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.

Conclusions: High rates of emotional distress have been detected during the first wave of the Covid-19 pandemic among cancer patients in active treatment, however, not higher than expected in this population. The cancer disease itself continues to be the main factor of concern for cancer patients, above and beyond the distress generated by Covid-19 pandemic.

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1622P The impact of COVID-19 on cancer treatment delivery in Sub-Saharan Africa

K. Merrell[1], P. Ochieng[2], E.B. Osei - Bonsu[3], E. Seife[4], K. Kemper[5], K. Begna[6], S. Bussman[7], T. Leavitt[8], O. Acheamfour[3], V. Vanderpuye[9], A. Manirakiza[10], T. DeWees[8], E. Addison[3]

[1]Radiation Oncology, Mayo Clinic, Rochester, MN, USA; [2]Oncology, University of Nairobi, Nairobi, Kenya; [3]Oncology, Komfo Anokye Teaching Hospital, Kumasi, Ghana; [4]Oncology, Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia; [5]Global Bridges, Mayo Clinic, Rochester, MN, USA; [6]Hematology, Mayo Clinic, Rochester, MN, USA; [7]Africa Region, City Cancer Challenge, Geneva, Switzerland; [8]Biostatistics, Mayo Clinic, Phoenix, AZ, USA; [9]Oncology, Korle-bu Teaching Hospital, Accra, Ghana; [10]Oncology, King Faisal Hospital, Kigali, Rwanda,

Background: There is limited data on the impact of COVID-19 on cancer care in sub-Saharan Africa (SSA). Here, approximately 14 months into the pandemic, we report survey results to understand how the delivery of cancer care has changed in SSA.

Methods: We created a global consortium of cancer specialist from Africa and North America to collect data related to COVID-19 and cancer care in SSA. This abstract represents the results of a survey to consortium members, and other colleagues, from 8 cancer centers in Ghana, Nigeria, Kenya, Ethiopia, South Africa, Rwanda, and Zimbabwe. The survey was completed in February 2021.

Results: All sites report relatively low rates of confirmed SARS-COV-2 infection (range, 0-83 cases) with a wide range in the case fatality rate (0-50%). With a median duration of 2.3 months (IQR .9-4.2 months), all sites report a temporary lock down with no (12.5%), minimal (12.5%), moderate (50%) and severe (25%) impact on patient care. Examples of this impact include intra-city travel restrictions (25%), inter-city travel restrictions (62.5%), and excessive patient travel costs (75%). Most sites report changes in radiation therapy (RT) delivery strategies including transition to hypofractionation (50%), selection of single fraction RT for metastasis palliation (62.5%), deferral of RT for low-risk adjuvant situations (37.5%), or no change (25%). Changes in chemotherapy delivery strategies include transition to oral options (37.5%), use of hormone therapy over chemotherapy (37.5%), deferral of palliative chemotherapy (50%), and delivery of RT without concurrent chemotherapy (12.5%), or no change (50%). A total 3 sites (37.5%) reported the existence of breast or cervical cancer screening programs prior to the pandemic. Only one site reported return to pre-pandemic levels of cancer screening. HPV vaccination programs were active at 2 sites prior to the pandemic with only partial recovery at one site.

Conclusions: The pandemic has challenged cancer patients despite relatively low rates of reported infection and death. To minimize transmission, oncologist utilize treatment strategies minimizing patient time in hospital. The negative impact on the limited screening and preventative services in SSA is concerning for an impact that may continue for years to come.

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1623P Phase I clinical trials (CT) forge on despite COVID-19

M.J. Lostes Bardaji[1], E. Aliende[2], M. Moreno[2], H.K. Oberoi[3], I. Braña[4], O. Saavedra[5], M. Vieito Villar[6], G. Alonso[6], V. Galvao[7], N. Carballo[2], M. Beltran[2], P. Rovira[8], I. Cidoncha[2], C. Saura Manich[9], T. Macarulla Mercade[3], A. Oaknin[6], J. Carles Galceran[1], E. Felip[10], E. Garralda[11], S. Perez Pujol[2]

[1]Oncology Department, Vall d'Hebron University Hospital, Barcelona, Spain; [2]Early Drug Development Unit, Vall d Hebron Institute of Oncology (VHIO), Barcelona, Spain; [3]Medical Oncology Department, Vall d'Hebron Institute of Oncology (VHIO)-Cellex Center, Barcelona, Spain; [4]Vall d'Hebron Institute of Oncology, Barcelona, Spain; [5]Early Clinical Drug Development Group, Vall d`Hebron Institute of Oncology (VHIO)-Cellex Center, Barcelona, Spain; [6]Medical Oncology Dept., Vall d'Hebron University Hospital, Barcelona, La Coruña, Spain; [7]Early Clinical Drug Development Group, Vall d'Hebron Institute of Oncology, Barcelona, Spain; [8]Early Drug Development Unit, Vall d'Hebron University Hospital, Barcelona, Spain; [9]Breast Cancer Program, Vall d'Hebron University Hospital, Barcelona, Spain; [10]Medical Oncology Service (Lung Cancer Unit), Vall d'Hebron University Hospital, Barcelona, Spain; [11]Early Drug Development Unit, Vall d`Hebron Institute of Oncology (VHIO)-Cellex Center, Barcelona, Spain

Background: Phase I CT are a cornerstone in the treatment of cancer patients. Given the future uncertainties due to COVID19 pandemic, one of the concerns is the potential decrease of new phase I CT entering the clinic in subsequent years. Our aim was to evaluate the impact of COVID19 in the Start-up activities of the phase I Unit at Vall dHebron Institute of Oncology (VHIO).

Methods: We analyzed the activity of VHIO Clinical Trials Start-Up Unit from 2019 to April 2021. The number of new proposals/studies (NS), pre-selection site visits (PSSV), and site initiation visits (SIV) for phase I CT were analyzed. Specific measures in response to COVID19 pandemic were registered.

Results: Regarding NS, a 9.6% decrease was observed in 2020 in comparison to 2019 (132 vs 146 with an average of 11 NS/month vs 12.16 NS/month respectively). This was mainly due to a decrease during the first wave of COVID19 (Mar -May 2020) with 8.33 NS/month vs 12.66 NS/month in 2019. In 2021 (Jan to Apr), NS increased with an average of 17.25 NS/month. Sponsors were 56.4%Pharma vs 43% Biotech during 2020 and 47.05% vs 52.94% in 2021. Despite the decrease of NS in 2020, an increase of remote PSSV was detected (40 in 2019 vs 60 in 2020). During the first wave of COVID19 we performed an average of 5.66 PSSV/month vs 2.33 PSSV/month in 2019. In 2021, PSSV are still increasing with an average of 6.4 PSSV/month. Forty SIV were performed in 2019, 69 in 2020 and 17 from Jan-April 2021 (average 3.3 SIV/Month, 5.75 SIV/month and 4 SIV/month respectively). On the first wave, 4.33 SIV/month were carried out vs 5 SIV/month in 2019. Remote SIV were performed during COVID19, and hybrid (remote/on-site) during 2021. Documents to explain sponsors the measures undertaken for safe trial implementation have been generated (i.e. remote monitoring, shipment of medication, habilitating COVID free monitoring rooms and treatment wards).

Conclusions: Despite COVID19 and an initial decrease of new studies during 2020, the number of new proposals for phase I CT is increasing in 2021. This appears to be equal for biotech and big pharma proposals. Remote PSSVs are an efficient alternative to on- site visits. Digitalization and measures taken are effective to maintain the Clinical trial start up activity in VHIO and will probably remain after the pandemic is over.

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