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1759P Cancer care during COVID-19: Data from 157 patient organisations

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Background: Representatives from 8 global cancer coalitions/alliances, representing 650 cancer patient groups and the interests of over 14 million patients have come together during the pandemic to review and evaluate the patient-perspective impact. 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. For organisations that provide support to cancer patients, declining income, the need to reduce staff and move to virtual working practices has put extra strain while demand for support due to the pandemic has increased.

Methods: 5 coalitions surveyed their member organisations. A number of coalitions consulted their members by individual surveys or consultations.

Results: A survey of 157 organisations representing advanced breast, bladder, lymphoma, ovarian and pancreatic cancer patient groups from 56 countries found that 57% experienced an average increase of 44% in patient calls and emails. 45% reported that their future viability may be under threat because of the impact of COVID-19 on income. Qualitative data will also be presented. Examples of good practice were reported where healthcare systems have acted to protect patients and cancer services. These include the introduction of COVID-free centres, separation of cancer patients from those who may have COVID-19, and the introduction of virtual and telemedicine services. Organisations have also introduced new ways of working including virtual psychological support services and app-based support groups. These best practices should form part of a global plan of action for future health crisis.

Conclusions: Collaboration between patient advocacy organisations, governments and health services is needed to ensure the ground lost to the COVID-19 pandemic is regained. Action is required to restore cancer services safely and effectively without delay. Additional resources for organisations that support cancer patients are required to ensure that they continue to provide vital services. Finally, a global plan of action for cancer is required to meet the challenges of any future health crisis.

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1760P COVID-19 severe pneumonia in cancer patients: Impact and predictive factors

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Background: SARS-CoV-2 is a novel coronavirus that has been responsible for the largest pandemic in the last century: COVID-19. Some patients (pts) develop a severe pneumonia with higher mortality rate. Oncological population could be at higher risk.

Methods: We evaluated the association between COVID-19 severe pneumonia and clinical/laboratory/radiological parameters in cancer pts admitted to our institution from March to April 2020. We considered a severe pneumonia if the patient required more than 5L supplemental oxygen. Past medical history and COVID-19-related parameters (such as symptoms, laboratory/x-ray findings and specific treatments for the COVID-19) were retrospectively collected. Univariate and multivariate analysis have been done using logistic regression.

Results: Forty-three cancer pts were hospitalized with COVID-19 diagnosis; 27 pts (62.8%) were male. Median age was 68.8 ± 7.8 years. Most part of the pts had gastrointestinal (13; 30.2%), thoracic (12; 27.9%) and breast (6; 14%) cancer. 33 pts (83.7%) presented pneumonia, which was bilateral in 24 pts (55.8%). Median basal saturation of oxygen (O₂) was 92% (87-94.5). Severe pneumonia was observed in 23 pts (53.5%). In these patients, the most common symptoms were dyspnea (16; 69.6%), cough (14; 60.9%) and fever (11; 47.8%). Hydroxychloroquine was administered in 20 pts (87%), antiretrovirals in 14 pts (60.9%), steroids in 13 pts (56.5%) and tocilizumab in 9 pts (39%). Mortality rate due to COVID-19 was 84.6% in pts with severe pneumonia versus 15.4% in the rest of patients (p=0.03). Thoracic cancer and diabetes were associated with severe pneumonia development in univariate analysis. Thoracic cancer [OR: 12.0 (1.8 – 246.5)] was also associated in multivariate analysis.

Conclusions: Severe pneumonia was frequent in cancer patients with COVID-19 admitted to our institution and was associated with a high mortality rate. Thoracic

tumours were found to be a risk factor for developing severe pneumonia. Further investigations with larger number of pts are needed.

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1761P Universal screening of SARS-CoV-2 of oncology healthcare workers – a Brazilian experience

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Background: The outbreak of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) has placed unprecedented strain on health-care services worldwide. Centro de Terapia Oncológica (CTO) is a Oncology clinic in Petrópolis, countryside of Rio de Janeiro, Brazil. This discussion aims to appoint the necessity of mass testing of both symptomatic and asymptomatic health-care workers (HCWs), in order to avoid workforce unnecessary quarantine, reduce spread in asymptomatic or mild cases and protect the health of HCWs and patients.

Methods: Between 09 and 29 April of 2020, 60 CTO HCWs were tested for COVID-19. They were all tested through IgM/IgG rapid testing by near-patient lateral flow devices, while nasopharyngeal swabs and reverse transcriptase polymerase-chain-reaction (RT-PCR) for SARS-CoV-2 were added as a secondary investigational method amongst symptomatic HCWs. In total, 62 tests were done: 61 IgM/IgG tests were done and 1 nasopharyngeal swab for RT-PCR testing.

Results: A total of 4 HCW tested positive among 62 tests. They were all immediately quarantined for 14 days and represent 6.6% of the service's total workforce. Out of the 4 positive cases, 2 were female, with 60 years or more, and the remaining 2 were men aged between 30 and 42 years; 3 of these HCW were asymptomatic and only 1 had symptoms of the disease. Results illustrated in the table.

Table: 1761P

	IgM	IgG	Symptomatic	RT-PCR Swab Test
Positive HCW 1	-	-	Yes	+
Positive HCW 2	+	+	No	NT
Positive HCW 3	+	-	No	NT
Positive HCW 4	+	-	No	NT

Conclusions: Wide availability of testing for antibodies and the universal testing of HCW would be a game changer as it: reduces in-hospital transmission; reduces a potential source of asymptomatic ongoing transmission during a period of social distancing; promotes the wellbeing of HCW ensuring that infected colleagues are promptly tested and isolated; enables the service to isolate those who require it, avoiding being short-staffed due to self-isolation or widespread contamination of the HCW. Unfortunately, mass testing is still not a palpable reality for most healthcare services in Brazil, especially in the public health sector, mainly due to financial reasons.

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1762P Delivery of systemic anti-cancer therapy during the COVID-19 pandemic

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Background: The delivery of systemic anticancer therapy during the COVID-19 pandemic is extremely challenging. Increased hospital visits and active anticancer therapy have been described as risk factors for developing more severe infection. In order to balance the benefits of continuing anticancer therapy with these risks, we undertook a series of system changes in the delivery of cancer care. We examined the rate of COVID-19 infection in patients attending for systemic anticancer treatments and the impact of COVID-19 on therapy delivered at our oncology dayward.