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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

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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

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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 d'Hebron 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, habituating 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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1624P Impact of the COVID-19 pandemic in the cancer fast-track programme

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Background: The COVID-19 pandemic has disrupted many aspects of clinical practice in oncology, particularly in making timely cancer diagnosis. Our public health system has been concerned about potential delays leading to a higher proportion of patients with advanced stages. Our cancer diagnosis fast-track program (CFP) in the Clinic-Malvarrosa Health department in Valencia (Spain) is connecting primary care (PC) with different specialists to speed cancer diagnosis and treatment upon well founded suspicion. A 10-year evaluation of our CFP has recently been published. The aim of this analysis was to investigate the impact of the COVID-19 pandemic on the CFP.

Methods: We analysed the programme flow during the state of emergency starting on March 16, 2020 for one year.

Results: During that year, 975 suspected cancer cases were submitted to the CFP. The submissions only decreased during the times of highest COVID-19 incidence and stricter lockdown (March, April and October 2020). However, referrals were slightly higher than in the two previous years (average 877). Of those 975 patients, 817 were seen by the corresponding specialist. A cancer diagnosis was confirmed in 197 (24.1%) with 33% urological, 23% breast, 16% gastrointestinal and 9% lung cancer. Median time from referral to the specialist visit was 13 (interquartile range, 8 to 22 days) days and a diagnosis was reached in a median of 18 days (interquartile range, 10 to 30 days). In cancer patients, treatment was started in around 30 days (interquartile range, 13.5 to 51 days) from the time of diagnosis. Sixty-one percent of cancers were found in an early stage, 20% in a locally advanced stage, and 19% in an advanced stage. These intervals and proportions were similar to the previous years.

Conclusions: Our programme has proven to be a reliable tool to help PC physicians referring patients with cancer suspicion cancer, maintaining its normal flow and efficacy despite the current pandemic.

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1625P The virtual clinic: An insight into the patient and clinician experience in cancer during COVID-19

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Background: Technology in healthcare has been evolving with an amplified use over the last year, due to the coronavirus 19 (COVID-19) pandemic. Face-to-face consultations for cancer patients were reduced and virtual clinics (VCs) in the form of telephone or video were offered in replacement. The aim of the study was to assess the experiences of VCs in cancer care amongst patients and healthcare professionals at Barts Health NHS Trust.

Methods: Patients were identified from the electronic patient system who had received cancer care at Barts Health NHS Trust from 01/09/20-15/01/21 and attended at least one VC. Clinicians actively working within cancer were invited if they had attended at least one VC. Individual semi-structured telephone interviews were