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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Conclusions: Sarcopenia was highly prevalent in older patients with cancer, with a strong significant association with 6-month mortality in metastatic patients.

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Legal entity responsible for the study: Elena Paillaud.

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Table: 1613P Multivariate Cox analysis of the association between a composite variable of four criteria to evaluate sarcopenia and 6-month mortality

| Variable | Adjusted HR | 95% CI | P       |
|----------|-------------|--------|---------|
| Normal SARC-F and HGS | 1 (ref.) | | 0.006 |
| Abnormal SARC-F or low HGS | 1.67 | 0.99-2.83 | |
| Sarcopenia (low HGS and AC) | 2.45 | 1.39-4.35 | |
| Severe sarcopenia (low HGS, AC and PP) | 2.94 | 1.55-5.58 | |

Conclusions: Sarcopenia was highly prevalent in older patients with cancer, with a strong significant association with 6-month mortality in metastatic patients.

Clinical trial identification: ACTRN12621001467820.

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Disclosure: L. Grech: Financial Interests, Institutional, Funding: Merck. N. Hamad: Financial Interests, Personal, Advisory Board: Novartis, AbbVie, Roche; Financial Interests, Personal, Speaker’s Bureau: TermoCo. B.A. Chan: Financial Interests, Personal, Advisory Board: MSD; C.R. Underhill: Financial Interests, Personal, Advisory Board: Merck Serono; Financial Interests, Institutional, Funding: Bristol Myers Squibb, AbbVie, Akeso Biopharma, Arcus Biosciences, AtiCure, BeyingSpring, Boehringer Ingelheim, Deciphera, Novotech. All other authors have declared no conflicts of interest.

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1614P Influence of cancer on 2019 COVID-19 vaccine beliefs, attitudes and uptake

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Background: People with cancer have reported concerns regarding the possible interferences between COVID-19 vaccines, cancer and anti-cancer treatments. Vaccine hesitancy has been observed within this vulnerable population, but the attitudes and beliefs behind this behavior remain poorly understood.

Methods: Online survey was conducted across nine health services in Australia from June to October 2021. Vaccination status, participant demographics and cancer history were collected. Attitudes and beliefs to COVID-19 vaccination was assessed through validated measures including the Oxford Hesitancy Scale (OHS), Oxford Vaccine Confidence and Complacency Scale (OCCS) and Disease Influenced Vaccine Acceptance Scale (DIVAS).

Results: There were 2691 evaluable responses; 80% had received a COVID-19 vaccine (43% within the last 6 months at the time of the study). Demographics associated with higher uptake included increasing age, male gender, English as a first language and metropolitan locality. Cancer-related factors associated with lower vaccine uptake were diagnosis within the last 6 months and head and neck cancer type. Higher OHS scores, indicating higher vaccine concerns and hesitancy, were observed in unvaccinated participants. DIVAS-6 measured the influence of cancer on concern for COVID-19 infection, ‘disease complacency’, and the extent cancer influenced vaccine attitude, ‘vaccine vulnerability’. Lower disease complacency and higher vaccine vulnerability was observed in participants with female gender, lung cancer, current anti-cancer treatment and metastatic disease. Higher disease complacency and lower vaccine vulnerability was observed in those with genitalian cancers. Their doctor’s recommendation regarding the vaccine was considered important by 79%.

Conclusions: Cancer-related and vaccine-related concerns can act as motivators or barriers to vaccination. DIVAS-6 is a simple clinical assessment tool which can be used by clinicians to identify specific concerns held by patients in order to direct tailored communication. This is essential to maximize vaccine uptake in this medically vulnerable population with ongoing need for additional booster doses.

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1615P The association of social distancing and obligatory face masks during COVID-19 era with the rates of febrile neutropenia in patients with solid tumors receiving antineoplastic therapy

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Background: Febrile neutropenia (FN) is a major complication of anti-neoplastic therapy, with significant morbidity and mortality. While granulocytopeny colony stimulating factors (G-CSF) and hand sanitation are proven preventive measurements, facial mask is not routinely recommended. COVID-19 pandemic led to obligatory social distancing and use of masks in public places. We aimed to assess whether these preventive measurements were associated with reduced rate of FN in patients receiving chemotherapy.

Methods: In this retrospective single-center study, all consecutive solid cancer patients treated with anti-neoplastic therapy from January 2019 to December 2021 were identified in the electronic databases of Rambam Oncology ward. Demographic and clinical data were collected. Patients classified according to time of anti-neoplastic therapy initiation as pre-pandemic group (2019) and pandemic group (2020). We compared the two groups in terms of FN rates and inpatient G-CSF use. FN was defined as oral temperature ≥38 with absolute neutrophil count <1000.

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Results: Of 1666 patients who started anti-neoplastic therapy in the study period, 858 in pandemic group (808 in pandemic group, median age was 65 (range 20-93), 59% females. The most common malignancies- gastrointestinal (503, 30%), lung (302, 18%), breast (242, 14.5%). Of the pandemic group, 11 (1.3%) were diagnosed with COVID-19 in the year following chemotherapy initiation. No difference found in proportion of patients with FN during the 6 months after first chemotherapy cycle (21/858, 2.4% in pre-pandemic vs. 19/808, 2.3% in pandemic groups, p=0.898). Similarly, there was no difference in the proportion of patients with fever regardless of neutropenia (11.5% vs.13%, p=0.45). More patients in the pandemic group received G-CSF as inpatients (16% vs. 6%, p<0.001). One year mortality was lower in the pandemic versus prepandemic group (26% vs. 30%, p=0.039).

Conclusions: The implementation of obligatory face mask and social distancing during the COVID-19 era was not associated with change in NF rates. Interestingly, more patients received G-CSF, and 1 year survival was higher during the pandemic period.

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1616P Impact of nutritional counselling (NC) on CT-based body composition in patients with oncogene addicted non-small cell lung cancer (aNSCLC)

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Background: During tyrosine kinase inhibitors (TKIs) therapy for oncogene addicted aNSCLC, impaired nutritional status reduces survival and correlates with severe drug-related toxicities. CT-scan, routinely used in oncology follow-up, is also emerging as a valuable tool for assessing body composition. NC is considered as the first clinical intervention to be employed to prevent the onset of malnutrition in patients (pts) with lung cancer, including the oncogene addicted-NSCLC subgroup. In the present study, we explored the impact of 1-year NC on radiological parameters in aNSCLC oncogene addicted pts treated with TKIs.

Methods: Oncogene addicted aNSCLC pts (EGFR mutated or OTHER, including ALK, ROS1, RET) underwent to NC (G1) vs TKIs (G2). CT-scan parameters included: Muscle Area (MA, cm²) at L3 level and Total Adipose Tissue (TAT, cm²; sum of subcutaneous, visceral and muscle adipose tissue). Body Mass Index (BMI) was also calculated. Clinical and radiological data were collected at baseline (T0) and T3, T6, T12. The analysis of variance (ANOVA) test was performed to test differences between and within groups.

Results: A total of 69 pts were analyzed, 39 pts in G1 and 30 in G2. No substantial modifications in MA were evident in both groups throughout the entire observation period. Median MAs (cm²) were 100.7, 102.6, 103.8, 102.2 in G1 and 125.3, 132.5, 135.3, 137.1 in G2 at T0, T3, T6, and T12, respectively (ANOVA p=ns). As far as TAT (cm²) was concerned, G1 recorded an initial slight decrease at T3 and a subsequent slight increase at T6 and T12 (253.0, 243.0, 263.9, 267.4), whereas a substantial incremental pattern was evident in G2 (289.4, 308.0, 345.2, 350.1) (ANOVA p=0.02). Finally, median BMIs decreased in G1 (22.5, 22.9, 22.1, 22.0) and increased in G2 (24.0, 25.0, 24.9, 24.6) (ANOVA p<0.001).

Conclusions: In patients who received NC we observed a significant reduction of TAT and BMI whereas these parameters were increased in control patients. Thus, NC could be explored as a valid tool to avoid the occurrence of impaired conditions such as sarcopenic obesity in this patient subset.

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1618P Impact of body composition phenotypes on outcome of non-small cell lung cancer patients treated with immunotherapy

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Background: Body composition phenotypes may reflect aspects of patients’ (pts) immunology and thereby their ability to respond to immunotherapies. Therefore, our study aimed to describe the pre-treatment body composition profile of pts and...