



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.

SIOG2021-0017**Providing cancer care to older adults during COVID-19: Baseline and 1-year follow-up**

J. Krok-Schoen¹, K. BrintzenhofeSzoc², J. Pisezna³, B. Canin⁴, E. Plotkin⁵, L. Boehmer⁵, A. MacKenzie⁶, N. Battisti⁷, L. Cabrera Chien⁸, M. Viteri Malone⁹, A. Shahrokni¹⁰. ¹College of Medicine- Ohio State University, School of Health and Rehabilitation Sciences, Columbus, United States; ²University of Louisville, Kent School of Social Work, Louisville, United States; ³College of Medicine-The Ohio State University, School of Health and Rehabilitation Sciences, Columbus, United States; ⁴Cancer and Aging Research Group, Advocacy Committee, Rhinebeck, United States; ⁵Association of Community Cancer Centers, Provider Education, Rockville, United States; ⁶Jefferson Medical Oncology Center City, Division of Regional Cancer Care, Philadelphia, United States; ⁷The Royal Marsden NHS Foundation Trust- Breast Unit, London, United Kingdom; ⁸City of Hope, Cancer and Aging Research Program, Duarte, United States; ⁹Jacobi Medical Center, Albert Einstein College of Medicine, Bronx, United States; ¹⁰Memorial Sloan Kettering Cancer Center, Geriatrics Service-Department of Medicine, New York City, United States

Introduction: Providing appropriate care to older adults with cancer is challenging in the context of competing risks and is even more difficult during the COVID-19 pandemic.

Objectives: This study seeks to learn about experiences, including concerns, facilitators, and barriers, that healthcare providers are having and seeing among older adults with cancer at the beginning of the COVID-19 pandemic (April 2020) and at 1-year follow-up (May 2021).

Methods: Members of the Advocacy Committee of the Cancer and Aging Research Group, with the Association of Community Cancer Centers, surveyed multidisciplinary healthcare providers responsible for the care of patients with cancer. Participants from around the world were recruited through organizational mailing lists and social media messages. Descriptive statistics and chi-square tests were used for baseline analyses. T-tests and chi-square tests will compare the results from baseline and 1-year follow-up surveys.

Results and Conclusion: Complete baseline survey data was available from 271 respondents. Baseline results found that 15.4% had access to written guidelines addressing the management of older adults with cancer during COVID. As patient age increased, more providers considered postponing or rescheduling anticancer treatment. Most respondents (86.3%) agreed that decision-making about Do Not Resuscitate orders should always involve a discussion with the patient and healthcare proxy. Barriers to telehealth were common and found at the patient- healthcare provider-, and institutional-levels. The most frequently reported concerns were patient safety, treatment delays, healthcare provider mental health and burnout, and personal safety for family and self. Results from the 1-year follow-up survey are forthcoming and will be compared to the baseline survey results. These baseline survey findings indicate a strong need for resource and support allocation not only for older adults with cancer but also for healthcare providers during the COVID-19 pandemic. We anticipate this will have remained a key concern in the 1-year follow-up survey.

SIOG2021-0033**Impact of the COVID-19 pandemic on physical activities in older adults with cancer in a Canadian central province**

S. Sattar¹, K. Haase², A. Kaur³, S. Ahmed⁴. ¹University of Saskatchewan, College of Nursing, Regina, Canada; ²University of British Columbia, School of Nursing, Vancouver, Canada; ³University of Saskatchewan, College of Nursing, Saskatoon, Canada; ⁴University of Saskatchewan, College of Medicine, Saskatoon, Canada

Introduction: Public health safety measures during the COVID-19 pandemic, along with access restriction to many recreational facilities, have dramatic impact on physical activities (PA) in many, including older adults, which can have significant implications on physical, functional, and mental health outcomes.

Objectives: The objective of this study was to investigate how the pandemic affected PA in community-dwelling older adults with cancer living in a Canadian central province.

Methods: This is a subgroup analysis of a larger online survey powered and disseminated by the Canadian Hub for Applied and Social Research (CHASR). Saskatchewan residents (age ≥ 65) registered in the CHASR database were invited to participate in a 20-item survey. Quantitative data was analyzed using descriptive and inferential statistics. Thematic analysis was used to analyze free-text responses.

Results and Conclusion: A total of 115 older adults with cancer participated. Median age was 72.2, range 65–92; 49.6% were female. Prostate (20%) and breast (18%) were the most common cancer sites. A statistically significant decrease in hours engaging in PA weekly ($p < 0.001$) was detected since the start of the pandemic. Common themes include: no longer being able to attend structured exercise programs or have access to certain routines; less time spent outdoors; loss of motivation to exercise; and pivoting to other ways to exercise. Weather is a common barrier to stay physically active; whereas being in a group environment and access to online exercise programs are perceived as facilitators. Our findings can inform strategies to support older adults with cancer in maintaining PA during and after the COVID-19 pandemic, as well as in future pandemics.

SIOG2021-0053**Understanding “Patient Refuses” Among 90+ Year Old Patients with Cancer or Presumed Cancer**

J. Wieland¹, Y. Almodallal², N. Martin², S. Mannion¹, P. Nguyen³, A. Jatoi². ¹Mayo Clinic, Department of Medicine, Rochester, United States; ²Mayo Clinic, Department of Oncology, Rochester, United States; ³Mayo Clinic, Department of Laboratory Medicine and Pathology, Rochester, United States

Introduction: Patients 90+ years of age are a rapidly growing, but grossly understudied, group at risk for cancer. Many are undertreated (with no tissue/cytologic diagnosis) and thought to be stigmatized due to age.

Objectives: This study aimed to understand how decisions to forego cancer treatment are arrived upon and if ageism or nihilism appear to drive the final decision of no cancer therapy.

Methods: Medical records were collected on patients 90 years and older who received no cancer therapy between 2007 and 2017, reviewed for quotations relevant to decision-making, and analyzed with rigorous qualitative methods.

Results and Conclusion: Ninety-four patients (median age 93 years) with a cancer diagnosis or presumed diagnosis were identified; most were women (82%) with an average of six comorbidities. The primary qualitative theme was a keen appreciation on the part of all stakeholders of the gravity of the decision to