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.
Results: A total of 323 (42.1%, 95% CI: 38.5–45.6) women filled in the questionnaire. Hereof, 247/300 (82.3%, 77.5–86.5) were willing to participate in the hypothetical mammography screening with no benefits, only harms. Women were generally very certain about their decision to participate, 63.2% (56.8–69.2) and 52.8% (38.6–66.7) in the participation and non-participation group, respectively. Yet, more than two-thirds in both groups seemed to understand the presented information and responded that the screening did not reduce breast cancer mortality.

Conclusions: A high percentage of women in this study were willing to participate in the hypothetical screening with harms, but no health benefits. Surprisingly, most women understood that the screening did not reduce breast cancer mortality. This indicates that Danish women are unduly positive about mammography screening.

Clinical trial identification: NCT0450963 Registered at Aarhus University; 2016-051-000001, 1835 The project was approved by the Institutional Review Board at Aarhus University, 2020-0094925, 2020-34.

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169P Evaluation of the effectiveness of telephone consultations and the level of satisfaction of patients attending the Unidad Docente Asistencial de Mastología [Mastology Care Teaching Unit] using this method during the COVID health emergency

N. Camejo1, C. Castillo2, N. Artagaveytia3, D. Amarillo1, F. Vitureira1, F. Rodriguez1, L. Delgado1

1Department of Clinical Oncology, School of Medicine, University of Uruguay, Montevideo, Uruguay, Hospital de Clinicas Dr. Manuel Quintela, Montevideo, Uruguay; 2Department of Clinical Oncology, School of Medicine, University of Uruguay, Montevideo, Uruguay, Hospital de Clinicas, Montevideo, Uruguay; 3Department of Basic Medicine, School of Medicine, University of Uruguay, Montevideo, Uruguay, Hospital de Clinicas Dr. Manuel Quintela, Montevideo, Uruguay

Background: In March 2020, a health emergency was decreed due to COVID-19 and this produced changes in the organization of health services. One of the objectives of the reorganization that took place was a reduction in face-to-face consultations (FTFC), and the promotion of telephone consultations (TC). Objective: Evaluate the effectiveness of TC and the level of satisfaction of patients attending the Mastology Unit using this method during the COVID health emergency.

Methods: A prospective, cross-sectional study. A survey was used to assess the effectiveness of TC and the level of satisfaction with the method.

Results: Forty-two patients were surveyed, of which 69% were receiving adjuvant treatment and 14.2% palliative treatment. With regard to the effectiveness of TC, 76.1% of the patients had their appointment resolved by telephone; 78.6% of patients preferred to do the consultation by telephone; 97.6% believed that sufficient time was spent and that the timing of the appointment was appropriate. The responses showed a high degree of satisfaction with the care received. The medical care met the expectations of all patients, and 83.3% believed that once normalcy was met the expectations of all patients, and 83.3% believed that once normalcy was regained, TC would be an option for their situation.

Conclusions: The TC method was evaluated with a high degree of satisfaction and allowed care to be maintained during the emergency. Although it is early to assess the healthcare impact of TC and the method’s capacity to resolve issues, preliminary results show that it is a useful and valuable tool in clinical practice during periods of healthcare emergency.

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170P Pattern and prognosis of fatal cardiac events in locoregional and distant stages in female breast cancer patients: SEER-based analysis

M.H.O. Safi1, D. Trapani2, M. Alradhi2, A. Al-Danakhi3, X. Shan1, F. Ping2, A. Al-Masni4, Y. Jamalat5, N. Al-Sabal1, A. Al-Dhailabi6, A. Al-Samawi1, M. Al-Samee1, A. Al-Sharabi1, L. Liu1

1Thoracic Oncology, First affiliated Hospital of Dalian Medical University, Dalian, China; 2Oncology Department, Istituto Europeo di Oncologia, Milan, Italy; 3Urology, Second Affiliated Hospital of Dalian Medical University, Dalian, China; 4Urology, The First Affiliated Hospital of Dalian Medical University, Dalian, China; 5Thoracic Oncology Department, The First Affiliated Hospital of Dalian Medical University, Dalian, China; 6Medical College, Princess Rahma Pediatric Hospital, Irbid, Jordan; 7Chinese and Western Integrated Drugs, Dalian Medical University, Dalian, China; 8Medical College, Dalian Medical University, Dalian, China

Background: Breast cancer is a leading cause of mortality and morbidity worldwide. Some patients experience cardiac events, as a result of the cardiac impairments related to a number of antineoplastic modalities of treatment.

Methods: In the present study, we investigated the prognostic determinants of heart mortality in a cohort of patients with breast cancer, based on the US Surveillance, Epidemiology, and End Results (SEER) registry, between 2007and 2015. We extracted 7969 patients who had experienced cardiac mortality (related or not to treatment).

Results: Of all, 7300 patients had localized disease. Patients with advanced disease have poorer overall survival than patients with localized disease at cardiac death (overall survival 27 months vs 14 months, HR=1.30, CI=1.088–1.55). The multivariate model revealed that surgery or chemotherapy use were both associated with better survival in the overall population and in the cohort of interest of this study (HR=1.47, CI=1.091–1.98; P=0.01; HR=1.65, CI=1.273–2.15; P=0.000). Of interest, radiotherapy had no impact. Further, only liver and brain metastatic sites were significantly associated with worse survival, and only in the group of patients with advanced disease (HR=0.63, CI=0.452–0.88; P=0.005; HR=0.79, CI=0.50–1.25; P=0.008). The multivariate analysis confirmed that the presence of liver and brain metastasis was significantly associated with worse overall survival (HR=0.63, CI=0.452–0.88; P=0.005; HR=0.79, CI=0.502–1.257; P=0.008).

Conclusions: In conclusion, we showed that the determinants of the outcome in women experiencing fatal heart events are not dissimilar to the established prognostic factors in breast cancer patients in overall population. However, research on the treatment-causative roles and the impact of tumor-related factors, like the metastatic spread pattern, is worthy of further research.

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171P Validity and reliability tests of the UNS-CASKQ14 questionnaire about the quality and compliance of breast cancer survivors amid the COVID-19 pandemic

W. Soewoto1, M.D.P. Putra2, G.S. Putra2

1Surgical Oncology Department, Medical Faculty of Sebelas Maret University, Surakarta, Indonesia; 2Surgical Department, Medical Faculty of Sebelas Maret University, Surakarta, Indonesia

Background: The COVID-19 pandemic impacts cancer survivors in undergoing their therapy program. Changes in the body’s immunity due to cancer as well as the ongoing therapy cause anxiety and hesitation to seek treatment at a health service which, they think, is a place for treating patients with COVID-19. The fear and anxiety about going to the health service results in ignorance of their cancer. UNS-CASKQ14 is a questionnaire on assessing the quality and adherence of cancer survivors in undergoin their cancer therapy program during the COVID-19 pandemic. This questionnaire is used to assess the understanding of cancer survivors about their cancer therapy program and the effect of the COVID-19 pandemic on cancer survivors; are they so worried about contracting the coronavirus that they ignore the schedule of therapy or the coronavirus for fear that the cancer is not treated?

Methods: This cross-sectional study aim to test the validity and reliability of UNS-CASKQ14 with a total respondent of 82 breast cancer survivors who filled in the UNS-CASKQ14 questionnaire in Google Forms via WhatsApp. UNS-CASKQ14 is divided into 3 sections. The first section about the survivors’ opinion about cancer and COVID-19 survivors. In terms of 5 questions, the second section about the ongoing therapy program of the survivor during the pandemic consists of 5 questions, and the third section is how the survivors undergo the therapy program during the pandemic consisting of 4 questions. Pearson r-value was used for the validity test. From 14 questions of the calculation, the r-value was 0.182. For the reliability test, Cronbach Alpha was used; it is said to be reliable if the value is > 0.100.

Results: The Pearson r-values in Sections I, II, and III were 0.310 - 0.870, 0.468 - 0.870, and 0.456 - 0.870, respectively. The Cronbach Alpha coefficients in the three sections were 0.667 - 0.752, 0.667 - 0.752, and 0.667 - 0.759, respectively. All questions in
Men with breast cancer: Biology and stage at diagnosis in Eastern Europe - Balkan Collaborative Project

M.B. Vasileva-Slaveva1, A. Piciu2, N. Polocoser3, A-A. Kovendi3, Z. Inic4, M. Jevric4, A. Yordanov5, S. Volovat6, A. Konsoulou7

1Department of Surgery, Acibadem City Clinic, Sofia, Bulgaria; 2Department of Medical Oncology "Iuliu Hatieganu", University of Medicine and Pharmacy, Cluj-Napoca, Romania; 3Department of Medical Oncology "Prof. dr Ion Chiricuta", Institute of Oncology, Cluj-Napoca, Romania; 4Department of Surgery, Institute of Oncology and Radiology, Belgrade, Serbia; 5Department of Gynecologic Oncology, Medical University Pleven, Pleven, Bulgaria; 6Department of Medical Oncology, University of Medicine and Pharmacy "Gr.T.Papo", Iasi, Romania; 7Department of Medical Oncology, Complex Oncological Center Burgas, Burgas, Bulgaria

Background: Breast cancer (BC) in men is treated as per the recommendations for menstrual women with BC. Despite the favorable tumor biology in men, survival outcomes are worse as compared to women. We aimed to study the tumor biology and stage at diagnosis of men with BC in Bulgaria, Romania and Serbia.

Methods: This is a retrospective study of men with invasive BC, diagnosed at Medical University Pleven, Bulgaria (2002-2020), Institute of Oncology Cluj-Napoca, Romania (2000-2020) and Institute of Radiology and Oncology in Belgrade, Serbia (2000-2018).

Results: A total of 318 men with BC were included. Mean age and stage distribution at diagnosis are shown in the table. The mean age at diagnosis was significantly lower in Romania, compared to Serbia. About 80% of patients from each country had invasive ductal cancer. The rate of invasive lobular cancer ranged from 0.6% in Romania to 8.9% in Serbia. The receptor status subtype was unknown in almost half of the patients from each country. Among patients with known receptor status, over 93% were positive for at least one of the hormonal receptors. None of the patients had a HER2-overexpressing tumor subtype.

Table: 172P Number of patients included per country, age and stage at diagnosis

| Country (period) | Bulgaria (2002-2020) | Romania (2000-2020) | Serbia (2000-2018) |
|------------------|----------------------|---------------------|---------------------|
|                  | n  | %      | n  | %      | n  | %      |
| Total            | 48 | 100    | 169| 100    | 101| 100    |
| Mean age at diagnosis | 64.8 | 64.8 | 61.4 | 64.8 |
| Stage*          | 48 | 100    | 109| 100    | 97 | 100    |
| I               | 9  | 18.8   | 6  | 5.5    | 14 | 14.4   |
| II              | 19 | 39.6   | 28 | 25.7   | 48 | 49.5   |
| III             | 15 | 31.3   | 57 | 52.3   | 34 | 35.1   |
| IV              | 5  | 10.4   | 18 | 16.5   | 1  | 1.0    |

*Percentage of patients in each stage is calculated as percentage from patients with known stage at diagnosis.

Conclusions: As a rare disease, BC in men is a difficult and uncommon diagnosis. This is why, not only in Eastern Europe, it is diagnosed at a later stage, compared to women. In our study more than 80% of patients have regional lymph node metastases at diagnosis. Similarly to other reports, the vast majority of our patients had invasive ductal histology and hormone receptors expressing tumors. Raising the awareness of male BC, closer follow up and optimized registration could improve the outcomes of this disease.

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