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**1602P COVID-19 vaccination efficacy in cancer patients: An ongoing prospective trial**

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**Background:** Cancer patients (pts) have higher risk of severe COVID-19 infection. However, observations are based on non-comparative retrospective studies. Evidence regarding vaccination in cancer pts is limited, but there is enough evidence to support COVID-19 vaccination, even under active treatment. Data on humoral and cellular immune response to antiviral vaccination in cancer pts are scarce. In pts receiving immunosuppressive therapies (IST) like chemotherapy and targeted therapies, seroconversion/protection rates are expected to be lower than general population, but not in pts receiving immune checkpoint inhibitors (ICI). Serum antibodies against an infectious agent may be an immunity indicator.

**Methods:** Prospective observational longitudinal study with the intent of evaluating the humoral response of cancer pts to COVID-19 vaccination. The study includes pts diagnosed in any stage, without or under active treatment, or survivors followed in Hospital Prof. Dr. Fernando Fonseca, in partnership with Instituto Gulbenkian de Ciência. Pts are divided into 4 arms, independently of the vaccine: A – IST; B – ICI; C – Hormone therapy (HT); D – Cancer survivors. Recruitment started in March 2021, expecting at least 50 pts per arm. IgG, IgA and IgM anti-SARS-CoV-2 antibodies ELISA determination in 9 timepoints: before 1st dose and at the 3rd, 6th, 12th, 15th, 24th, 36th, 48th and 60th weeks post 1st dose. Side effects' questionnaire will be implemented after 1st and 2nd doses.

**Results:** Recruitment is ongoing and a total of 202 pts were enrolled, of which 178 pts have 3-weeks post 1st dose evaluated: 101 in arm A: 11 in B: 31 in C; and 35 in D. The mean age is 61.6 years, with 53.4% females. Regarding vaccines, 55 pts were submitted to ChAdOx1-S/nCoV-19, 5 to Ad26.COV2.S, 89 to BNT162b2 and 12 to mRNA-1273 vaccines. At 3 weeks, 33/97 pts (34%) in arm A, 2/11 pts (18%) in B, 14/28 pts (50%) in C and 15/35 pts (43%) in D already generated anti-spike IgG. Most common side effects were local inflammatory reaction (47%), generalized muscle pain (17%), fatigue (11%), and chills (10%).

**Conclusions:** Efficacy and safety profiles of vaccines against COVID-19 infection in cancer pts is still unknown. This study hopes to assess differences in immunization between pts' treatment profiles and duration profiles and safety profiles.

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**1603P SARS-CoV-2 seroconversion among oncology healthcare workers in Brazil**

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**Background:** We aimed to estimate the incidence of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) seroconversion after baseline screening among oncology healthcare workers (HCW).

**Methods:** This is a prospective longitudinal cohort study of HCW, applied at Centro de Terapia Oncológica (CTO), an Oncology clinic in Petrópolis, Brazil. Baseline screening for SARS-CoV-2 occurred between April 9 -29, 2020 using rapid IgM and IgG serological tests for all HCW. Follow-up serology testing took place once between November 5-December 28, 2020 and included retesting with indirect chemiluminescence immunoassay LIAISON SARS-CoV-2 S1/S2 IgG all HCW for seroconversion incidence. Reverse transcriptase-polymerase chain reaction (RT-PCR) testing was offered at baseline and follow-up for all symptomatic staff. The McNemar test was used to assess the change in positive serology incidence in both tests.

**Results:** The study included 60 HCW, with 40 females (66.7%). Mean age was of 43.4 years old (SD =14.5). At baseline SARS-CoV-2 antibody assessment, 57 (95%) were negative and 3 (5%) positive; 59 (98%) asymptomatic HCW, and 1 symptomatic (1.6%) tested positive in RT-PCR. A total of 11 RT-PCR were performed since baseline until follow-up in symptomatic HCW, with 9 (81.8%) positive results, all of them with seroconversion. 6 (10%) asymptomatic HCW were seropositive at follow-up screening. None of baseline positive-serology asymptomatic HCW sustained their serology. Seroconversion occurred in 15 (25%) HCW - Table. The incidence of positive serologies in follow-up screening was statistically higher than at baseline ( $p = 0.008$ ).

**Table: 1603P**

Baseline / Follow - up	Negative	Positive	Total	p
Negative	42 (70%)	15 (25%)	57 (95%)	0.008
Positive	3 (5%)	0 (0%)	3 (5%)	
Total	45 (75%)	15 (25%)	60 (100%)	
McNemar Test				

**Conclusions:** Most seroconversions were in symptomatic HCW, although the substantial number of positive serologies in asymptomatic HCW accent the importance and direct impact of regular universal testing. Seropositivity increased five-fold compared to baseline results. This detected increase in infections reflects a national pattern, suggesting community-based and not nosocomial transmission.

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**1604P Global survey of 104 cancer patient organisations reveals devastating impact of COVID-19**

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**Background:** The Global Cancer Coalitions Network (GCCN), established in May 2020, collectively represents over 750 cancer patient organisations representing over 14 million patients around the world. Cancer services have faced challenges as a result of COVID-19, including suspension of screening and diagnostic services; delays in diagnosis leading to higher mortality rates; cancellation/deferral of life-saving treatments; changes in treatment regimens and suspension of vital research. Substantial increases in the number of avoidable cancer deaths are to be expected as a result of diagnostic delays due to the COVID-19 pandemic.

**Methods:** 6 global cancer coalitions surveyed their member organisations in December 2020.

**Results:** Among 104 organisations from 46 countries representing advanced breast, bladder, colorectal, lymphoma, ovarian, and pancreatic cancer patient groups: · Demand for services has increased · 2/3 organisations experienced a fall in income from December 2020, averaging -48% · Over 1 in 10 organisations have closed temporarily, and some permanently · Only 1 in 10 organisations believe their 2021 income will return to levels seen before the pandemic · Almost half report that their ability to operate is under threat · Half do not have access to any national funding schemes to ensure operation during the pandemic · Staff shrunk -20%; volunteer numbers -70% · <20% organisations report normalised cancer services in December 2020; more respondents report services are "worse than ever" · Patient distress, isolation and financial hardship have increased markedly.

**Conclusions:** For organisations providing support to cancer patients, declining income, the need to reduce staff and move to virtual working practices has added strain while demand for support due to the pandemic has increased. Emergency support, including funding, must be made available to these organisations to ensure that the needs of cancer patients worldwide continue to be met.

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