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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.

facilities and treatment modalities, the prognosis remains poor. The evaluating demographic variables associated with survival in lung cancer patients are useful as these generate data on prognostic variables, which could be used to develop models to disease prevention, predict treatment response and survival in newly detected lung cancer patients.

Methods: It is a retrospective cross-sectional study at national institute of cancer research & Hospital (NICRH), a tertiary care center at Dhaka, Bangladesh between 2018 and 2019. The Ethical Review Board of NICRH approved the study protocol. Survival estimate was generated using Kaplan-Meier method and Univariate and multivariable cox proportional hazards regression was fit to assess the association of demographic factors.

Results: In the study 84.6% were males and 15.4% were females. About 64% patients are between 50–69 years. 40% of the patients were underweight at time of diagnosis whereas 8.1% & 51.9% patient were overweight & normal weight respectively. Most of the patient had found illiterate (66.2%). 55.4% patients found in low economic condition. Around one third of the patient (29.5%) had comorbid condition. Statistically significant difference in survival estimates is observed in 70 years and above age groups compare to less than 50 years age group (p < 0.001). Primary education completed group had better survival then the illiterate group (P < 0.01), underweight patient group had worse outcome compare to normal or over weight patient groups (P = 0.001). No comorbidity group had better survival than comorbid group (p = 0.005). But the socioeconomical status (SES) and gender did not show any statistically significant result (p = 0.291 & p = 0.545 respectively.

Conclusions: SES, education level, lack of resources and social stigma plays important role in survival outcome of lung cancer patients in Bangladesh. The demographic variables related survival in lung cancer needs to be fully elucidated because of its importance in the design of experimental protocols for targeted chemoprevention, early screening, and individualized treatment.

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Sex and age differences in primary lung cancer in Morocco: An epidemiologic study

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Background: Lung cancer is a leading cause of death worldwide. In Morocco, it is the most commonly occurring cancer in men. The aim of this study is to determine the epidemiological and histological profile of primary lung cancer in Rabat (capital of Morocco) over a 4-year period, from 2014 to 2017, by sex and age.

Methods: This is a descriptive retrospective study of all patients with primary lung cancer diagnosed and treated at Ibn Sina University Hospital Center in Rabat during the period from January 2014 to December 2017. The data were collected from medical records for each patient. Statistical analysis was performed using Epi Info™7.

Results: During the period of study, 574 new cases of primary lung cancer were diagnosed. Of these, 87.5% were men and 12.5% were women, giving a male-female ratio of 7. The average age of patients at diagnosis was 58.4 years (range 21–85 years). There was no significant gender difference in average age. The age distribution show that 19.9% of patients were aged less than 50 years, 29.7% were in the 50–59-year age group, 33.8% were aged between 60 and 69 years and 16.5% were aged 70 years and older. According to the results, 7.3% of lung cancers were small cell lung cancer (SCLC) and 90.9% were non-small cell lung cancer (NSCLC). Adenocarcinoma was the most frequent cell type of lung cancer, with 60.45%, followed by squamous cell carcinoma, with 23%. According to gender, adenocarcinoma was more common in women (70.8%) than in men (58.4%), while squamous cell carcinoma was

relatively frequent in men (24.7%) than in women (11.1%). There was no significant difference in age of diagnosis, by histological type of lung cancer.

Conclusions: Lung cancer is a serious and potentially deadly disease in Morocco. It is important to develop strategies that take into account the current trends in lung cancer and target particularly groups at risk.

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35P

Lung cancer diagnosis and continuum of care: How did the COVID-19 outbreak impact? Data from an Italian multicenter study

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Background: The coronavirus disease 2019 (COVID-19) pandemic has become a huge health emergency, with Italy being one of the most heavily affected countries. Cancer patients (pts), especially those with lung cancer (LC), represent a very frail population, and multiple efforts need to be taken by Oncology Departments to guarantee diagnostic-therapeutic pathways (DTP). Aim of this multicenter Italian study is to assess whether the COVID-19 outbreak impacted the LC pts' likelihood of receiving timely diagnosis and access to treatment.

Methods: Medical records of all consecutive newly diagnosed LC pts referred to five Italian Oncology Departments between March and August 2020 were reviewed. Access rate (number of pts/days) and temporal intervals between date of symptoms onset, radiological diagnosis, cytohistological diagnosis, and treatment start were computed and compared with those of the same period in 2019. Differences between the two years were analyzed using Fisher's exact test or chi-square test for categorical variables and unpaired Student t test, or the Mann-Whitney U test for continuous variables.

Results: Although a slight reduction in newly diagnosed LC cases was seen when compared with 2019 (89 vs 100, access rate ratio = 0.88, p = 0.25), that was not significant. Newly diagnosed LC patients in 2020 were more likely to be current smokers (45% vs 29%, p = 0.04). Other clinical and tumor characteristics were similar regardless of the year. Looking at pts management, no differences emerged in terms of interval between symptoms onset and radiological diagnosis (median 30.5 vs 25 days, p = 0.96), symptoms onset and cytohistological diagnosis (46 vs 49 days, p = 0.56), symptoms onset and treatment start (median 70.5 vs 81 days, p = 0.42), cytohistological diagnosis and treatment start (29 vs 29 days, p = 0.91).

Conclusions: Despite the unprecedented times, our data provide a valuable insight on how the Italian Health Care System first response to COVID-19 emergency was able to ensure the DTP standards of LC pts. Considering the clinical spectrum of LC onset and potential overlap with COVID-19 disease, further investigations are warranted to provide an exhaustive picture to optimally address quality of care issues in the ongoing pandemic.

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