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.

the next follow-up visit and the filled-in TFU form was attached to the clinical chart. When a suspected disease relapse was found, an ambulatory visit was performed.

Results: There were 547 pts previously scheduled for in-hospital follow-up visit between March 9th and May 4th, 2020. 82 of 547 pts (15%) were considered not eligible for TFU according to the pre-screening assessment. 465 pts out of 547 (85%) were included in the TFU program. All these pts accepted calls with a compliance rate of 100%. The median age was 73 years (34-95); 152 male (33%) and 313 female (67%). The distribution by tumor type was: 179 breast cancer (38%), 86 colorectal (18%), 55 urinary tract (12%), 39 melanoma and skin (9%), 31 gynecologic (6%), 26 lung cancer(6%), 16 GEP (3%), 15 head and neck (3%), and 18 other tumors (4%). Ten patients with signs/symptoms of tumor recurrence were detected at TFU: 1 had clinical symptoms, 3 abnormal blood tests and 6 suspicious radiological findings. These patients were called for live visit and tumor relapse/progression was confirmed in 10 out of 10 cases. Medical or surgical treatment was started, or planned to start, in all 10 patients.

Conclusions: TFU proved to be feasible with an eligibility rate of 85% and 100% patients' compliance. The detection rate for tumor recurrence was 2.1%.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.08.1789

1726P Expanding the role of medical oncologist in the management of COVID-19

L. Ghiglione[1], E. Auclin[2], J. Aguilar-Company[3], N. Epaillard[2], D. Casadevall Aguilar[4], L. Masfarré[4], M. Rodriguez Castells[5], M. Tagliamento[6], S. Pilotto[7], R. Lopez Castro[8], X. Mielgo Rubio[9], C. Urbano Centella[10], J.C. Laguna[1], D. García-Illescas[3], M.V. Bluthgen[11], T. Gorría Puga[1], J.N. Minatta[12], C.A. Cruz[1], A. Prat[1], L. Mezquita[1]

[1]Medical Oncology, Hospital Clínic de Barcelona, Barcelona, Spain; [2]Medical Oncology, Hopital European George Pompidou, Paris, France; [3]Medical Oncology, Vall d'Hebron University Hospital and Institute of Oncology (VHIO), Barcelona, Spain; [4]Medical Oncology Dept., Hospital del Mar, Barcelona, Spain; [5]Medical Oncology, Parc Taulí Hospital Universitari, Sabadell, Spain; [6]Medical Oncology, University of Genova, Genoa, Italy; [7]Medical Oncology, Ospedale Borgo Roma - AOU Integrata di Verona, Verona, Italy; [8]Medical Oncology, University Clinical Hospital of Valladolid, Valladolid, Spain; [9]Medical Oncology, Hospital Universitario Fundación Alcorcón, Alcorcon, Madrid, Spain; [10]Medical Oncology, Hospital General de Granollers, Granollers, Spain; [11]Medical Oncology, Hospital Aleman, Buenos Aires, Argentina; [12]Medical Oncology, Hospital Italiano de Buenos Aires, Buenos Aires, Argentina

Background: Cancer patients (pts) have been associated with severe SARS-CoV2 infection and higher mortality compared with the general population. This could be related to the limitation of therapeutic effort based on their prognosis and healthcare prioritization towards non-cancer pts. The oncologist's role could be crucial for providing high-quality care. We aim to assess the impact of oncologists (ONC) on COVID-19 management.

Methods: Multicentre retrospective analysis of cancer pts diagnosed with COVID-19 between Mar-Apr 2020. We classified pts according to an estimated life expectancy (based on tumor/stage/line) in 3 groups: favourable group (FG) mOS >5 years (y), intermediate (IG) 1-5y and poor (PG) <1y. We studied COVID-19 management based on oncologist's involvement: mainly-ONC vs. mainly other specialists (Other). Primary endpoint: COVID-19 30-day mortality (early-M). Secondary outcomes: intensive care unit admission (ICUa), the incidence of acute respiratory distress syndrome (ARDS) and antiretroviral treatment (ARVt) and immunomodulatory drugs (ImD) administered.

Results: 287 pts were enrolled, median age 69 (35-98), 52% male, 67% with an active tumor (of them 76% had advanced stage). Mostly thoracic tumors (26%), followed by gastrointestinal (21%) and breast (19%). Among 170 pts under treatment, 89 (52%) received chemotherapy (CHT). By prognostic group: 49% were included in FG (n=135), 40% in IG (n=113), and 11% in PG (n=30). Overall early-M rate was 27% (ONC 22% vs. Other 27%). Prognostic groups were associated with early-M: 19% (FG) vs. 31% (IG) vs. 37% (PG) (p=0.022). No significant differences regarding rate of ARDS (23% FG vs. 19% IG vs. 17% PG). The ONC-group (n=18) included 4 PG and 14 IG, 94% had an advanced stage disease, 83% receive CHT and 65% had PS≥2 (p=0.05 compared to Other group). In IG (ONC vs. Other): 7% vs. 2% ICUa, 100% vs. 34% ARVt and 57% vs. 7% ImD (all p<0.001). In PG (ONC vs. Other): 25% vs. 0% ICUa, 75% vs. 34% ARVt and 25% vs. 0% ImD (all p<0.001). Finally, FP managed only by Other: 13% ICUa; 33% ARVt and 13% ImD.

Conclusions: Oncologist mostly treated complex pts compared to other specialists. During COVID-19 crisis, setting prognostic groups helped to individualized therapeutic approaches, reflected by less mortality rate and no differences in terms of complications.

Legal entity responsible for the study: Aleix Prat.

Funding: Has not received any funding.

Disclosure: L. Ghiglione: Licensing/Royalties: Hibor; Licensing/Royalties: Kyowa Kirin; Licensing/Royalties: Vifor Pharma. E. Auclin: Travel/Accommodation/Expenses: Mundipharma; Licensing/Royalties: Sanofi Genzymes. S. Pilotto: Licensing/Royalties: AstraZeneca; Eli-Lilly; BMS;: Boehringer Ingelheim; MSD; Roche. A. Prat: Research grant/Funding (institution), Licensing/Royalties: Roche; Advisory/Consultancy, Research grant/Funding (institution), Licensing/Royalties: Pfizer; Novartis; Amgen; Licensing/Royalties: BMS; Research grant/Funding (institution), Licensing/Royalties: Daiichi Sankyo; Advisory/Consultancy: Puma; Oncolytics Biotech; MSD; Advisory/Consultancy, Research grant/Funding (institution): Lilly; Research grant/Funding (institution), Licensing/Royalties: Nanostring technologies; Officer/Board of Directors: Beast International Group (BIG); Solti's Foundation; Actitud frente al cancer Foundation; Solti; Research grant/Funding (institution): Boehringer; Sysmex Europa GmbH; Medica Scientia inno. Research, SL; Celgene, SLU; Astellas Pharma. L. Mezquita: Research grant/Funding (self), Travel/Accommodation/Expenses, Licensing/Royalties: Bristol-Myers Squibb; Licensing/Royalties: Tecnofarma; Licensing/Royalties, International Mentorship Program: AstraZeneca; Advisory/Consultancy, Travel/Accommodation/Expenses, Licensing/Royalties: Roche; Advisory/Consultancy: Roche Diagnostics; Research grant/Funding (self): Boehringer Ingelheim. All other authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.08.1790

1727P COVID-19 pandemic: Impact on doctors in training

A.R. Farooq, S. Iqbal, N. Abdul Aziz, A. Amasayb, T.N. O'Brien, E. Maher, M.Z. Zameer, M. Conroy, N. Peters, D. Collins

Medical Oncology Department, Cork University Hospital, Cork, Ireland

Background: The COVID 19 pandemic is a healthcare crisis leading to unprecedented impact upon healthcare services, notable morbidity and mortality of the public and healthcare professionals, significant psychological effects, and economic repercussions. Junior doctors and those in training are at the forefront of medical care for these patients. We present survey results outlining the concerns of doctors in training.

Methods: A questionnaire was developed and delivered via Survey Monkey relevant to doctors in training during the COVID-19 pandemic. The Perceived Stress Scale was incorporated to gauge participant stress in the weeks leading up to the expected surge of COVID-19 patients. Ethical approval was obtained.

Results: A total of 285 participants engaged with the survey but 197 (69%) completed all answers. Almost 86% of respondents had been trained in donning and doffing personal protective equipment (PPE) and nearly 85% felt significantly confident in the process. Overall, most respondents felt somewhat prepared (60%) or well prepared (20%) to treat COVID-19 patients. However, 42% of respondents worried that their hospital would struggle, or could not cope at all, with COVID-19 patients. Nearly 91% of respondents were concerned that their hospital might run out of PPE. When asked to report their concerns, family health (86%), personal health (72%) and social life (47%) topped the list. According to the Perceived Stress Scale, the majority of respondents (62%) had moderate stress.

Conclusions: This survey is the first known effort to gauge the concerns of doctors in training in Ireland with regard to the COVID-19 pandemic. Our results show that most junior doctors were trained and relatively confident in donning and doffing PPE and managing COVID-19 patients. However, significant percentage of doctors in training worried that their hospital might run out of PPE and would struggle with COVID-19 patients. They reported concerns regarding their personal and family health as well as impact on social life. A significant finding was that a majority of junior doctors had moderate stress at baseline. A follow-up survey to gauge the stress of doctors in training after the surge of COVID-19 patients is planned.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: D. Collins: Honoraria (self): Pfizer; Honoraria (self), Travel/Accommodation/Expenses: Genmab; Honoraria (self), Travel/Accommodation/Expenses: Astra Zeneca; Honoraria (self): Eli Lilly; Honoraria (self), Travel/Accommodation/Expenses: Roche; Advisory/Consultancy, Travel/Accommodation/Expenses: MSD; Advisory/Consultancy: Seattle Genetics. All other authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.08.1791