cancer patients.

Methods: A retrospective study of all COVID-19 cancer patients was performed in the Hospital del Mar (Barcelona, Spain). Demographic and clinical data were obtained from electronic clinical records. Data on concomitant drugs at COVID-19 diagnosis were collected. Drug interactions were checked with Lexicomp database and classified by severity. Comparisons were analysed by Mann−Whitney U-test or Fisher's exact test. $P<0.05$ statistically significant.

Results: Fifty patients were included, consisting of 30 women (60%), with a mean age of 70.1±12.7 years. The main cancer site was gastrointestinal 16 (32%), followed by breast 15 (30%), genitourinary 10 (20%), lung 6 (12%) and gynaecological 3 (6%). A total of 18 (36 %) patients had a history of prior treatment. Thirty-eight patients (76%) were discharged from hospital, 11 died (22%) and one (2%) was still in hospital. Four patients (8%) were admitted to ICU. The mean days of hospital stay was 15.8±10.4. The average number of concomitant drugs at COVID-19 diagnosis were 7±4.5 and PPDI were detected in 34 patients (68%). There was a mean (range) of 1 (1-4) major PDDI and 5.3 (1-18) moderate PPDI. The most common types of drugs involved in patients with hospital stays of ≥15 days were psychoanaleptics 31 (12.5 %), anxiolytic drugs 20 (8.0 %) and thiazides 15 (6.0 %), while in patients with hospital stay < 15 days were opioid drugs 14 (8.8 %), blood glucose lowering drugs, excluding insulins 13 (8.2 %) and psychoanaleptics 12 (7.6 %).

Table: 1776P

	Hospital stay ≥ 15 days (N = 24)	Hospital stay < 15 days (N = 26)	*P*-value
Age, years*	71.5 (61.5-80)	71.5 (58-84)	0.749
Female sex**	14 (58.3)	16 (61.5)	1.000
Prior treatment**	15 (62.5)	17 (65.4)	1.000
Concomitant drugs*	7 (4-12)	5.5 (3-8)	0.267
Potential DDI*	4 (0.5-6.5)	1.5 (0-6)	0.231
Major DDI*	1.5 (0-1.5)	1 (0-1)	**0.039**

* median (Q1-Q3). **n (%)

Conclusions: Regardless of the number of hospitalisation days, most of the PDDI were related to drugs of the nervous system. Almost 70% of the patients presented PDDI. A longer hospital stay was associated with a greater number of severe PDDI.

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1777P Launching local treatment guidelines for stage IV cancer during COVID-19 pandemic using ESMO MCBS

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Background: Treatment of stage IV cancer during COVID19 pandemic is a challenge, and we need to maintain survival benefit, patient safety, and health care resources at the same time.

Methods: We used the ESMO-MCBS (Forms version 1.1 and cards) and ESMO recommendations for COVID-19 pandemic to launch local guidelines for first-line therapy for ABC, NSCLC and mCRC comparing ESMO-MCBS for the standard therapy (ST) and COVID-19 pandemic therapy (COT). We then compared prices (EGP) and price changes (PC).

Results: General rules: For PS≥3 patients, chemotherapy was postponed. We applied COVID-19 precautions to all patients. Oral chemotherapy was the preferred option: Every three weeks regimens were preferred over weekly regimens. ABC: Anti CDK4/6 are still the best option for patients with HR+ HER2- in non-visceral crisis, with MCBS 3 or 4. TNBC: carboplatin-containing therapy is still the best option. HER2+3 Addition of carboplatin to combination of trastuzumab and paclitaxel every three weeks was