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.

SARS-COV-2 AND CANCER

LBA69 Impact of the COVID-19 pandemic on management of medical cancer treatments and psychological consequence for the patients

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Background: Treated cancer patients (pts) are at high risk to develop severe COVID-19 evolution and guidelines proposed some preventive medical oncologic treatments (tt) adjustments. Pts had to face with this unprecedented situation, as caregivers forced to suddenly adjust their practices. We assessed the pandemic-induced therapeutic modifications of pts cancer tt and the psychological impact on pts and caregivers.

Methods: This prospective French study was initiated among pts with solid/hematologic malignancy receiving a medical tt during the lockdown in outpatient departments of 2 cancer centers. Tt modifications were collected from medical records. Perceived and post-traumatic stress (PSS, IES-R), sleep (ISI), quality of life QoL (Fact-G) and cognitive complaint (Fact-Cog) were reported at baseline (during the lockdown) and will be collected at 3 and 6 months. PSS and professional burnout/self-efficacy (MBI, GSES) were also reported by caregivers.

Results: Baseline clinical data are available for 621 pts and questionnaires for 575 pts (93%) and 73 caregivers. Pts and caregivers median ages were 64 [24-89] and 40 [22-63], 69% and 81% women. Caregivers were mainly nurses (48%) and oncologists (30%). 98% of pts had solid tumors, 59% with metastatic disease and 47% de novo treated. Main tts included chemotherapy (72%), immunotherapy (31%) and targeted therapy (13%), 37% starting during the lockdown. 27% of pts had tt modifications including 30% adapted monitoring (mainly phone-consultation), 15% tt interruptions, 32% postponed tt, 19% administration rhythm modifications, more frequently among lung cancer, tt initiated before lockdown, immunotherapy and targeted therapy. Severe perceived stress, post-traumatic stress and insomnia were observed in 6%, 21% and 24% of pts. More pts with tt modifications presented severe post-traumatic stress (27% vs 19%, p=0.05). Tt modifications did not impact on QoL/cognition. Perceived stress score was higher among caregivers than pts (p=0.035) but 2/3 reported professional accomplishment and self efficacy.

Conclusions: Lockdown due to COVID-19 induced tt modification in 1/4 of pts with a majored post-traumatic stress. Despite a high level of stress, caregivers coped with the situation.

Clinical trial identification: NCT04366154, registered on 2020, April, 16th.

Legal entity responsible for the study: Comprehensive Cancer Centre François Baclesse, Caen France.

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LBA70_PR The impact of COVID-19 on oncology professionals: Initial results of the ESMO resilience task force survey collaboration

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Background: The impact of the COVID-19 (CV-19) pandemic on wellbeing has the potential for serious negative consequences on work, home life and patient care. The ESMO Resilience Task Force collaboration set out to investigate wellbeing in oncology over time since CV-19.

Methods: 2 online surveys were conducted (survey I April/May; survey II July/August 2020). Statistical analyses were used to examine group differences, associations and to explore predictors of key outcomes: 1) wellbeing/distress (Wellbeing Index (WBI-9)), 2) burnout (1 item); and 3) CV-19 job performance (2 item CJP; standard of care and job delivery compared to pre-CV 19).

Results: Survey I had 1520 participants from 101 countries. Responses indicate that CV-19 is impacting the oncology workforce resulting in a number of changes to work and personal lives. 25% were at risk of distress (poor wellbeing, WBI $\geq$4); 38% reported feeling burnout and 66% were not able to perform their job compared to pre-CV-19. Higher CJP was significantly associated with better wellbeing and not feeling burnout ($p<0.01$). Differences were seen in wellbeing and CJP between countries ($p<0.001$) and related to CV-19 country mortality rate ($p<0.05$). The main predictors of wellbeing, burnout and CJP were resilience and changes to work hours. Others frequently identified were coping strategies, ethnicity, concern about training/career, worried about current wellbeing, and working conditions. In Survey II, results from 942 participants are undergoing analysis. Overall, comparisons between surveys show overall wellbeing and burnout rates have worsened overtime but CJP has improved. Among 272 participants who completed both surveys, WBI scores $\geq$4 (indicating higher risk of distress) and burnout rates were higher in survey II compared to survey I (22% vs 31% p=0.01; 35% vs 49% p=0.001 respectively) suggesting wellbeing and burnout may be worsening overtime. CJP improved (38% vs 54% $p<0.001$).

Conclusions: In the largest global survey series, COVID-19 is impacting on the wellbeing and job performance of oncology professionals. Risk of distress and burnout has increased over time. Urgent measures to address wellbeing and improve resilience are essential.

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LBA71 Systemic cancer treatment-related outcomes in patients with SARS-CoV-2 infection: A CCC19 registry analysis

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Background: SARS-CoV-2 is associated with diverse clinical presentations ranging from asymptomatic infection to lethal complications. Small studies have suggested inferior outcomes in patients (pts) on active cancer treatment. This finding was not independently validated in our prior report on 928 pts, which included treatments administered within 4 weeks of COVID-19 diagnosis. Here, we examine outcomes related to systemic cancer treatment within one year of lab-confirmed SARS-CoV-2 infection in an expanded cohort.

Methods: The COVID-19 and Cancer Consortium (CCC19) registry (NCT04354701) was queried for pts ever receiving systemic treatment. Treatment type, cancer type, stage, and COVID-19 outcomes were examined. Pts were stratified by time from last treatment administration: <2 wk, 2-4 wk, 1-3 mo, or 3-12 mo. Standardized incidence ratios (SIR) of mortality by treatment type and timing were calculated.

Results: As of 31 July 2020, we analyzed 3920 pts; 42% received systemic anti-cancer treatment within 12 mo (Table). 159 distinct medications were administered. The highest rate of COVID-19-associated complications were observed in pts treated within 1-3 months prior to COVID-19; all-cause mortality in this group was 26%. 30-day mortality by most recent treatment type was 20% for chemotherapy, 18% for immunotherapy, 17% for chemoradiotherapy, 29% for chemoimmunotherapy, 20% for targeted therapy, and 11% for endocrine therapy. SIR of mortality was highest for chemoimmunotherapy or chemotherapy <2 wks, and lowest for endocrine treatments. A high SIR was also found for targeted agents within 3-12 mo. Pts untreated in the year prior to COVID-19 diagnosis had a mortality of 14%.

Conclusions: 30-day mortality was highest amongst cancer pts treated 1-3 months prior to COVID-19 diagnosis and those treated with chemoimmunotherapy. Except for endocrine therapy, mortality for subgroups was numerically higher than in pts untreated within a year prior to COVID-19 diagnosis.

Table: LBA71

	Most recent treatment before COVID-19			
	<2 wk	2-4 wk	1-3 mo	3-12 mo
Total, n	**915**	**298**	**230**	**143**
Total deaths, %	**16**	**16**	**26**	**17**
Treatment Type, %				
Chemo	30	46	44	45
Immuno (IO)	7	18	8	10
Chemo-IO	2	6	4	*
Targeted	39	32	35	25
Endocrine	32	13	19	14
Cancer Type, %				
Solid tumor	63	68	63	59
Hematologic	26	18	24	25
Complications, %				
Hospitalized	54	54	61	57
O2 required	41	43	45	41
ICU	14	16	17	13
Mech. ventilation	10	11	13	10
SIR Mortality (95% CI)				
Chemo	**1.31 (1.00-1.69)**	1.18 (0.77-1.73)	0.92 (0.59-1.36)	0.92 (0.44-1.69)
IO	1.03 (0.51-1.85)	1.02 (0.46-1.93)	*	*
Chemo-IO	2.22 (0.95-4.37)	*	*	*
Targeted	0.98 (0.74-1.27)	0.97 (0.54-1.60)	1.41 (0.95-2.03)	**2.15 (1.14-3.68)**
Endocrine	**0.62 (0.42-0.88)**	*	0.73 (0.31-1.43)	*

*Absolute number of pts <5.

Clinical trial identification: NCT04354701.

Legal entity responsible for the study: The COVID-19 and Cancer Consortium (CCC19).

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