GENERAL INTEREST

203MO

Changes in management for patients with lung cancer treated with radical radiotherapy during the first wave of the COVID-19 pandemic in the UK (COVID-RT Lung)

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Background: In response to the COVID-19 pandemic, guidelines on reduced fractionation for patients with lung cancer treated with curative-intent radiotherapy (RT) were published (Faivre-Finn et al) aiming to reduce the number of hospital attendances and potential exposure of vulnerable patients to SARS-CoV-2. Here we describe the changes that have taken place.
Methods: COVID-RT Lung is a prospective multicentre UK data collection. Inclusion criteria are: patients with stage 1–3 lung cancer (biopsy-proven or diagnosed on cross-sectional imaging) referred for and/or treated with radical RT between 2/4/2020–2/10/2020. Both patients who had a change in their management and those who continue with standard management are included. Data on demographics, COVID-19 diagnosis, diagnostic work-up, RT and systemic treatment, treatment-related toxicity, disease/patient status are collected. Each participating centre obtains local approval and anonymised data is collected on a central, cloud-based Research Electronic Data Capture system.
Results: 1117 records from 20 UK RT sites were available for analysis on 30/11/2020. 562 (50%) female, median age 72 years (38–93 years). 15 patients (1%) were diagnosed with COVID-19, 9 prior to treatment. 160 patients (14%) had their diagnostic investigations affected by the pandemic. 415 patients (37%) had their treatment changed from their centre's standard of care (table). Patients with PS0-1 were more likely to have their treatment changed compared to patients with a poorer PS. The median number of RT fractions was 15 for patients who had their RT dose/fractionation changed compared to 20 for those who were treated as per standard of care.

Table 203MO: Changes to management of patients treated for stage 1–3 lung cancer during the COVID-19 pandemic

Change in management	Patients
Different RT dose/fractionation	210
RT instead of surgery	86
Chemotherapy omitted	87
Chemotherapy reduced	56
Watch and wait	24
No treatment	3
Immunotherapy omitted/reduced	6
PCI omitted	4

Conclusions: This nationwide cohort shows that clinicians in the UK changed the management of patients with stage 1–3 lung cancer in line with national guidelines. The main changes are a reduction in chemotherapy use and an increase in RT hypofractionation.
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Immune-related adverse events (IrAEs) as a predictor of response to immunotherapy in patients with lung cancer

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Background: Immune Checkpoint Inhibitors (ICI) are a standard of care in advanced Non-Small Cell Lung Cancer. Some patients seem to have maintained responses even when treatment is withdrawn. There is a critical need to distinguish this group of patients by identifying predictors of response to ICI. PD-L1 expression, tumor burden and microsatellite instability have been validated. However, new biomarkers (tumor infiltrating lymphocytes, tumor neoantigen burden, neutrophil/lymphocyte ratio, etc.), are on study. We aim to investigate the relationship between IrAE and response to ICI.
Methods: Retrospective study with patients receiving ICI from January 2013 until May 2020 in our Centre. Kaplan-Meier and Log Rank test were calculated.

Table 204P: Immune-related adverse events (IrAEs) as a predictor of response to immunotherapy in patients with lung cancer

Male	77.6%
Female	22.4%
Adenocarcinoma	51.3%
NOS	7.9%
Squamous	39.5%
Small Cell	1.3%
PD-L1	
>49%	24.4%
1-49%	46.7%
<1%	28.9%
Toxicities	
- Skin	36.8%
- Arthritis	21%
- Diarrhea	18.2%
- Hepatitis	10.5%
- Thyroid	9.2%
- Pneumonitis	9.2%
- Pancreatitis	2.6%
- Gastritis	2.6%
- Adrenal	2.6%
- Nephritis	1.3%
- Neuritis	1.3%

Results: 76 patients were included. Patient characteristics and toxicities are summarized in the table. 55.3% patients presented toxicity: 30.9%, 45.2% and 23.8% grade I, II and III respectively (attending CTCAE v5.0). 13 patients suspended ICI, 11 required corticosteroids, and 7 were