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.

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outcomes was asymptomatic disease. Associations between demographic or clinical characteristics and outcomes were measured with odds ratios (ORs) with 95% CIs using multivariable logistic regression.

**Results:** 132 patients were included (18.5% of global ACHOC-19 cohort). 18.2% died and 25.8% was asymptomatic. In relation to the patients who died vs did not die, 68 vs 66% were >50 years, 20 vs 10.2% with obesity, 32 vs 51.4% without comorbidities: 24 vs 12% with Diabetes, 56 vs 29% arterial Hypertension, 17.75 vs 3.88% ECOG >2, 50 vs 12.5% progressive cancer, 20 vs 5.6% bacterial coinfection. 65 vs 25.2% received antibiotic and 68 vs 19% steroids for Covid-19 infection. 11.3% had severe infection and received ventilatory support and 66% died. About the asymptomatic patients 74% were > 50 years, 2.9% had obesity, 56% without comorbidities, 56% with ECOG 0 and 17.6% had metastatic disease. In the logistic regression analysis, age > 50 years (OR 2.795 95% 0.54-13.81), >2 comorbidities (OR 3.48 95% 0.26-45.71), progressive disease (OR 3.52 95% 0.47-26.57), steroids (OR 6.62 95% 1.5-26.66 and antibiotic treatment for Covid19 (OR 6.88 95% 1.60-29.76) behavior as a risk factor for mortality, but only steroids and antibiotic was statistically significant.

**Conclusions:** In our study, breast cancer patients have high mortality by Covid-19 infection. Age, comorbidities, ECOG >2, progressive disease, and use of antibiotic and steroids are factors for worse prognosis.

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**1581P Impact of the COVID-19 pandemic on patients with head and neck cancer assisted in a public cancer center in Brazil**

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**Background:** Since the beginning of the COVID-19 pandemic, over 400,000 Brazilians have died and its impact on other diseases is yet to be revealed. Due to contingency strategies, there was a significant reduction in screening programs and this will probably affect cancer treatment outcomes. There is no updated national data regarding the real impact on delaying diagnosis and cancer treatment in Brazil. Objective: To analyze whether the COVID-19 pandemic impacted delaying cancer treatment, yielding more advanced cases as analyzing patients’ clinical features before oncotherapy treatment.

**Methods:** This is a retrospective cross-sectional study with patients assisted in a public cancer center in southeastern Brazil between 2019 and 2020 with a comparison of patients’ clinical features in both years. We analyzed all 207 patients with head and neck treated in 2019 and 2020 (85 and 122 patients, respectively) and stratified them by clinical stage (CS), tumor size, lymph node status (LNS), the occurrence of metastatic disease (MD), body mass index (BMI), need of enteral nutrition, age, performance status (PS) and indication of exclusive palliative care. We performed comparisons between these groups using Student t-test and chi-square test with a significance level of 5%.

**Results:** Our results reported a statistically significant difference on tumor size (p<0.024); in 2019, 50.6% of the tumors were classified as T4 in comparison with 66.4% in 2020. Data showed no statistically significant difference among groups regarding age (median of 56y in 2019 and 58.5y in 2020; p=0.056), BMI (47% had a BMI below 20 on each group, p=0.595), need of enteral nutritional (54.1% in 2019 and 59.8% in 2020, p=0.254), CS (75.3% had stage IV disease in 2019 and 81.1% in 2020 — p=0.486), LNS (42% were N2 in 2019 and 38.5% in 2020, p=0.243), MD (9.4% in 2019 and 13.9% in 2020, p=0.326), PS (59% had PS 1 in 2019 and 45% in 2020, p=0.061) and indication of exclusive palliative care (4.7% in 2019 and 10.7% in 2020, p=0.125).

**Conclusions:** The real impact of the COVID-19 pandemic in cancer treatment is yet to be discovered but so far, our results from 2020 patients indicated a tendency of advanced primary tumor size at the time of cancer diagnosis.

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**1583P COVID-19 related risk in patients enrolled in early-phase clinical trials**

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**Background:** Early phase clinical trials often represent a therapeutic opportunity for cancer patients (pts). However, high logistic commitment is demanded for participation. Here we explore the COVID-19 related risk during the pandemic for pts enrolled in clinical trials compared to pts receiving standard treatments.

**Methods:** We retrospectively assessed the incidence of COVID-19 in pts treated in our Department from March 2020 to April 2021. Pts were divided into two groups; those enrolled in phase II/III clinical trials (A) and those being treated with standard therapies (B). Logistical (telemedicine and drug home-delivery), as well as clinical, characteristics of susceptibility to COVID-19 and number of events (SARS-CoV2 infections) were collected. The number of teleconsultations and COVID-19 events among the two groups were compared through Fisher’s exact test.

**Results:** 115 pts were evaluated: 36 pts (31%) in A and 79 pts (69%) in B. Pts in A were younger, with a median age of 55 years (range 39-77) compared to 62 years (range 31-83) in B. Performance status (PS, ECOG) was similarly distributed: 0 (A 78%, B 83%), 1-2 (A 22%, B 17%). The median of previous treatment was 1 in A (range 0-9) and 2 (range 0-14) in B. The majority of the pts had at least one comorbidity in both groups (A: 72% and B: 83%). None of the pts had pulmonary comorbidity in A and 6% in B. Obesity was similarly distributed (A 11%, B 14%). The mean of monthly scheduled accesses was 1.5 in both groups. However, teleconsultation and delivery of oral cancer treatments at home were given, at least on one occasion, to only 6% of pts in A compared to 43% in B (p<0.001). A total of 15 COVID-19 cases were observed (13%): B (22%) in A and 7 (8%) in B. No statistically significant difference was observed (p = 0.068).

**Conclusions:** Pts enrolled in early phase clinical trials had a significantly lower chance to perform teleconsultations compared to pts receiving standard therapy. Even if a trend was observed, they did not have a higher risk of contracting COVID-
19. Future pts should then be encouraged to participate, if indicated. Considering the small numbers of pts in our cohorts, the foresaw trend toward a higher infection risk and the subsequent implications should be further explored in larger populations.

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**1584P** Prevalence and risk factors of COVID-19 in cancer patients: A prospective monocentric study

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**Background:** The COVID-19 is a worldwide health threat because of its severity and rapid spread. Cancer patients have been shown to be at a higher risk to develop a severe form of COVID-19 compared to healthy individuals. Several factors have been described to influence the risk of infection and the severe consequences of COVID-19 in cancer patients. The aim of this study was to evaluate the risk factors associated with COVID-19 infection in our cancer patients.

**Methods:** A prospective study was conducted at the department of Medical Oncology in Sfax from November 2020 to February 2021. We analyzed data of 226 patients treated for solid cancer. We used the modified Milano Policlinico ONCOCOVide Score to quantify the risk of infection in patients with cancer. We defined 3 groups of risk: score 0-4: low risk, score 4-6: intermediate risk and score >6: high risk.

**Results:** Patients aged under 70 years represented 85%. The sex-ratio was 0.5. The most common primary tumors were breast cancer (37%), colorectal (22%), ovarian (7.5%) and lung cancer (5.5%). Metastatic disease was observed in 58%. 95% had received chemotherapy and 65% had received some form of treatment for thoracic cancer. Radiotherapy alone was received by 20% and in combination with chemotherapy by 47%. 47% had received an intermediate or high risk of infection. COVID-19 infection was correlated with intermediate or high risk values (p = 0.018, χ² = 18.4, ddl = 11), age <70 years (p = 0.035, χ² = 4.437, ddl = 1), chemotherapy (p = 0.032, χ² = 4.613, ddl = 1). Severe cases were correlated with stage IV (p = 0.041, χ² = 4.156, ddl = 1), chemotherapy (p = 0.004, χ² = 7.367, ddl = 1) and intermediate or high risk (p = 0.04, χ² = 3.754, ddl = 1).

**Conclusions:** The prevalence of COVID-19 infection among cancer patients was higher than described in the literature (0.79%) but with a lower rate of severe forms. The occurrence of COVID-19 was correlated with intermediate or high risk, age <70 years and treatment with chemotherapy which highlights the importance of risk scores.

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**1585P** COVID-19 cancer patients outcomes in an intensive care setting: A case-control study

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**Background:** Cancer patients appear to be a vulnerable group in COVID-19 pandemic. We aimed to compare clinical characteristics and outcomes of cancer and non-cancer patients with COVID-19 admitted to an intensive care unit (ICU).

**Methods:** We conducted a retrospective case-control study in patients with laboratory-confirmed COVID-19, with and without cancer, admitted to the ICU of “Centro Hospitalar Universitário do Porto” from 2nd March 2020 to 31st January 2021. Patients were matched according to age, gender and underlying comorbidities. Clinical, laboratory and radiological findings were obtained from medical records. COVID-19 related outcomes of both groups were compared using logistic regression.

**Results:** 29 critical COVID-19 cancer patients (cases) and 29 critical COVID-19 non-cancer patients (controls) were enrolled. Fever, dyspnea and cough were the most common presenting symptoms in both groups. Lymphopenia and elevated lactate dehydrogenase were the most common laboratory findings in both groups and anemia was observed significantly more often in cancer patients (75.9% vs 44.8%, p = 0.031). Ground glass opacities were more frequently seen in controls (100% vs 67%, p = 0.018). Univariate regression revealed that invasive mechanical ventilation (IMV) need on ICU admission was significantly higher among cancer patients (48% vs 7%, odds ratio [OR] = 12.600, 95% confidence interval [CI] 2.517-63.063, p = 0.002) but there was no significant impact either on global need of IMV during all-length ICU stay (76% vs 55%; OR = 2.554, 95 CI 0.831-7.842, p = 0.102) or on mortality rates (59% vs 38%; OR = 2.318, 95 CI 0.809-6.644, p = 0.118). A multivariate model showed an increase in the adjusted risk of IMV need at ICU admission (adjusted OR = 14.036, 95 CI 1.337-153.111, p = 0.028). The length of ICU stay, time to death and rate of complications were not impacted by the presence of cancer.

**Conclusions:** In this study critical cancer patients with COVID-19 had an increased risk for IMV need at ICU admission but not for IMV need during all-length ICU stay or mortality rates. Despite evolving rapidly to respiratory failure (RF) cancer patients did not have significant increase on mortality, stressing the importance of aggressive treatment in this group of patients.

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**1586P** Assessment of side effects of radiation therapy in patients with COVID-19 treated for early-stage breast cancer

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**Background:** The COVID-19 caused by the SARS-COV-2 coronavirus is at the origin of a global pandemic. We report the early and late toxicity in patients infected with COVID-19 treated at the same time for early-stage breast cancer (BC) toxicity.

**Methods:** This is a monocentric prospective study of patients treated in our hospital between March and June 2020. The monocentric registry was created for all cancer patients who were diagnosed with COVID-19. The inclusion criteria of the patients evaluated were to be irradiated for early-stage breast cancer and to have a positive COVID-19 diagnosis on a PCR test and/or a lung computed tomography (CT) scan and/or suggestive clinical symptoms. All of them needed 6 months follow up clinic after the end of the radiotherapy with clinical examination, as well as CT scan to evaluate the lung status. Radiotherapy (RT) consisted of 50 Gy to the breast or chest wall with or without lymph node irradiation, as well as hypofractionated schemes adapted to the pandemic situation. The treatment-related toxicity was graded according to the CTCAE.

**Results:** Three hundred fifty patients (pts) have been treated for early-stage BC in our department. Of them, 16 were presented with clinical symptoms of COVID-19 infection and of them 12 had clinical, CT scan and PCR confirmation. This entire cohort of 12 pts with median age of 56 (42-72) underwent their RT. All patients were invited to realize CT scan 6 months after the end of RT and to come in the hospital for clinical and radiological evaluation. During the radiotherapy, 9 pts presented with radio dermatitis, of these 8 (66%) grade 1 and one (8%) grade 2. Two patients treated to the regional lymph nodes presented grade 2 esophagitis. The late toxicity as well as the lung radiological evaluation was realized 6 months after the end of the radiotherapy and there was no RT or COVID lung sequel on the CT scans. There was one patient who presented COVID-related dyspnea, and 2 patients with post-treatment fibrosis.

**Conclusions:** The half-year follow-up of prospective COVID-19+ cohort, treated for early-stage BC demonstrated an acceptable toxicity profile with few low-grade adverse events. It seems that the COVID-19 infection does not appear to increase the side effects of RT. Therefore, the RT should not be delayed.

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