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**34** Changes in management for patients with lung cancer referred for radical radiotherapy during the first wave of the COVID 19 pandemic in the UK (COVID-RT Lung)

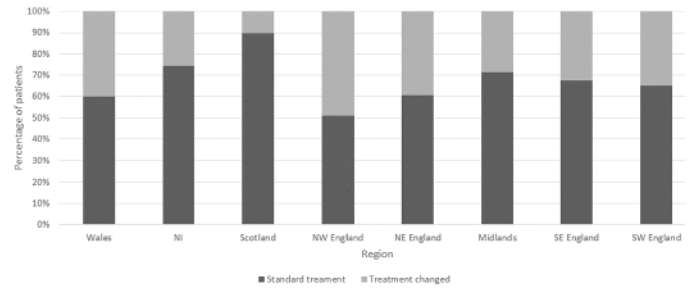
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**Introduction:** In response to the COVID-19 pandemic, guidelines on reduced fractionation for patients with lung cancer treated with curative-intent radiotherapy (RT) were published, aiming to reduce the number of hospital attendances and potential exposure of vulnerable patients to SARS-CoV-2. Here we describe the changes that have taken place.

**Methods:** COVID-RT Lung is a prospective, multicentre UK data collection. Inclusion criteria are: patients with stage 1–3 lung cancer referred for radical RT between 2/4/2020–2/10/2020. Both patients who had a change in their management and those who continue with standard management are included. Data on demographics, COVID-19 diagnosis, diagnostic work-up, RT and systemic treatment, treatment-related toxicity, disease/patient status are collected. Each participating centre obtains local approval to collect data. Anonymised data are collected on a central, cloud-based Research Electronic Data Capture system.

**Results:** 1551 records from 30 UK RT sites were available for analysis on 17/3/2021. 759 (49%) female, median age 72 years (37–93 years). 641 patients (41%) had stage 3 disease. 489 patients (31%) had a radiological diagnosis of lung cancer and 909 (59%) had NSCLC. 21 patients (1.4%) were diagnosed with COVID-19, 6 during radiotherapy. 193 patients (12%) had their diagnostic investigations affected by the pandemic. 527 patients (34%) had their treatment changed from their centre's standard of care. 257 patients (16.6%) had a change to their radiotherapy regimen; chemotherapy was omitted in 82 patients (5.3%) and reduced in 70 (4.5%). Analysing variations across the UK (Fig. 1), the North West of England had the



**Fig. 1** (abstract 34). Percentage of patients who had their treatment changed from their centre's standard of care during the first wave of the COVID-19 pandemic by UK region.

highest proportion of patients who had their treatment changed from their centre's standard of care (48%).

**Conclusion:** This nationwide cohort shows that clinicians in the UK changed the management of patients with stage 1–3 lung cancer in line with national guidelines. Regions with high rates of COVID-19 changed management of a greater proportion of patients.

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**35** The impact of the COVID-19 pandemic on referrals and diagnoses of lung cancer in a tertiary hospital

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**Introduction:** The COVID-19 pandemic led to a prioritisation of emergency inpatient care and it was widely anticipated that outpatient work, including cancer clinics and investigations would suffer delays as a result. It has been estimated that diagnostic delays will account for 4.8–5.3% increase in deaths from lung cancer up to 5 years after diagnosis [1]. Locally, we had concerns that fewer cancers would be identified.

**Methods:** We compared the number of referrals, referral route, cancer diagnosis and stage of cancer at diagnosis from January to July 2019 to that in 2020. The total numbers of lung cancers diagnosed in each year was also obtained.

**Results:** There were significantly fewer lung cancer referrals in 2020 compared to 2019 (426 vs 706; p=0.021), in particular direct abnormal radiology alerts. However, there was no significant difference in the number of lung cancer diagnoses made (98 vs 99; p=0.897). During March to July 2020 (first wave of the pandemic) there was a non-significant reduction in number of cancers diagnosed (p=0.095). In 2020, fewer cancers were picked up through the National Optimal Lung Cancer Pathway, but there was a significant increase in the number of inpatient cancer diagnoses. There was no difference in stage of cancer at diagnosis between 2019 and 2020 ( $\chi^2$ (trend)=1.219,

**Table 1** (abstract 35) Number of lung cancer referrals received and the number of lung cancers diagnosed from January to July 2019 compared with the same period in 2020

Referral pathways	Lung cancer referrals received			Lung cancers diagnosed		
	2019	2020	P value	2019	2020	P value
2ww	281	214	0.250	14	26	0.064
NOLCP	224	79	0.005	38	14	0.048
Inpatient (ED/ward/AOS)	65	73	0.653	22	45	0.013
Outpatient (another clinic/MDT)	136	60	0.009	25	13	0.159
Total	706	426	0.021	99	98	0.897