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.
Methods: Patients who attended our day ward over a 4 month period were included. Data were obtained from electronic patient records and chemotherapy prescribing records. Patients were screened for symptoms of COVID-19 infection at two separate timepoints: the day prior to their visit via telephone, and using a symptom questionnaire given in a preassessment area on arrival at the hospital. This area was established so that patients didn’t have to transit through the main hospital. If patients displayed COVID-19 symptoms, they were isolated and a viral swab was arranged.

Results: A total of 456 patients attended from January 1st to April 30th. During this time there were 2369 patient visits to the oncology day ward and 1953 intravenous therapies administered. 416 (18%) visits did not lead to treatments, 114 (27%) of which were scheduled non-treatment visits. 194 (47%) treatments were held due to disease-related illness and 108 (26%) treatments were held due to treatment-related complications. 19 patients were identified as having COVID-19 symptoms via telephone screening. 34 patients were symptomatic on arrival at our pre-assessment area and referred for swabs, of which 4 were positive. Those with a negative swab were rescheduled for chemotherapy the following week. Overall, 53 treatments were held due to the screening process.

Conclusions: With the introduction of a new patient screening pathway, there have been few treatment disruptions due to the COVID-19 pandemic. The overall rate of symptomatic COVID-19 infection appears low in those who continue on active treatments with regular hospital visits. With careful systematic changes, it is feasible to continue to safely deliver systemic anticancer therapy during the COVID-19 pandemic.

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1763P Daily chemotherapy and treatment unit in the COVID-19 era: Lessons of the first 60 days

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Background: In the new era the COVID-19 disease became a worldwide pandemic in a short time, medical practice is predicted to be affected due to the both physician and patient tendencies, and usage of limited diagnosis and treatment opportunities for the outbreak. In this study we investigated the characteristics of the patients who received chemotherapy (CT) or supportive treatments at the Hacettepe University Oncology Hospital Daily Treatment Unit in the first 60 days after the first case was detected in Turkey.

Methods: Patients received any CT or any kind of supportive treatment between 11th March 2020-10th May 2020 and 11th March 2019-10th May 2019 were included to the study. Demographic properties and diagnoses of the patients, number of protocols and sessions applied, and non-chemotherapy treatments were investigated retrospectively.

Results: Between 11th March 2020 and 10th May 2020 the average daily chemotherapy (CT) sessions applied decreased by 7% compared to the same period of the previous year. Patients receiving treatment for the first time decreased by 50% in the COVID period comparing to the last year and decreased from 146 to 73 (p<0.03). (Table) Supportive hydration treatments applied to an average of 8.3 patients daily decreased by 55% to an average of 3.8 per day. In the 2019 a total of 137 transfuscions were performed while in the period of COVID-19, the number of transfuscions decreased by 29% to 98.

Conclusions: A minimal change was observed in the total number of chemotherapy applied during the pandemic. It is imperative that treatment units continue to work because most of the treatments in oncology practice is not postponable. Decrease in patients who received treatment for the first time is a parameter that should be followed closely. Hesitation of the patients having symptoms to consult a doctor or prolong the diagnosis period may prevent the diagnosis of curable disease on time. Similarly, delay in patients’ access to supportive treatments, may lead to an increase morbidity and mortality.

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1764P Prevalence, severity and evolution of Coronavirus disease 19 (COVID-19) infection in cancer patients from Mediterranean population

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Background: On March 11, 2020 World Health Organization (WHO) declared the global pandemic for Sars-Cov-2 Virus (COVID-19). Patients with cancer are generally more vulnerable to infections, systematic studies of diverse cohorts of patients with cancer affected by COVID-19 are needed.

Methods: Retrospective study of patients hospitalized with PCR+ for COVID-19 to assess the rate of cancer patients and describe clinical, pathological characteristics and evolution of their disease. In addition, a transversal study of seroprevalence (IgG/ IgM by ELISA-method) against Sars-Cov-2 is being carried out in patients undergoing active treatment. Immunophenotype analysis will be performed for patients with IgG/ IgM test and a cohort of patients with negative test that will be used as controls.

Results: 581 patients with mild to severe COVID-19 and PCR+ have been admitted at the Arnau Vilanova University Hospital in Valencia, Spain. A total of 18 patients had medical history of cancer (3%). 72% were male and median age was 76 years. Most frequent cancers were breast (16,7%), colon (16,7%) and bladder (16,7%). Fourteen had been treated for an early stage and were disease free at the time of the COVID-19 (83,3%). Three patients were on active systemic therapy: 2 chemotherapy (1 on neoadjuvant treatment for bladder cancer, 1 on chemo-radiotherapy for stage III NSCLC, and 1 with adjuvant Imatinib for GIST). One patient with advanced hepato-cellular carcinoma was on palliative treatment. Most frequent symptoms were dyspnoea (66,7%), cough (66,7%), fever (66,7%), asthenia (44,4%) and diarrhea (16,7%). Four patients (22,2%) required Intensive Care and six (33,3%) died. Preliminary results of first 86 ambulatory patients on active treatment evaluated for seroprevalence against Sars-Cov-2 reveal a 0% of IgG or IgM antibodies.

Conclusions: Rate of cancer patients admitted in hospital with COVID-19 infection was 3%. Cancer patients are more likely to be elderly and present comorbidities that increase COVID-19 infection risk, so whether cancer might be a risk factor itself remains controversial. We plan to recruit 300 patients on oncologic treatment, our preliminary results show a 0% seroprevalence. Final results will be communicated at ESMO meeting.

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| No of Patients | Female/ Male | Mean age | No. of CT protocols | Total cycles applied | Cycles applied per day | First dose of a cycle applied | Mean first dose applied | Newly diagnosed patients | New diagnosed patients per day |
|----------------|-------------|----------|---------------------|---------------------|-----------------------|-----------------------------|------------------------|--------------------------|-------------------------------|
| 11th March-10th May 2019 | 933 | 502/431 | 56.3 (18-86) | 972 | 2811 | 70.2 | 294 | 7.3 | 146 | 3.6 |
| 11th March-10th May 2020 | 913 | 506/407 | 57.4 (18-92) | 944 | 2625 | 65.6 | 206 | 5.2 | 73 | 1.8 |