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Triage procedures for COVID-19 in an Italian cancer centre

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Background: The recent COVID-19 outbreak in Italy required timely adoption of efficient triage procedures (TPs) with the aim to minimize the risk of infection spreading in the hospitals. We developed a written questionnaire (items explored: fever, respiratory symptoms, previous contacts or personal positivity for COVID-19) together with body temperature (BT) measurement, to intercept patients (pts) with suspect of COVID-19 infection.

Methods: We conducted a monocentric observational study of a consecutive series of outpatients with diagnosis of solid tumor, accessing the Day Unit of Oncology Department at Udine Academic Cancer Center (Northern Italy) from 30 March 2020 to 30 April 2020. In this abstract we present the preliminary results of the TPs performed until 10 April 2020.

Results: 1054 TPs were performed out of 586 pts, with a median of 2 TPs per pt. Median age was 64.9 years, males were 35.4%. Overall, 82.5% of TPs were made because of access for therapy, 10.7% for programmed procedures, radiological exams or non-antineoplastic treatments, 1.2% for unplanned presentation (e.g. urgencies). The stage of neoplasm was early in 30.7% and advanced in 69.3% of pts. TPs were made in pts receiving chemotherapy (58.2%), immunotherapy (10.8%), targeted therapy (18.9%), other therapies (5.2%) and in pts without active oncological therapy (6.9%). The questionnaire resulted positive in 5.5% of cases; 2.9% were positive for fever, 2.9% for respiratory symptoms, 0.1% for previous contact with a case of COVID-19. Concomitant presence of 2 or more items was observed in 0.5% of questionnaires. Of note, 6 TPs required medical evaluation despite a negative questionnaire and were considered to be clinically suspect. BT > 37°C was observed in 7 TPs. Overall, the oncologic program was postponed in 0.9% of the TPs, while in 0.5% a test for SARS-CoV-2 was performed for clinical suspect: no one resulted positive. At multivariate analysis, factors associated with positive triage were diagnosis of thoracic cancer (OR 2.06; 95%CI 1.01-4.2; p=0.04) and prior test for SARS-CoV-2 (OR 2.81; 95%CI 1.46-5.41; p=0.001).

Conclusions: A well-structured triage for COVID-19 could reduce the risk for further spreading of infection in Oncology facilities with limited impact on scheduled activities.

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Outcomes of the reorganisation of a medical oncology department during the COVID-19 pandemic: Real-world experience

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Background: The coronavirus disease 2019 (COVID-19) pandemic has transformed health care delivery in the world, forcing clinicians to make challenging triage decisions. In Portugal, despite a significant healthcare pressure in cancer patients, they are at high risk of infections due to their immunosuppressed status and serious COVID-19-related events. Portuguese oncologists joined forces to ensure safety of clinical practice without compromising cancer patients care, as the benefit of ensuring an anti-cancer treatment outweighs the risks of COVID-19.

Methods: Description and outcomes analysis of structural organization measures adopted by a Portuguese Medical Oncology Department during the COVID-19 pandemic.

Results: A proactive approach to the actual emergency panorama was promptly implemented: use of individual protection equipment, triage of patients accessing the hospital, use of telemedicine in selected patients with no need for on-site assessment. In the following months, regularly test patients under immunosuppressive treatments, test all patients prior to admission in oncology wards, limited access for visitors and caregivers, health professionals worked in “mirror teams” and most multidisciplinary boards have been converted in telematic meetings. Despite all the constraints in the activity, the number of consultations (including tele-consultations) increased compared to the same period of the previous year (3245 consultations from 1/03 to 15/05/2020 versus 3305 in the same period of 2019), the number of first consultations remained similar comparatively (15%) and were carried out in a timely manner, indicative that the cancer patient circuit was not compromised. 368 fewer treatments were performed in the same period, compared to 2019. Until May 19th, 288 tests have been carried out. Four patients were positive for COVID-19 without severity criteria; two of them with a diagnosis of cure, currently being under antineoplastic treatment without related complications.

Conclusions: Practice recommendations from European and national oncology societies were applied, which translated into a safe continuum of cancer care delivery. In the middle-term, will be a priority to assess the real impact on cancer mortality.