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1752P Epidemiological analysis of SARS-CoV-2 virus infection in patients with solid tumors: The experience of Infanta Sofia University Hospital (HUIS)

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Background: The global SARS-CoV-2 outbreak has significantly affected hospital assistance to cancer patients. Diagnostic and treatment paradigms have been challenged with an urgent need for patient protection. In the absence of data to balance clinical decisions we aimed to analyze HUIS experience during the peak of the outbreak.

Methods: Cancer pts attended at HUIS since February 24th to April 24th were collected. Clinical management was adapted according to evolving international consensus. All PCR+ COVID-19 pts have been included in a database. Oncological and COVID-19 diseases characteristics as well as cancer management have been collected. The main objective of this analysis was to know the risk of SARS-CoV-2 infection, hospitalization rate and mortality of cancer patients in our center during the outbreak and to identify potential predictive factors.

Results: Overall, 853 cancer pts had been attended at our department during this period of time. Twenty-six pts (3.05%) were hospitalized with confirmed COVID-19 diagnosis. Underlying solid tumors were the following: breast (256, 30.01%), GI (312, 36.8%), lung (100, 11.72%) and others (185, 21.47%). 322 pts (37.75%) had metastatic cancer and 531 (62.25%) had early stage diseases. 395 pts (46.31%) were treated with antineoplastic agents: 62,63% received treatment as adjuvant therapy, 18.92% as first line (or maintenance) treatment in advanced diseases and 12.81% second or following lines of treatment in advanced diseases. 10 pts (32.26%) with COVID-19 died. Further analysis regarding clinical, laboratory and hospital risk factors — such as diagnostic procedures, type and length of treatments, number of hospital visits, etc will be reported in the final presentation.

Conclusions: COVID-19 hospitalization rate was 3.05%, and mortality rate was 32.26%. Adequate testing and protective measures are mandatory to warrant an optimal management of cancer pts during the global SARS-CoV-2 outbreak.

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1753P Coronavirus or cancer: What are oncological patients most afraid of?

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Background: The diagnosis and treatment of cancer are associated with anxiety of death and cancer recurrence. The outbreak of SARS-CoV-2 pandemic has caused fear and anxiety among cancer patients. Incidence of severe and even fatal complications during SARS-CoV-2 infection is greater in the cancer patients, therefore

recommendations of oncological therapy have changed. The aim of the study was the anxiety level analysis among oncology patients during SARS-CoV-2 pandemic in correlation with mental adjustment to cancer.

Methods: 306 patients, ≥18-years of age with histologically confirmed cancer and concurrently receiving systemic treatment were enrolled in 4 Oncological Centers in Poland. The most common types of cancer were breast cancer (n=84), colorectal cancer (n=55) and melanoma (n=25). The level of cancer-related anxiety (CRA) and SARS-CoV-2-related anxiety (SRA) was measured in numerical (0-10 points) scale and validated Fear of COVID-19 Scale. The degree of adaptation to cancer was evaluated with the Mini-Mental Adjustment to Cancer scale (Mini-MAC). The study was performed on May 11-15th, 2020. Non-parametric tests and Spearman correlations were used for statistical analyses. Descriptive statistics are presented as median and interquartile range. The study was approved by the ethics committee.

Results: The median of CRA (6; 5-10) was higher than SRA anxiety (5; 3-8; p=0.025). The level of CRA significantly correlated with coronavirus anxiety (r=0.531; p=0.01). The numerical and Fear of the COVID-19 scales were highly comparable (r=0.741; p<0.001). Gender (p<0.001) and tumor type (p=0.025) were significantly associated with SRA. The anxiety was higher in women (8; 5-10) than in men (5; 4-8) Patients with breast cancer had the highest SAR, while those with lung cancer had the lowest. Patients with high destructive attitude in Mini-MAC had higher SAR than with low attitude (p<0.001).

Conclusions: The level of CRA was higher than SRA among oncological patients during SARS-CoV-2 pandemic. Women with breast cancer and patients with destructive attitude should be provided with increased psychological care. Despite changes in the functioning of oncological healthcare, continuity of care should be maintained.

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1755P The beginning of the COVID-19 era: The perception of oncological patients (pts) in active treatment at the Brindisi and Maurizioano Hospital Oncology Departments

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Background: The COVID-19 pandemic have had a strong logistical and psychological impact on the population. A specific attention has been devoted to the organization of activity of Oncology units and to oncological patients' mental health conditions. In fact, oncological pts are now experiencing apprehension not only for their cancer but also for the pandemic. The aim of this research is to evaluate how the COVID-19 emergency has affected access to treatments, management of disease and the psychological impact on pts in 2 Oncology Units in Brindisi (Apulia) and Turin (Piedmont).

Methods: In a 2 week period between April and May 2020, a structured questionnaire was administered to pts in active treatment at the Day hospital (DH)/ Day Service (DS) of Oncology Dpts at Brindisi and Maurizioano Hospital. The questionnaire was anonymous, self-administered, with 5 closed-ended questions with a "yes/no" answers and 10 questions involving a modified Likert scale of 4 answers. Percentage data are analyzed for the whole series and the 2 centers separately.

Results: 404 questionnaires were collected (Brindisi 202, Turin 202). The main difference involves the number of pts with relatives tested positive to SARS-CoV2 (Apulia 2% vs. Piedmont 11.4%, p=0.002). Overall, 343 pts (84.9%) referred no relevant changes in the treatment of their illness. They indicated no relevant alterations in the access to medical care (n= 362, 90%), in outpatient visits (n= 341, 84.8%), in running diagnostic exams (n= 340, 84.6%) and in drug supply (n= 365, 90.8%). 291 pts (72.4%) did not perceive a significant risk of contagion in accessing their DH/DS. Overall, pts did not believe they have received a significant reduction in assistance (n=372, 92.1%). The communication with the medical staff has been judged effective and clear (n= 374, 93%) and pts claimed it had been easy to reach the staff via phone or e-mail (n=364, 90.1%). There were no relevant differences between the 2 centers.

Conclusions: Despite the changes in the clinical management of cancer pts due to the COVID-19 emergency, our data show that most pts did not perceive any relevant difference in the management, both from an operational and relational point of view.