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.
Background: There is uncertainty as to the contribution of cancer patients’ features on severity and mortality from Covid-19 and little guidance as to the role of anti-cancer and anti-Covid-19 therapy in this population.

Methods: OnCovid is a retrospective observational study conducted across 19 European centres that recruited cancer patients aged >18 and diagnosed with Covid-19 between 26/02 and 01/04/2020. Uni- and multivariable regression models were used to evaluate predictors of Covid-19 severity and mortality.

Results: We identified 890 patients from UK (n=218, 24%), Italy (n=343, 37%), Spain (n=323, 36%) and Germany (n=6–1%). Most patients were male (n=503, 56%) had a diagnosis of solid malignancy (n=753, 84%) and 556 (62%) had active disease. Mean age (±SD) patient age was 68±13 years, and 670 (75%) had >1 comorbidity; most commonly hypertension (n=386, 43%). Commonest presenting symptoms were fever (n=569, 63%) and cough (n=448, 50%), beginning 6.3 (±9.5 SD) days before diagnosis. Most patients (n=565, 63%) had >1 complication from Covid-19, including respiratory failure (n=527, 59%) and acute respiratory distress syndrome (n=127, 22%). In total, 110 patients (14%) were escalated to high-dependency or intensive care. At time of analysis, 299 patients had died (33%). Multi-variate logistic regression identified male gender, age>65 (p<0.001) presence of >2 comorbidities (p<0.001) and active malignancy at Covid-19 diagnosis (66.7% TS, 61.6% VS) as predictors of complicated Covid-19. Mortality was associated with active malignancy (p<0.001), age>65 and co-morbid burden (p<0.002). Provision of chemotherapy, targeted therapy or immunotherapy was not associated with higher mortality.

Conclusion: This study highlights the clinical utility of demographic factors for individualized risk-stratification of patients and supports further research into emerging anti-Covid-19 therapeutics in SARS-CoV-2 infected cancer patients.

Clinical trial identification: NCT04393974.

Legal entity responsible for the study: Imperial College London.

Funding: Has not received any funding.

Disclosure: D.J. Pinato: Speaker Bureau/Expert testimony: ViiV Healthcare; Advisory/Consultancy, Travel/Accommodation/Expenses: MSD; Honoraria, Travel/Accommodation/Expenses: Roche; Advisory/Consultancy, Research Grant/Funding (Institution): Roche; Advisory/Consultancy, AstraZeneca; Research Grant/Funding (Institution): MSD. All other authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.10.312
Methods: Newly diagnosed cancer patients were surveyed with a two-part questionnaire constructed by oncologists and clinical psychologists. It first explored patients’ perceptions of pandemic’s impact on cancer care resources, treatment quality, health-seeking behaviour and other concerns. The second part involved the measurement of post-traumatic stress disorder (PTSD) (abbreviated PCL-5), anxiety and depression (emotion thermometer) and intolerance to uncertainty (IUS12), where patients were assigned into high and low-risk groups accordingly. Their associations were observed and analysed using chi-square test.

Results: 103 new cancer patients in Hong Kong were surveyed in May 2020. Results revealed there were more worries about the impact of COVID19 on cancer care manpower, and secondly about risk of infection during OPD waiting time, in patients of high risk group for PTSD (p = 0.011; p = 0.004) and from COVID-19 patients (p = 0.013; p = 0.034), depression (p = 0.017; p = 0.043) and uncertainty tolerance (p = 0.004; p = 0.044). High IUS12 score was associated with more worry on pandemic’s impact on progress of cancer research and drug development (p = 0.03). Patients of the high anxiety risk group were less likely to accept hospital’s “no visitor” policy during admission (p = 0.013). High-risk group for anxiety (p = 0.024) and depression (p = 0.044) tend to consider the availability of media information on COVID19’s impact on cancer as inadequate. Patients of high PTSD risk group showed greater fear of being infected by family/carers (p = 0.005).

Conclusions: This original survey revealed the potential value of psychometrics in understanding cancer patient’s perception of COVID19’s impact and predicting particular concerns in patients with different psychological phenotypes, allowing better-tailored pandemic time cancer care.

Legal entity responsible for the study: The authors.

Funding: Kowloon Central Cluster Research Committee Research Grant 20/21, Hospital Authority, Hong Kong, China.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.10.314

321P Impact of COVID-19 and lockdown on adherence to treatment schedule among cancer patients

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Background: The COVID-19 pandemic, detected first in December 2019, has led to four lakh deaths and close to 12 million being infected. It has led to disruption in mobility and access to healthcare due to measures such as social distancing and lockdown. Due to the infection, patients had difficulty to access transport facilities, interstate travel and obtaining permissions from authorities. All these factors led them not to adhere to their fixed appointments leading to an impact on outcome. Hence, with a collaborative effort from Oncologists and nursing staff, we explored the impact of COVID-19 and the lockdown on adherence to treatment among Cancer patients.

Methods: From April 1 to June 30, 2020, patient information was collected at the Day Care Unit, in the Department of Medical Oncology and Haematology at the American Oncology Institute, Serilingampally, Hyderabad, India. Patients with delay in treatment for more than 7 days were identified and followed up. Length of delay of treatment was recorded. All patients gave their informed consent for the study.

Results: A total of 737 patients underwent treatment. Number of patients who received treatment as per schedule were 656 (89%). Eighty-one patients out of a total of 737 (11%) during the 3-month COVID-19 period had treatment delays. Of these most treatment delays were due to fear of COVID infection (50.6%), followed by difficulty to access transport facilities, 22.1% due to rescheduling (21.4%) and 12.0% due to chemotherapy, to allow clinical and count recovery. Any delay beyond 7 days were identified and followed up. In 737 (11%) during the 3-month COVID-19 period had treatment delays. Of these most treatment delays were due to fear of COVID infection (50.6%), followed by difficulty to access transport facilities, 22.1% due to rescheduling (21.4%) and 12.0% due to chemotherapy, to allow clinical and count recovery. Any delay beyond 7 days were identified and followed up. Of these most treatment delays were due to fear of COVID infection (50.6%), followed by difficulty to access transport facilities, 22.1% due to rescheduling (21.4%) and 12.0% due to chemotherapy, to allow clinical and count recovery. Any delay beyond 7 days were identified and followed up.

Conclusions: Despite the pandemic and subsequent nationwide lockdown, treatment nonadherence due to COVID-19 was low, short and mostly seen in the elderly group. Cancer patients tend to continue treatment despite the COVID crises, and this requires validation in a longitudinal cohort.

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.2020.10.315

322P Challenged faced by cancer patients during the COVID-19 pandemic

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Background: The COVID-19 pandemic has affected more than ten million people worldwide with nearly four lakh deaths. Cancer patients requiring continuum of care are facing difficulty accessing healthcare. Due to the risk of infection with COVID-19, their treatments have been rescheduled, elective procedures postponed, intravenous chemotherapies transitioned to oral medications, where possible, maintenance therapies deferred, and supportive care administered at home. Hence, we conducted a survey from the hospital patient registry to provide critical, up-to-date information about the impact of COVID-19 on cancer patients.

Methods: Patients taking treatment in the Department of Medical Oncology and Haematology at the American Oncology Institute, Hyderabad were given an online questionnaire upon consent. Details included age, cancer type, disease stage, treatment phase, delay in hospital appointment, procuring essential drugs including pain medicine, investigations, average time delay, impact on mental health, interpersonal relationships, deferring treatment due to death of nearest other questions. Survey is also available in the local language besides English.

Results: A total of 200 patients participated in the survey with majority in the age group of 26-75 years (95.5%), 60% being female and the commonest cancers being breast (22%) and lung (16.5%) respectively. Patients receiving chemotherapy and immunotherapy were 58% and 3.9% with most being stage 3 (29%) and 4 (48.5%). Treatment delays were faced by 32% for various reasons while mental health impact in 67% patients. Majority of the patients expressing being at higher risk from COVID-19, with 35.8% agreeing upon continuation of chemotherapy and 66% preferring transition from injectable to oral medication. Forty five percent were aware of COVID-19 prophylaxis, while 85% discussed continuation or deferring treatment with their respective care giver.

Conclusions: This survey was a cooperative effort across many physicians, nurses and patients to provide critical, up-to-date information about the impact of the COVID-19 pandemic on cancer patients. Completing this short 10-minute survey or questionnaire will help health care to deal with COVID-19 related issues in the community.

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.2020.10.316

323P Oncology care in the Republic of Kazakhstan during COVID-19

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Background: The new pandemic SARS-CoV-2 requires a new strategy in the oncology care in all over the world. Kazakhstan, with a population of 18.2 million, is a first country that re-introduced restrictions due to an increased level of the infected population. According to new rules, all admissions to the oncology hospitals and special care are based on negative RT-PCR tests and with no radiological evidence of pneumonia.

Methods: Patients with confirmed COVID-19 infection with clinical symptoms are treated in accordance with the National Guidelines of the COVID-19 management by Joint Commission on Quality of Health Services, Ministry of Health of the Republic of Kazakhstan. For these patients, special oncology treatment should be postponed. Special care of the SARS-CoV-2 symptoms is provided in infectious hospitals. As for July 21, there are 71,838 of the COVID-19 cases registered in Kazakhstan, put of which 3,585 are mortal ones. According to the National Cancer Register, there are 187,856 cancer patients in Kazakhstan. In order to evaluate the number of the oncological patients with COVID-19, we received data from the National Electronic Database in the period from March 2020 to July 2020.

Results: The total number of the infected cancer patients is 178 and it varies in different regions. The majority of the cases are registered in the Karaganda region with 43 cancer patients (24%), Nur-Sultan city - 19 cases (10.6%), and the Kostanay region - 16 cases (9%) with the total numbers of the COVID-19 infected population in these regions of 7,401, 8,832 and 2,071 cases respectively. Overall in Kazakhstan, the total number of the deceased from COVID-19 patients with cancer registered is 14. In the Karaganda region there are 6 deceased patients, 2 in Kostanay, 2 in Kyzyl-Orda, and 2 in the North-Kazakhstan regions.

Conclusions: We consider all the cancer patients as a risk group, due to the COVID-19 infection, however, we stratified patients with cancer into three following categories: patients who require immediate special treatment; patients, to whom special