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.

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reconstructive surgery (-90%), on-site oncology visits (-73%) and clinical research (-69%). In parallel, telemedicine visits were multiplied by 100.

Table: 1691P

| Mean number of sessions or procedures (per week) | Variation (%) |
|--------------------------------------------------|---------------|
| Chemotherapy                                     | -11%          |
| Radiotherapy                                     | -31%          |
| Surgery (oncological)                            | -43%          |
| Surgery (onco-plastic)                           | -90%          |
| Blood products                                    | -18%          |
| Transfusions                                     | -69%          |
| Inclusions in clinical trials                    | -69%          |
| Visits (total)                                    | -45%          |
| On-site visits                                    | -76%          |
| Telemedicine visits                               | +10333%       |

Conclusions: The evaluation of practice variation for cancer care is essential to understand the real impact of COVID-19 outbreak on global cancer management, so as to be prepared to further epidemic waves (for ex. implementation of telehealth innovations) or long-term consequences on cancer outcome.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: None.

Background: During the SARS-CoV-2 pandemic, cancer patients (pts) who are infected may develop severe disease if their systemic treatment is not temporarily stopped. Nasopharyngeal swab was not extensively available to screen cancer pts for SARS-CoV-2 infection in northern Italy, the most area in the country most affected by the pandemic. From the beginning of the outbreak onwards, all pts admitted to the Medical Oncology Unit at Spedali Civili Hospital, Brescia, underwent a triage investigating the presence of symptoms and signs suggestive of SARS-CoV-2 infection. Triage results were used to decide which pts should continue antineoplastic treatments.

Methods: All consecutive cancer pts being admitted for systemic treatment from February 24th to April 21st 2020 were considered. Triage, performed by a trained nurse, consisted of questions regarding the presence of fever, cough, dyspnea, anosmia, dysgeusia, headache, nasal congestion, conjunctival congestion, sore throat, diarrhoea, nausea and vomiting, measurement of body temperature and pulse oximetry. All enrolled pts were followed-up for overt SARS-CoV-2 development until May 18th.

Results: Overall, 1180 pts were included, 54% female and median age 65 years. Most represented primary malignancies were breast (32%), gastroenteric (18%) and lung (16.5%). Thirty-one (2.5%) presented with clinically evident SARS-CoV-2 disease and infection was proven by positive nasopharyngeal swab and/or radiological imaging. The triage identified 69 (6%) "grey zone" pts, with suspicious symptoms (i.e. fever 41%, cough 30%, dyspnea 19%). The nasopharyngeal swab was negative in 48% of them and was not performed in the remaining 52% of pts, as well as in all pts who were triage negative. Both SARS-CoV-2 positive and "grey zone" pts did not receive this intervention. It is therefore an unmet medical need to identify biomarkers associated with the severity of disease and theranostic biomarkers to predict and caceous in selecting patients who could safely continue anticancer therapy during SARS-CoV-2 pandemic.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: None.

Background: The severe pneumonitis in coronavirus disease 2019 (COVID-19) requires prolonged treatment in intensive care units, leading to overwhelmed hospital facilities. Treatment with tocilizumb (Actemra, Roche), a monoclonal antibody targeting interleukin 6 receptor (IL6R), has shown promising efficacy in alleviating the severe pneumonitis. However, only around 50% of the treated patients benefit from this intervention. It is therefore an unmet medical need to identify biomarkers associated with the severity of disease and theranostic biomarkers to predict and differentiate potential responders from non-responders to the treatment.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: None.

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Funding: Has not received any funding.

Disclosure: None.

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Legal entity responsible for the study: The authors.

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Disclosure: None.
Methods: An unbiased hyper reaction monitoring mass spectrometry (HRM-HS-MS) approach was used to analyze serum samples from severe COVID-19 cases before and 7 days after treatment with tocilizumab (n = 28), enabling simultaneous identification and quantification of all detectable serum proteins. All samples were measured using 1h gradient on a nano-flow LC-MS/MS setup operated in data-independent acquisition (DIA) mode. Data was extracted using Spectronaut™ (Biognosys). Univariate and multivariate statistical analyses were conducted to identify biomarker candidates. Pathway analysis was used to identify dysregulated biological functions and signaling pathways.

Results: Over 450 proteins were quantified across all samples by HRM-MS. Univariate statistical analysis identified significantly changing proteins across conditions (mor-tality day 30, pre-post treatment, responder/non-responder, q-value > 0.05 and fold change >1.5). Multivariate analysis (PLS-DA) was also used to classify proteins based on their abundance across condition. Proteomic data was further integrated with clinical outcome data to identify a panel of protein biomarker candidates potentially useful in predicting tocilizumab treatment efficiency and the COVID-19 disease severity.

Conclusions: Unbiased proteomic profiling of COVID-19 patient serum identified a panel of candidate protein biomarkers that associate with tocilizumab treatment response as well as the ensuing course of the disease. Further validation of these biomarker candidates opens the way for a personalized medicine approach in treating COVID-19.

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1695P Risk assessment of admission procedures for cancer patients during the convalescence of COVID-19

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Background: Through great efforts, the outbreak of 2019 novel corona virus disease (COVID-19) has been slowing down in Wuhan. This study was to assess the potential errors of established admission procedures from a tertiary cancer center.

Methods: A multidisciplinary team of eight frontline nurses and oncologists would conduct a failure mode and effects analysis (FMEA) to our established procedures. The FMEA consisted of 4 main steps, including a detailed review of the on-going admission processes and the drawing of the corresponding flow chart, followed by repeated discussions of the possible errors among those processes, and then evaluation of the occurrence (O), detectability (D), and severity of impacts (I) of each failure mode according to a scoring criteria (a five-point scale). Finally, the risk of errors were determined through a calculation of risk priority number (RPN=O*D*I).

Results: From March 24, 2020 to May 14, 2020, based on the established procedures, our center has screened 1,214 cancer patients in the oncology outpatient department and subsequent buffer wards. No nosocomial infection (among doctors or patients, or between patients and doctors) occurred. On the scale of RPN from high to low, ten high-risk steps were identified by FMEA, involving a failure of scheduled screening for particularly vulnerable populations, the failure of hand hygiene in outpatient and buffer wards, and the incorrect disposal of clinical waste by cleaning service staff. In addition, the psychological burden to cancer patients might increase the risk of buffer ward management failure.

Conclusions: Self-review and continuous improvement for established procedures can minimized underlying mistakes. Increasing the approaches to treatment appointments, reasonably optimizing the working during for outpatient physicians, strengthening the awareness of hand hygiene (both physicians and patients), and setting up oncological psychological counseling groups will likely improve the potential error steps.

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1697P Cancer patients’ perceptions, opinions and feelings during the COVID-19 epidemic in the most affected Italian areas: Serial cross-sectional study

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Background: Risks associated with COVID outbreak and consequent restrictive measures taken by the Government can cause concern and anxiety. The impact on cancer patients (pts) may be even greater. We investigated the influence of COVID pandemic on pts’ perceptions, opinions and feelings during the peak of the epidemic and after the loosening of the Government restrictions.

Methods: Multicenter, serial cross-sectional study conducted in 11 cancer centers located in the hardest hit Italian areas. The study is composed by 2 surveys administered to unselected adult pts receiving onsite oncologic treatments: the first during the enforcement of containment measures against COVID spread; the second upon the loosening of Government restrictions. A self-administered questionnaire composed by 11 closed questions (only 1 answer) was used. At least 1000 pts per each survey were deemed necessary. Multivariable logistic regression models will be used to identify factors associated to perceived perceptions and opinions. Main outcomes are: 1) perception of the pandemic effect on feelings 2) perception of changes in the relationship with the medical team 3) opinions on healthcare reorganization.