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.

showing equivalent pharmacological performance than standard schedule. However, there is a clear lack of clinical data.

Methods: We performed an observational, retrospective study in a French university hospital. The extended-schedule of ICI administration began during the first pandemic period (from march to may 2020). We report here the clinical characteristics and early efficacy and safety signals, after a minimal follow-up of 6 months. Data (tumor response, adverse event) were collected based on medical records.

Results: 25 patients received the extending-dose schedule (13 pembrolizumab 400 mg Q6W, 12 nivolumab 480 mg Q4W) during the inclusion period. Most of the malignancies were stage IV (21/25) adenocarcinoma (20/25) with 13/25 tumors showing a PD-L1 TPS>50%. Most of the patients were in 2nd or 3rd line of treatment (15/25). 3 patients started ICI with double dose-schedule, whereas 22 transitioned from a previous standard-dose regimen. Altogether, 13/25 (52%) patients presented or remained on partial response with extended-interval dosing schedule during follow-up, with 11/25 (44%) continuing this regimen on september 1st. The adverse events reported in the patient still on ICI were grade 1 diarrhea or arthralgia. The median duration of prior exposure to ICI for those patients was 278 days. 14 patients stopped the extended-interval dosing schedule including 7 for disease progression and 6 for immune-related adverse event. The main observed adverse events were asthenia (n = 4), diarrhea (n = 1) and arthralgia. The median duration of prior exposure to ICI for those patients was 178 days. 3 patients died during the follow-up period. No SARS-CoV2 infection was observed.

Conclusions: This work based on real-life experience shows that extending the dose and interval of ICI treatment in advanced NSCLC is feasible. Early efficacy and safety signals appear encouraging. The adverse events reported were expected side-effects of immunotherapy and no grade 4–5 toxicity was observed.

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180P

Incidence of brain metastases (BM) in newly diagnosed stage IV NSCLC during COVID-19

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Background: Reduced diagnostic procedures and late presentation during COVID19 may lead to late diagnosis of NSCLC. De novo BM may thus be more common during COVID19. Baseline incidence of BM in asymptomatic patients (pts) needs to be defined.

Methods: Consecutive pts with stage IV NSCLC referred to Royal Marsden Hospital between Jun-Nov 2020 were included. Prospectively collected data were analysed descriptively.

Results: Of 172 pts, 95 (55%) underwent brain imaging, 77 (45%) did not. More pts with brain imaging had good ECOG and received systemic therapy compared to those without brain imaging (table). 37/95 (39%) pts had BM on imaging. In pts with BM, 65% had BM symptoms, 35% did not. 12/27 (44%) pts with 1–5 BM were asymptomatic compared to 1/10 (10%) pts with ≥6 BM (p = 0.07). 32/95 (34%) pts with brain imaging had BM symptoms; of which 24 (66%) had BM confirmed on imaging. However, 13/63 (21%) asymptomatic pts also had BM detected on imaging. 10/37 (27%) pts with BM received stereotactic radiosurgery, of which 5 were asymptomatic. Of the remaining 27 pts with BM, 12 received TKI alone, 1 was monitored, 4 received palliative radiotherapy, 8 were unfit for treatment, 2 died. 11/37 (30%) pts with BM did not receive systemic therapy.

Table 180P: Characteristics

	Brain imaging N = 95 N (%)	No brain imaging N = 77 N (%)
Age		
Median (range)	70 (34–95)	74 (47–91)
Smoking		
Never	20 (21%)	12 (16%)
Ex/current	74 (78%)	51 (66%)
NA	1 (1%)	14 (18%)
ECOG		
0	16 (17%)	5 (6%)
1–2	68 (72%)	37 (48%)
3–4	11 (11%)	27 (35%)
NA	0 (0%)	8 (10%)
Subtype		
Adenocarcinoma	68 (72%)	45 (58%)
Squamous cell	11 (12%)	12 (16%)
Other	11 (11%)	4 (5%)
NA	5 (5%)	16 (21%)
Molecular		
Variant detected	52 (55%)	25 (32%)
No variant	28 (29%)	31 (40%)
NA	15 (16%)	21 (27%)
BM symptoms		
Yes	32 (34%)	4 (5%)*
No	63 (66%)	60 (78%)
NA	0	13 (17%)
Systemic therapy		
NA	0 (0%)	2 (3%)
Yes	64 (67%)	32 (42%)
No	31 (33%)	43 (56%)
Poor ECOG Pt wishes Died Surgery/ radiotherapy only Monitor	17 4 5 3 2	28 2 12 0 1

*Not for active treatment.

Conclusions: The incidence of de novo BM was high in pts with stage 4 NSCLC during COVID19 (39%), higher than historical rates (25%). Many pts with BM were asymptomatic (35%). Brain imaging should be considered in all pts with a new diagnosis of stage 4 NSCLC. Whether early diagnosis and treatment of BM affects survival will need to be explored.

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