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.

patients preferred a face-to-face consultation, 39% said that they would like to use a TC again. Cancer patients were a bit more worried about getting infected with SARS-CoV-2 (22%) compared to the 900 norm participants (17%). Remarkably, norm participants had worse QoL scores than measured before the crisis, and we did not see clinically relevant differences with the QoL scores of cancer patients in the current comparison. Norm participants more often reported depression (13% vs. 10%) and loneliness (11% vs. 7%) than cancer patients ($p<0.05$).

Conclusions: Up to one in four cancer patients reported changes in cancer care in the first weeks of the COVID-19 crisis, associated with vulnerability factors. Follow-up will show its impact on outcomes. The crisis seems to have more impact on QoL and mental wellbeing in the norm population than in cancer patients.

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1687P Oncologists knowledge, attitude and practice in COVID-19 pandemic and its negative impact on them: An international study

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Background: As frontline workers facing COVID-19 pandemic, healthcare providers should be well prepared to fight the disease and prevent harm to their patients and themselves. Our study aims to evaluate knowledge, attitude, and practice (KAP) of oncologists in response to COVID-19 pandemic and its impact on them.

Methods: A cross-sectional study was conducted using a validated questionnaire disseminated to oncologists by SurveyMonkey©. The tool had 42 questions that captured participants' KAP, their experiences and the impact of the pandemic. Country sub-investigators in Middle East and North Africa region, Brazil, and the Philippines distributed the survey to their contacts via emails and text messaging between April 24 and May 15, 2020.

Results: Among 910 physicians that participated in the study, 55% were males, 67% medical or clinical oncologists and 58% worked in public hospitals. Only 213 (23%) reported being officially involved in COVID-19 control efforts. Level of knowledge regarding the prevention and transmission of the virus was good among 63% of participants. Majority (92%) were worried about contracting the virus either extremely (30%) or mildly (62%) and 85% were worried about transmitting the virus to their families. 77% reported they would take the COVID-19 vaccine once available, although only 38% got the flu vaccine regularly. Adherence to strict precautions was variable including social distancing outside work (68%), no hand shaking (58%), and hand washing (98%). Participation in virtual activities included clinics (54%), tumor boards (45%), administrative meetings (38%); and educational activities (68%) and majority reported plans to continue them after pandemic. Participants reported a negative impact of the pandemic on relations with coworkers (16%), relations with family (27%), their emotional and mental wellbeing (49%), research productivity (34%) and financial income (52%).

Conclusions: COVID-19 pandemic has negative effects on various personal and professional aspects of oncologists. Interventions should be implemented to mitigate the negative impact and to prepare oncologists to manage future crises with more efficiency and resilience.

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1688P Outcome of older cancer patients infected with COVID-19 at Gustave Roussy Cancer Center

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Background: The SARS-CoV-2 outbreak significantly affected Gustave Roussy cancer center. Here, we report the Gustave Roussy experience on older patients (OP) with cancer during the SARS-CoV-2 outbreak.

Methods: Cancer pts with suspected SARS-CoV-2 infection were admitted at Gustave Roussy starting March, 12th. Screening indications have been adapted over time. All the COVID-19 pts positively tested and managed at Gustave Roussy between March 14th and April 15th have been included in a redcap database. Pts and underlying oncological and COVID-19 diseases characteristics have been collected. Cancer and COVID-19 managements, and outcomes have been assessed. The primary endpoint of this analysis was the clinical deterioration, defined as the need for O_2 supplementation of 6l/min or more, or death of any cause.

Results: Among the first 137 cancer pts diagnosed with SARS-CoV-2, 36 patients were aged 70 years old or over (26%). Most of them were female (61%) with a median age of 75.5 years old. Most frequent underlying cancers were solid tumors (92%) including GI (19%), lung (17%), GYN (14%) and head and neck (14%). Most OP (36%) were ECOG Performans status 2 versus 24% in younger patients (YP). The diagnosis of SARS-CoV-2 infection was made by RT-PCR or thoracic CT scan alone in 97% and 3% of the cases, respectively in OP and in 92% and 8% in YP. Most OP experienced symptoms prior to testing (92%) compared to YP (80%). Symptoms differed according to age with more cough with sputum production in OP (14% versus 5%), dyspnea (39% versus 31%), diarrhea (17% versus 9%), shivers (8% versus 0%), sore throat (8% versus 4%) and no anosmia nor agueusia. The majority of OP was hospitalized (81%) compared to 72% of YP and treated with HCQ/AZI (15; 52%) compared to 25 (35%) YP with inclusion in the ONCOVID trial (EudraCT: 2020-01250-21). They did not receive any IL-6 inhibitor. Only one OP was admitted in the ICU (3%). Clinical deterioration occurred in 10 OP (29%). There was no impact of age on clinical worsening (HR=1.157; 95%CI 0.55-2.42; p=0.7). However age was associated with worse overall survival (OS) (HR=2.45 95%CI 1.02-5.92; p=0.0463). Results will be updated at the meeting.

Conclusions: OP with cancer had a different disease presentation, same rate of clinical worsening but worse OS in SARS-CoV-2 infection.

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1689P The appropriateness of invasive ventilation in COVID-19 positive cancer patients: The hardest decision for oncologists

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Background: Over the last two months we have frequently been contacted to estimate the prognosis of cancer patients (pts) affected by COVID-19 infection. Until now, there have been no clear markers to guide decision making regarding the appropriateness of invasive ventilation (IV) in COVID-19 cancer pts. Therefore, we developed a practical tool which encompasses a prognostic score in order to identify a subgroup of pts likely to have a better outcome and therefore may be potential candidates for IV.

Methods: The Milano Policlinico ONCOVID-ICU score includes three different groups of variables. In the first group we included sex, age, body mass index (BMI) and comorbidities. The second group includes oncological variables, such as the treatment intent (adjuvant or metastatic), life expectancy in months and treatment status (on/off). Furthermore, we included the SOFA score [1] and the d-dimer values, previously reported as risk factors for mortality in the presence of COVID-19 infection.

Results: We identified three different groups. We recommend that pts with a low risk score should be offered IV if necessary, while high-risk pts are best managed with best supportive care. Pts in the intermediate-risk group deserve a case-by-case discussion to derive a decision (Table).

Table: 1689P The Milano Policlinico ONCOVID-ICU score

Variables	Score	Categories of risk for pts
Linked to pts		**Score < 4: Low Risk** ICU admission and IV.
Sex	F = 0 M = 1	**Score 4 - 6: Intermediate Risk** Case-by-case evaluation for ICU admission and IV.
Age	< 70 = 0 >= 70 = 1	
BMI	< 30 = 0 >= 30 = 1	**Score >= 7: High Risk** Palliative care.
Comorbidities	NO = 0 YES = 1 YES > 1 = 2	
Oncological		
Treatment intent	Curative = 0 Palliative = 1	**SOFA SCORE** [1] - PaO_2/FIO_2 (P/F) - Platelets - Bilirubin - Hypotension - Glasgow Coma Score Scale - Creatinine - Ventilatory support
Life expectancy	< 6 mo = 0 > 6 mo = 1	
Pts on treatment	NO = 0 YES = 1	
Clinical + lab values		
SOFA score	2-7 = 0 >= 8 = 1	
D-dimer	< 1 µg/mL = 0 > 1 µg/mL = 1	

Legend: BMI: body-mass index; F: female; FIO_2: fraction of inspired oxigen; IV: invasive ventilation; M: male; mo: months; PaO_2: partial pressure of oxigen; Pts: patients.

Conclusions: A considerable proportion of oncology pts may experience clinical deterioration due to the worsening course of the infection. These cases require a comprehensive evaluation before considering ICU admission and IV. The division between groups is arbitrary and the score needs further validation. Therefore, we plan to assess the clinical history of all cancer pts admitted to Milano Hospital Maggiore Policlinico's ICU and retrospectively apply the score to this cohort. [1] Ferreira FL et al. *JAMA 2001; 286:1754-8.*

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1690P Development of a model to predict hospital admission and severe outcome in cancer patients with COVID-19

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Background: Patients (pts) with cancer are at increased risk of severe COVID-19 infection and death. Due to the heterogeneity of manifestations of COVID-19, accurate assessment of patients presenting to hospital is crucial. Early identification of pts who are likely to deteriorate allows timely discussions regarding escalation of care. It is equally important to identify pts who could be safely managed at home. To aid clinical decision making, we developed a model to determine which pts should be admitted vs. discharged at presentation to hospital.

Methods: Consecutive pts with solid or haematological malignancies presenting with symptoms who tested positive for SARS-CoV-2 at 10 UK hospitals from March-May 2020 were identified following institutional board approval. Clinical and laboratory data were extracted from pt records. Clinical outcome measures were discharge within 24 hours, requirement for oxygen at any stage during admission and death. The associations between clinical features and outcomes were examined using ANOVA or Chi-squared tests. A logistic model was developed using clinical features with $p<0.05$ to predict patients who need hospital admission.

Results: 52 pts were included (27 male, 25 female; median age 63). 80.5% pts had solid cancers, 19.5% haematological. Association analysis indicated that smoking status, prior cancer therapy and comorbidities had no significant association with outcomes. A number of other factors presented in the table had significant associations. A multivariate logistic regression model was generated to predict need for admission to hospital. Of note, age and male sex lost significance in the multivariate model ($p>0.8$). Using haematological cancer, NEWS2 score, dyspnoea, CRP and albumin, the model predicted requirement for admission with an area under the curve of 0.88.

Table: 1690P Patient characteristics and association with outcomes

	Association with admission	Association with oxygen	Association with death
	p value	p value	p value
Age	0.054	0.0346	0.057
Male sex	1	0.52	0.051
World Health Organisation COVID-19 severity score	0.012	1.30E-06	1.30E-06
Underlying haematological cancer	0.142	0.8655	0.036
Dyspnoea	0.1	0.0003	0.1
Number of symptoms	0.492	0.0131	0.191
C-Reactive Protein (CRP)	0.022	0.00024	0.069
Albumin	0.009	0.04	0.773
Lactate dehydrogenase (LDH)	0.205	0.0097	0.041
National early warning score (NEWS2)	0.0067	0.00000121	0.051

Conclusions: We have developed a model to predict which pts require hospital admission. Further refinement and validation in larger cohorts of pts will be presented.

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1691P Evaluation of practice variation for cancer patients care in a French cancer center during the COVID-19 outbreak

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Background: The COVID-19 pandemic rapidly spread in Europe and France. Cancer patients were identified at higher risk of infection and evolution to severe forms, especially those undergoing active treatment. Academic and experts' recommendations proposed to protect cancer units and prioritize cancer treatment. In the same time, French authorities implemented a national lockdown from march 16, 2020. Most anti-cancer institutions have modified their organization, trying to combine cancer units COVID-free sanctuarization, continuity in priority care and precautionary principle. The impact of COVID-19 outbreak on global cancer care has not been formally evaluated.

Methods: Data of oncological practice at the Antoine Lacassagne Center (mild-COVID-19 incidence rate area) were recorded (per week) for 3 periods, based on the timing of french lockdown: before (Jan-1 to Mar-15), during (Mar-16 to May-10) and after the end of lockdown (May-11 to Jul-12). We collected the number of chemotherapy and radiotherapy sessions, surgery procedures (senology and gynecology), blood products transfusions, on-site / telemedicine visits and inclusions in clinical trials.

Results: Preliminary results compare period 1 (Jan-1 to Mar-15) to interim period 2 (Mar-16 to Apr-19, available data at the time of submission). Variation of practice is detailed in the table. Activities were negatively impacted by the lockdown, mostly