



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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

### 1681P First results of the COCO study: COVID-19 outcomes in patients with cancer

E. Seguí<sup>1</sup>, M. García de Herreros<sup>1</sup>, E. Auclin<sup>2</sup>, O. Mirallas<sup>3</sup>, D. Casadevall<sup>4</sup>, M. Rodríguez<sup>5</sup>, N. Epailard<sup>2</sup>, M. Tagliamento<sup>6</sup>, S. Pilotto<sup>7</sup>, R. López-Castro<sup>8</sup>, X. Mielgo<sup>3</sup>, C. Urbano<sup>10</sup>, D. Peñáñez<sup>9</sup>, N. Saoudi<sup>3</sup>, M.V. Bluthgen<sup>11</sup>, L. Masfarré<sup>4</sup>, J.N. Minatta<sup>12</sup>, C.A. Cruz<sup>1</sup>, A. Prat<sup>1</sup>

<sup>1</sup>Medical Oncology, Hospital Clínic de Barcelona, Barcelona, Spain; <sup>2</sup>Medical Oncology, Hôpital Européen George Pompidou, AP-HP, Paris, France; <sup>3</sup>Medical Oncology, Vall d'Hebron University Hospital and Institute of Oncology VHIO, Barcelona, Spain; <sup>4</sup>Medical Oncology, Hospital del Mar, Barcelona, Spain; <sup>5</sup>Medical Oncology, Parc Taulí Hospital Universitari, Sabadell, Spain; <sup>6</sup>Medical Oncology, University of Genova and IRCCS Ospedale Policlinico San Martino, Genoa, Italy; <sup>7</sup>Medical Oncology, University of Verona and Verona University Hospital Trust, Verona, Italy; <sup>8</sup>Medical Oncology, Hospital Clínico Universitario de Valladolid, Valladolid, Spain; <sup>9</sup>Medical Oncology, Hospital Universitario Fundación Alcorcón, Alcorcón, Spain; <sup>10</sup>Medical Oncology, Hospital General de Granollers, Granollers, Spain; <sup>11</sup>Medical Oncology, Hospital Alemán, Buenos Aires, Argentina; <sup>12</sup>Medical Oncology, Hospital Italiano de Buenos Aires, Buenos Aires, Argentina

**Background:** COVID-19 pandemic has drastically changed the management of patients with cancer; however, limited data exists regarding which pre-conditions affect the course of COVID-19 infection. Here, we sought to assess the clinical features and outcomes of COVID-19 infection in a large cohort of patients with cancer.

**Methods:** We conducted a multicenter retrospective cohort study of patients with cancer diagnosed with SARS-CoV-2 infection by RT-PCR/Ag detection (n=274) or CT-scan (N=13) between 7/March and 30/April across 12 international centers. Clinical, pathological and biological data were collected. Primary endpoints were 30-day mortality rate and the rate of severe acute respiratory failure (SARF), defined by oxygen requirements  $\geq 15$  L/min. Descriptive statistics were used.

**Results:** 287 patients were enrolled with a median follow-up of 23 days [95%CI 22-26]. Median age was 69 (range 35-98), 52% were male, 49% had hypertension and 23% had cardiovascular disease. As per cancer characteristics, 68% had active disease, 52% advanced stage and 79% had a baseline ECOG PS  $\leq 1$ . Most frequent cancer types were: 26% thoracic, 21% gastrointestinal, 19% breast and 15% genitourinary. Most patients (61%) were under systemic therapy, including chemotherapy (51%), endocrine therapy (23%) and immunotherapy (19%). At COVID-19 diagnosis, 44% of patients had moderate/severe symptoms such as fever (70%), cough (54%) and dyspnea (48%). The majority of patients (90%) required in-patient management and the median hospital stay duration was 10 days (range 1-52); 8% of patients required intermediate or intensive care unit admission. Patients received treatment with: hydroxychloroquine (81%), azithromycin (61%), antiviral therapy (38%) and immunomodulatory drugs (14%). Finally, the overall mortality rate was 27% and the rate of SARF was 26%. In patients admitted to intermediate/intensive care units, the mortality and SARF rates were 45% and 73%, respectively. Mortality rate according to ECOG PS before COVID-19 was 20% in PS  $\leq 1$  and 51% in PS  $\geq 2$  (p < 0.0001).

**Conclusions:** Patients with cancer are a susceptible population with a high likelihood of severe complications and high mortality from COVID-19 infection. Final results and treatment outcomes will be presented at the ESMO Congress.

**Legal entity responsible for the study:** Aleix Prat.

**Funding:** Has not received any funding.

**Disclosure:** E. Auclin: Travel/Accommodation/Expenses: Mundipharma; Speaker Bureau/Expert testimony: Sanofi Genzymes. S. Pilotto: Speaker Bureau/Expert testimony: Astra-Zeneca; Eli-Lilly; BMS; Boehringer Ingelheim; MSD; Roche. L. Mezquita: Speaker Bureau/Expert testimony, Research grant/Funding (self), Travel/Accommodation/Expenses: Bristol-Myers Squibb; Speaker Bureau/Expert testimony: Tecnofarma; Speaker Bureau/Expert testimony, Non-remunerated activity/ies: AstraZeneca; Advisory/Consultancy, Speaker Bureau/Expert testimony, Travel/Accommodation/Expenses: Roche; Research grant/Funding (self); Boehringer Ingelheim. A. Prat: Honoraria (institution), Speaker Bureau/Expert testimony: Roche; Daiichi Sankyo; Honoraria (institution), Advisory/Consultancy, Speaker Bureau/Expert testimony: Pfizer; Novartis; Amgen; Speaker Bureau/Expert testimony: BMS; Advisory/Consultancy: Puma; Oncolytics Biotech; MSD; Honoraria (institution), Advisory/Consultancy: Lilly; Honoraria (institution), Speaker Bureau/Expert testimony: Nanostring technologies; Officer/Board of Directors: Breast International Group; Officer/Board of Directors: Solti's Foundation; Leadership role: Actitud Frente al Cancer Foundation; Honoraria (institution); Boehringer; Honoraria (institution); Symx Europa GmbH; Honoraria (institution); Medica Scientia inno. Research; Honoraria (institution); Celgene; Honoraria (institution); Astellas Pharma. All other authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2020.08.1745>

### 1682P Outcomes of cancer patients undergoing radiotherapy during the COVID-19 outbreak in Wuhan, China

M.L.K. Chua<sup>1</sup>, C. Xie<sup>2</sup>, X. Wang<sup>2</sup>, J. Yu<sup>2</sup>

<sup>1</sup>Division of Radiation Oncology, NCCS - National Cancer Centre Singapore, Singapore; <sup>2</sup>Chemotherapy and Radiation Oncology, Zhongnan Hospital of Wuhan University, Wuhan, China

**Background:** COVID-19 has affected more than 4,000,000 patients worldwide. Patients with cancer are at a higher risk of COVID-19, but currently, there is no evidence-based guidance on the management of cancer patients during this outbreak. We report the early outcomes of cancer patients, who received radiotherapy (RT) at the time of implementation of non-pharmacological interventions (NPI) in Wuhan.

**Methods:** 209 patients from a single institution cancer center in Wuhan from Jan 20 to Mar 6, 2020 were reviewed. NPI measures that were implemented during the study period included city lockdown (Jan 23, 2020), *cordons sanitaire*, traffic restriction, social distancing and home confinement. Infection control measures at the hospital included on-site screening, physical distancing, disinfection procedures, and protection of healthcare workers (HCWs). Primary end-point was rate of COVID-19 infection. Study was approved by the institutional review board.

**Results:** Median age was 55 y (IQR = 48-64); 104 (49.8%) and 105 (50.2%) of patients were males and females, respectively. Thoracic (N = 80, 38.3%), head and neck (N = 53, 25.4%), and lower gastrointestinal and gynaecological cancer (N = 54, 25.3%) patients consisted the majority of patients. Treatment sites included thoracic (38.3%), head and neck (25.4%), and abdomen and pelvis (25.8%). 47.4%, 27.3%, and 25.4% of treatments were for adjuvant, radical, and palliative indications, respectively; 67 (32.1%) and 142 (67.9%) patients received concurrent chemoRT and RT alone, respectively. RT interruptions occurred in 112 (53.6%) patients, while 62 of 67 (92.5%) patients who received chemoRT discontinued chemotherapy. 188 treatments/day were performed pre-lockdown, in contrast to 12.4 treatments/day post-lockdown. One (0.48%) patient was diagnosed with COVID-19 during the study period. 70 patients were linked to this index patient following contact tracing, but none developed COVID-19. No HCW was infected.

**Conclusions:** Herein, we showcased the low rates of COVID-19 among patients and HCWs with tight infection control measures. However, city lockdown substantially affected the delivery of RT in cancer patients. Long-term data will reveal the detrimental effect of treatment interruption on their survival.

**Legal entity responsible for the study:** The authors.

**Funding:** National Medical Research Council; Health Commission of Hubei Province.

**Disclosure:** All authors have declared no conflicts of interest.

<https://doi.org/10.1016/j.annonc.2020.08.1746>

### 1683P SARS-CoV-2 infection and lung cancer management in Europe

A. Agbarya<sup>1</sup>, A. Addeo<sup>2</sup>, A. Charpidou<sup>3</sup>, A. Araujo<sup>4</sup>, K. Cuppens<sup>5</sup>, O.T. Brustugun<sup>6</sup>, M. Rajer<sup>7</sup>, M. Jakopovic<sup>8</sup>, M.V. Marincic<sup>9</sup>, A. Pluzanski<sup>10</sup>

<sup>1</sup>Oncology, Bnai Zion Medical Center, Haifa, Israel; <sup>2</sup>Medical Oncology, Geneva University Hospital, Geneva, Switzerland; <sup>3</sup>3rd Dept of Internal Medicine, National and Kapodistrian University of Athens, Athens, Greece; <sup>4</sup>Department of Medical Oncology, Centro Hospitalar Universitário do Porto, Do Porto, Portugal; <sup>5</sup>Dept. of Pulmonology and Thoracic Oncology, Jessa Hospital, Hasselt, Hasselt, Belgium; <sup>6</sup>Vestre Viken Hospital Trust, Drammen Hospital, Drammen, Norway; <sup>7</sup>Oncology, Institute of Oncology, Ljubljana, Slovenia; <sup>8</sup>Clinical Center for Pulmonary Diseases Jordanovac, University Hospital Centre Zagreb, Zagreb, Croatia; <sup>9</sup>Medical Oncology (IRO lasi), Grigore T. Popa University of Medicine & Pharmacy, Iasi, Romania; <sup>10</sup>Oncology, The Maria Skłodowska Curie Memorial Cancer Centre and Institute of Oncology (MCMCC), Warsaw, Poland

**Background:** Patients (pts) with lung cancer (LC) are at high risk for hospitalization and mortality from COVID-19. Patients and physicians don't feel safe to continue LC diagnosis and treatments. Modifications of LC management varied between countries. ESMO guidelines in the COVID-19 era were published promptly, during the COVID-19 epidemic in Europe aiming to guide all stakeholders in lung cancer.

**Methods:** A virtual meeting among LC experts from Belgium, Switzerland, Portugal, Slovenia, Norway, Croatia, Poland, Romania, Greece and Israel was held on April 27 to discuss the impact of the COVID-19 pandemic on the lung cancer care in each country. The discussion was based on the ESMO recommendations. Each participant described the SARS-CoV2 epidemic phase in country and filled a questionnaire based on the enforcement of each statement from the ESMO guidelines.

**Results:** All countries are in the community level SARS-CoV2 transmission. In 3 countries health care services exceeded their capacities. Four countries have implemented the ESMO guidelines without any modification (Switzerland, Norway, Israel and Croatia). High level of recommendations in the outpatient and inpatient services were implemented in all countries with minor modifications. Intermediate level recommendations were implemented in 9 of 10 countries. Low priority level was implemented in 7 of 10 countries. Main modifications were: surgery for stage I NSCLC as a high priority, all non-curative surgical interventions postponed, differences in imaging priorities. In 5 of 10 countries local oncology societies issued recommendations mainly consistent with ESMO but medical oncologists also follow recommendations issued by the health ministry.

**Conclusions:** ESMO guidelines prioritizing LC management are implemented in all participating countries. High and intermediate level recommendations are implemented with minor modification regardless the phase of the pandemic. The differences among countries are not related to the phase of pandemic but mostly to the health system capacity and socioeconomic factors in each country.

**Legal entity responsible for the study:** The authors.

**Funding:** Has not received any funding.

**Disclosure:** A. Agbarya: Honoraria (self), Advisory/Consultancy, Speaker Bureau/Expert testimony, Travel/Accommodation/Expenses: MSD; Roche; AstraZeneca; Bi; Pfizer; Takeda; Advisory/Consultancy: Novartis; Honoraria (self), Honoraria (institution), Advisory/Consultancy, Speaker Bureau/Expert testimony, Travel/Accommodation/Expenses: BMS; Honoraria (self), Advisory/Consultancy, Speaker Bureau/Expert testimony: Eli Lilly; Honoraria (self), Speaker Bureau/Expert testimony: Merck