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: Representatives from 8 global cancer coalitions/alliances, representing 650 cancer patient groups and the interests of over 14 million patients have come together during the pandemic to review and evaluate the patient perspective impact. Cancer services have faced challenges as a result of COVID-19, including suspension of screening and diagnostic services; delays in diagnosis leading to higher mortality rates; cancellation/deferral of life-saving treatments; changes in treatment regimens and suspension of vital research. For organisations that provide support to cancer patients, declining income, the need to reduce staff and move to virtual working practices has put extra strain while demand for support due to the pandemic has increased.

Methods: 5 coalitions surveyed their member organisations. A number of coalitions consulted their members by individual surveys or consultations.

Results: A survey of 157 organisations representing advanced breast, bladder, lymphoma, ovarian and pancreatic cancer patient groups from 56 countries found that 57% experienced an average increase of 44% in patient calls and emails. 45% reported that their future viability may be under threat because of the impact of COVID-19 on income. Qualitative data will also be presented. Examples of good practice were reported where healthcare systems have acted to protect patients and cancer services. These include the introduction of COVID-free centres, separation of cancer patients from those who may have COVID-19, and the introduction of virtual and telemedicine services. Organisations have also introduced new ways of working including virtual psychological support services and app-based support groups. These best practices should form part of a global plan of action for future health crisis.

Conclusions: Collaboration between patient advocacy organisations, governments and health services is needed to ensure the ground lost to the COVID-19 pandemic is not lost. Qualitative data will also be presented. Examples of good practice were that their future viability may be under threat because of the impact of COVID-19 on income. Qualitative data will also be presented. Examples of good practice were reported where healthcare systems have acted to protect patients and cancer services. These include the introduction of COVID-free centres, separation of cancer patients from those who may have COVID-19, and the introduction of virtual and telemedicine services. Organisations have also introduced new ways of working including virtual psychological support services and app-based support groups. These best practices should form part of a global plan of action for future health crisis.

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1761P Universal screening of SARS-CoV-2 of oncology healthcare workers — a Brazilian experience

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Background: The outbreak of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) has placed unprecedented strain on health-care services worldwide. Centro de Terapia Oncológica (CTO) is an Oncology clinic in Petrópolis, countryside of Rio de Janeiro, Brazil. This discussion aims to appoint the necessity of mass testing of both symptomatic and asymptomatic health-care workers (HCWs), in order to avoid workforce unnecessary quarantine, reduce spread in asymptomatic or mild cases and protect the health of HCWs and patients.

Methods: Between 09 and 29 April of 2020, 60 CTO HCWs were tested for COVID-19. They were all tested through IgM/IgG rapid testing by near-patient lateral flow devices, while nasopharyngeal swabs and reverse transcriptase polymerase-chain-reaction (RT-PCR) for SARS-CoV-2 were added as a secondary investigational method amongst symptomatic HCWs. In total, 62 tests were done: 61 IgM/IgG tests were done and 1 nasopharyngeal swab for RT-PCR testing.

Results: A total of 4 HCW tested positive among 62 tests. They were all immediately quarantined for 14 days and represent 6.6% of the service’s total workforce. Out of the 4 positive cases, 2 were female, with 60 years or more, and the remaining 2 were men aged between 30 and 42 years; 3 of these HCW were asymptomatic and only 1 had symptoms of the disease. Results illustrated in the table.

| Table: 1761P | IgM | IgG | Symptomatic | RT-PCR Swab Test |
|-------------|-----|-----|-------------|-----------------|
| Positive HCW 1 | -  | -  | Yes         |                 |
| Positive HCW 2 | +  | +  | No          | NT              |
| Positive HCW 3 | +  | -  | No          | NT              |
| Positive HCW 4 | +  | -  | No          | NT              |

Conclusions: Wide availability of testing for antibodies and the universal testing of HCW would be a game changer as it: reduces in-hospital transmission; reduces a potential source of asymptomatic ongoing transmission during a period of social distancing; promotes the wellbeing of HCW ensuring that infected colleagues are promptly tested and isolated; enables the service to isolate those who require it, avoiding being staff-edged due to self-isolation or widespread contamination of the HCW. Unfortunately, mass testing is still not a palatable reality for most healthcare services in Brazil, especially in the public health sector, mainly due to financial reasons.

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1762P Delivery of systemic anti-cancer therapy during the COVID-19 pandemic

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Background: The delivery of systemic anticancer therapy during the COVID-19 pandemic is extremely challenging. Increased hospital visits and active anticancer therapy have been described as risk factors for developing more severe infection. In order to balance the benefits of continuing anticancer therapy with these risks, we have implemented a series of system changes in the delivery of cancer care. We examined the rate of COVID-19 infection in patients attending for systemic anticancer treatments and the impact of COVID-19 on therapy delivered at our oncology dayward.

Results: A total of 4 HCW tested positive among 62 tests. They were all immediately quarantined for 14 days and represent 6.6% of the service’s total workforce. Out of the 4 positive cases, 2 were female, with 60 years or more, and the remaining 2 were men aged between 30 and 42 years; 3 of these HCW were asymptomatic and only 1 had symptoms of the disease. Results illustrated in the table.

| Table: 1761P | IgM | IgG | Symptomatic | RT-PCR Swab Test |
|-------------|-----|-----|-------------|-----------------|
| Positive HCW 1 | -  | -  | Yes         |                 |
| Positive HCW 2 | +  | +  | No          | NT              |
| Positive HCW 3 | +  | -  | No          | NT              |
| Positive HCW 4 | +  | -  | No          | NT              |

Conclusions: Wide availability of testing for antibodies and the universal testing of HCW would be a game changer as it: reduces in-hospital transmission; reduces a potential source of asymptomatic ongoing transmission during a period of social distancing; promotes the wellbeing of HCW ensuring that infected colleagues are promptly tested and isolated; enables the service to isolate those who require it, avoiding being staff-edged due to self-isolation or widespread contamination of the HCW. Unfortunately, mass testing is still not a palatable reality for most healthcare services in Brazil, especially in the public health sector, mainly due to financial reasons.

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1760P COVID-19 severe pneumonia in cancer patients: Impact and predictive factors

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Background: SARS-CoV-2 is a novel coronavirus that has been responsible for the largest pandemic in the last century: COVID-19. Some patients (pts) develop a severe pneumonia with higher mortality rate. Oncological population could be at higher risk.

Methods: We evaluated the association between COVID-19 severe pneumonia and clinical/laboratory/radiological parameters in cancer pts admitted to our institution from March to April 2020. We considered a severe pneumonia if the patient required hospitalization in the ICU or in a conventional ward. We compared patients admitted to the ICU (ICU) with patients admitted to a conventional ward (ConW). We collected clinical data, laboratory test and chest radiographs of patients admitted to our institution for COVID-19 from March to April 2020. We considered a severe pneumonia if the patient required hospitalization in the ICU or in a conventional ward. We compared patients admitted to the ICU (ICU) with patients admitted to a conventional ward (ConW). We collected clinical data, laboratory test and chest radiographs of patients admitted to our institution for COVID-19 from March to April 2020.

Results: Forty-three cancer pts were hospitalized with COVID-19 diagnosis; 27 pts (62.8%) were male. Median age was 68.8 ± 7.8 years. Most part of the pts had gastrointestinal (13; 30.2%), thoracic (12; 27.9%) and breast (6; 14%) cancer. 33 pts (83.7%) presented pneumonia, which was bilateral in 24 pts (55.8%). Median basal saturation of oxygen (O2) was 92% (87-94.5). Severe pneumonia was observed in 23 pts (53.5%). In these patients, the most common symptoms were dyspnea (16; 69.0%), cough (14; 60.9%) and fever (11; 47.8%). Hydroxychloroquine was administered in 20 pts (87%), antiretrovirals in 14 pts (60.9%), steroids in 13 pts (56.5%) and tocilizumab in 9 pts (39%). Mortality rate due to COVID-19 was 84.6% in pts with severe pneumonia versus 15.4% in the rest of the patients (p = 0.03). Thoracic cancer and diabetes were associated with severe pneumonia development in univariate analysis. Thoracic cancer [OR: 12.0 (1.8 – 246.5)] was also associated in multivariate analysis.

Conclusions: Severe pneumonia was frequent in cancer patients with COVID-19 admitted to our institution and was associated with a high mortality rate. Thoracic tumours were found to be a risk factor for developing severe pneumonia. Further investigations with larger number of pts are needed.
Methods: Patients who attended our dayward 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 dayward and 1953 intravenous treatments 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 our arrival at 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 11 th March 2020 and 10th May 2020 the average daily chemotherapy (CT) sessions applied decreased by 7% compared to the same period of 2019. 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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**1764PPrevalence, 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 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 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. 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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| Table: 1763P Distrubiton of total and mean chemotherapy cycles in 2019 and COVID-19 period |
|---|
| 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 |

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