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Evaluation of medical practices in oncology in a context of COVID-19 pandemic in France: Point of view of physicians, PRATICOVID study

C. Helissèy1, A. Cessot1, L. Boudin3, E. Romeo2, C. Prieux1, D. Ghebriou5, A. Schernberg1, N. Grellety1, C. Joly1, O. Baudueva1, C. Thibault1, E. Mamo1, G. Raynal4, S. Setey Effiff1, H. Le Floch1, D. Ricard1, J. Brureau1

1Vol de Marne, Bégin Military Teaching Hospital, Saint-Mandé, France; 2Department of Medical Oncology, Clinique Hartmann, Neuilly-sur-Seine, France; 3Department of Medical Oncology, Hôpital D’Instruction des Armées (HIA) Ste Anne, Toulouse, France; 4Department of Gastroenterology, Military Hospital Percy, Clamart, France; 5Department of Medical Oncology, Hospital Tenon, Argeletue, France; 6Department of Radiation Oncology, Clinique Hématologie - Hôpitaux Publics - Hôpitaux De Paris, Paris, France; 7Department of Radiation Oncology, Hôpital Henri Mondor, Créteil, France; 8Medical Oncology Department, Hôpital Henri Mondor, Créteil, France; 9Department of Radiotherapy, Clinique Hartmann, Levallois, France; 10Medical Oncology Department, Hôpital Européen George Pompidou, Paris, France; 11Department of Urology, Clinique Metivet, Saint-Maur-Des Fossés, France; 12Department of Pulmonology, Military Hospital Percy, Clamart, France; 13Department of Neurology, Military Hospital Percy, Clamart, France; 14Department of Urology, CHU Guadeloupe, Pointe-à-Pitre, France

Background: The cancer population seems to be more susceptible to COVID-19 infection and have worse outcomes. Front of this pandemic, we had to adapt our patient care to protect our patients without compromising their prognosis related to their cancer. The national PRATICOVID study aims to describe the modifications of the medical and surgical patient care for this population, according to the recommendations in this context of pandemic, within our hospitals which are strongly mobilized.

Methods: We analyzed data from 9 different institutions, 3 Military Hospitals, 4 Academics Hospital, 2 Private Hospital, from oncologists, surgeons, radiotherapists. The primary endpoint was to assess the prevalence of adapted patient care during pandemic. The secondary endpoints were to describe the point of view of clinicians and patients during and after the pandemic.

Results: We analyzed 435 medical care between 9th of March and 30th of April. The median age was 69 years (range, 24-99), 54% was male. 167 patients (38.4%) were included in this study. 47.6% of the outpatients had modifications in this context of pandemic, within our hospitals which are strongly mobilized.

Conclusions: PRATICOVID study is the first to assess modification of patients cares during an epidemic in cancer outpatients. Faces with this unprecedented crisis, physicians were able to adapt their practice in order to protect their patients against the virus and while ensuring the course of patient care. But physicians are worried after de lockdown because of future patient care, stage at diagnosis, access to clinical trial, our abilities to receive in the same time all the patients.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.08.1792

Electronic medical record (EMR)-assisted phone follow-up (PFU) for breast cancer survivors (CS) during COVID-19 pandemic: An Italian single institution experience

C. Messina1, A. Ferro1, E.M. Piras2, A. Zanutto2, O. Caffo1, M. Valeria2

1Oncology, Ospedale S. Chiara, Trento, Italy; 2Center for Information and Communication, Bruno Kessler Foundation, Trento, Italy

Background: The COVID-19 outbreak became a public health emergency, leading to radical changes in care management. Telemedicine was adopted to minimize hospitals exposure for CS. In our region all patients (pts) data are available through an EMR: thus, the clinicians are able to access at any time CS medical history. From the start of COVID-19 pandemic we adopted EMR-assisted PFU instead of usual follow-up (FU) visit. This study aims to prospectively assess how breast CS perceived PFU.

Methods: We emailed to all breast CS managed by PFU a 15-items survey. Answers were analyzed with Pearson test.

Results: From February 2nd to May 20th, 107 out of 261 (41%) pts fulfilled the survey. The median age was 61, median FU was 43 months. 67.3% had high school diploma or higher degrees. 52% CS previously received chemotherapy whereas 80% adjuvant endocrine therapy. 78.5% could reach the hospital autonomously. 66.4% suffered from COVID-19 related anxiety for their health and 85% were waiting for FU visit to feel relief. 96.3% CS believed to have understood medical advice during PFU and were satisfied from this. We found a significant correlation between educational degree and comprehension during the visit (p=0.04) and with expectation for PFU (p=0.04). Age and educational level were significantly correlated with the ability to reach the hospital (p=0.04). CS treated with endocrine therapy were significantly correlated with the PFU satisfaction (p=0.04).

Conclusions: PFU was an important tool to avoid hospital contacts during COVID-19 pandemic and the majority of CS in the survey agreed and felt satisfied from this procedure. The number of CS willing to have PFU in non-emergency situations invites to investigate routine PFU for at least a subset of CS. Prospective randomized trials