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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 85/2216 patients 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 frequent 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 associated 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 possible 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.