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.

1615P Impact of the COVID-19 pandemic on diagnosing and treatment referrals of lung cancer patients: A single-centre experience

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Background: Due to the global pandemic of COVID-19 in 2020, a substantial drop in the rate of cancer diagnosis, treatment and prognosis is anticipated owing to limited health resources dealing with cancer. Here, we present single-centre data of University Clinic Golnik, which addresses more than 40% of all cases of diagnosis and treatment of lung cancer in Slovenia, but was also one of the main COVID-19 treatment centres in the country during the last year.

Methods: Data for lung cancer diagnosis and treatment referrals through multidisciplinary tumour board (MDT) were prospectively collected through the clinical hospital registry and analysed in comparison with the year before. Descriptive statistical analysis was performed.

Results: There were 583 patients diagnosed with lung cancer in year 2019 and 614 in 2020. There was no major difference in symptom duration prior to diagnosis: no symptoms in 17% vs 22%, symptoms lasting less than 1 month in 12% vs 5%, 1-3 months in 43% vs 39% and more than 3 months in 25% vs 24% for years 2019 and 2020, respectively. Also, at the time of diagnosis patients did not present in worse ECOG performance status (PS): 90% vs. 89% had PS 0-2 and 10% vs. 8% had PS 3-4 in 2019 and 2020, respectively. Limited stage of disease was diagnosed in 31% and 37% of patients, loco-regionally advanced in 10% and 8% of patients and metastatic disease in 57% and 53% comparing the years 2019 and 2020. Referrals to the first oncological treatment by the MDT in years 2019 and 2020 were as follows: 31% and 37% proceeded to surgery, 9% and 9% to chemo-radiotherapy, 15% and 16% to palliative radiotherapy, 33% and 28% to systemic therapy and 11% and 10% to best supportive care alone. No major differences in any of these parameters was found comparing the two years.

Conclusions: In our small single-centre experience, there seems to be no decline in newly diagnosed lung cancer cases, neither increase in later-stage diagnosis. Later analysis will show if this might be attributable to increased radiological investigations performed due to respiratory symptoms and fear of COVID-19 and surely due to timely performed diagnostic procedures and excellent organisation despite the pandemic.

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1616P Drop in early-stage colorectal cancer diagnoses after COVID-19: Preliminary report from the COVID-DELAY study

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Background: By the end of 2020, coronavirus disease 2019 (COVID-19) would have indelibly marked the cancer care setting. With Italy at the forefront of pandemic, unprecedented measures were adopted to tackle the quality care issue. As a result of pausing screening programs, diagnostic delays might affect the years to come. Aim of our multicenter Italian study is to evaluate whether the COVID-19 outbreak has impacted on likelihood of receiving timely diagnosis, staging and treatment for colorectal cancer (CRC) patients (pts) after March 2020 compared to pre-pandemic time.

Methods: Medical records of all consecutive newly diagnosed CRC pts referred to 4 Italian Oncology Departments between March and December 2020 were examined. Access rate (number of pts/days) and temporal intervals between date of symptoms onset, radiological and cytohistological diagnosis, treatment start and first radiological evaluation were analyzed and compared with the same months of 2019. Differences between the two years were evaluated 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: A reduction (20%) in newly diagnosed CRC cases was seen when compared with 2019 (214 vs 268). The decline was greater in the lockdown period compared to the other months (percentage drop 40 % vs 12%). Newly CRC pts in 2020 were less likely to be diagnosed with early stage (stage I-II-III) CRC (67% vs 72%). Other clinical and tumor characteristics were similar regardless of the year. Looking at pts management, no differences emerged in terms of interval between symptom onset and radiological diagnosis (median 19 days in 2020 vs 28 days in 2019, $p = 0.88$), symptom onset and cytohistological diagnosis (25 vs 36 days, $p = 0.27$), symptom onset and treatment start (median 86 vs 100 days, $p = 0.79$). However, less CRC were discussed in multidisciplinary tumor meetings during the 2020 (45% vs 54%, $p = 0.07$).

Conclusions: While COVID-19 repercussions will be likely felt for decades to come, our data suggest an alarming drop in early-stage CRC diagnoses during the first pandemic year. Conversely, our study draws the attention on the efforts made to ensure diagnostic-therapeutic pathways proper operation.

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1617P Sustained cancer clinical trial activity during the COVID-19 pandemic

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Background: The COVID-19 pandemic deeply threatens the rigorous conduct of clinical trials, notably by delaying site initiation visits, patient enrolment, treatment administration, trial-associated procedures, and data monitoring. Unlike most other medical specialties, clinical trials are an integral part of patient care in oncology. Limiting access to clinical trials therefore results in a loss of chance for patients.

Methods: In this retrospective single-center study, we collected clinical trial-specific items (including patient-related or trial management-related items) during the first pandemic wave (March– June 2020) and lockdown (March 17th-May 11th) at Gustave Roussy, and compared them to those of the same period in 2019.

Results: In March 2020, 84 phase I (P1) and 210 phase II/III (P2/3) trials were open. During the first pandemic wave, 21 (25%) P1 and 20 (9%) P2/3 trials were temporarily halted, following a unilateral sponsor decision in virtually all cases; all but one were industry-sponsored. Despite this, all important metrics of the P1/2 trial activity remained similar to those of 2019, including the number of patients referred for inclusion (599 *vs* 620), inclusion consultations (215 *vs* 247), patients starting treatment (130 *vs* 130), Internal Review Board (IRB) submissions (14 *vs* 16), and site initiation visits (11 *vs* 15), all in 2020 *vs* 2019, respectively. The impact of the first lockdown was more marked on P2/3, with 152 patient inclusions (*vs* 346 in 2019), 125 randomizations (*vs* 278), 43 IRB submissions (*vs* 50) and 34 site initiation visits (*vs* 40). However, in parallel, 475 patients were included in three "COVID and cancer" trials. Among the 443 P1 and 2851 P2/3 patients, 198 and 628 COVID-19 PCR were performed internally, and five and 15 (2.5%) were positive, respectively. One patient with a community-based COVID-19 died after transfer in intensive care.

Conclusions: Cancer clinical trials can, and must be maintained despite challenges brought by COVID-19. Sharing experiences and retrospectively evaluating the impact on patients' safety and cancer-related outcomes will be critical to durably improve the clinical trials conduct and to anticipate at best challenges brought by future similar crises.

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1618P Worsening of breast and cervical cancer stage at diagnosis due to COVID-19 pandemic

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Background: The COVID-19 pandemic affected health services by overloading hospitals' capacity, impacting cancer screening and treatment. Unfortunately, a late cancer diagnosis has a detrimental effect in prognosis. We aimed to assess the staging