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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Background: After COVID-19 was declared a pandemic by the World Health Organization, a response from the Italian Health System to react to an unprecedented condition became necessary and sudden. COVID-19 pandemic required oncologists to redetermine their clinical organization and management of cancer patients. The aim of our study was to take a picture of the situation of Italian oncologies and to evaluate the difficulties in patients management.

Methods: Between 18th March and 9th April 2020 we conducted an online survey (Google Forms). It consisted of 45 questions ranging from individual perception of panic to management by oncological centers to physicians and nurses psychological distress and patient care. The survey was anonymous and broadcasted to oncology health workers by mailing contacts, word of mouth and social networks.

Results: A total of 383 oncology health workers participated in the survey. The majority was female (72%) and from central Italy (46%). Impressively, a total of 357 (93%) participants declared the Oncologic Department reorganized routine clinical activity, but only 41% was adequately trained about the required procedures. 20% of the surveyees think they have not received adequate and timely protective devices with respect to clinical needs and according to 58% the supply of these devices was only partial. 34% of professionals declared they do not have or know a defined common guideline to reschedule patients’ treatments. More than 80% of interviewees declared to feel worry about being at greater risk of contagion than the general population, 92% feared to transmit virus to family members. Deferring treatment has caused fear / anxiety in 228 of the interviewed (60%). Symptoms of general population, 92% feared to transmit virus to family members. Deferring treatment has caused fear / anxiety in 228 of the interviewed (60%).

Conclusions: Our survey demonstrated the flexibility of oncologic teams. However, the emergency response quality has been heterogeneous, and several drawbacks emerged from this first analysis. Information, protection, testing, and training of healthcare professionals are key points that should be kept in mind to encourage recovery after this tragedy and to be ready to face a similar emergency in the next future.

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1686P The impact of the COVID-19 crisis on perceived changes in care and wellbeing of cancer patients and norm participants: Results of the PROFILES registry

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Background: We aimed to assess the impact of the COVID-19 crisis on 1) perceived changes in cancer treatment and follow-up care; and 2) cancer patients’ wellbeing in comparison with a norm population.

Methods: Participants participating in the PROFILES registry (Patient Reported Outcomes Following Initial treatment and Long-term Evaluation of Surviviorship) registry and a norm population were invited to complete a questionnaire mid-April 2020. Analyses included cohorts of colon, rectal, breast, melanoma, gynecological, prostate, hematological, cancer and esophageal cancer patients and cancer survivors diagnosed between 1/2006 and 3/2020. Logistic regression analysis assessed factors associated with changes in cancer care. General Linear Models were computed to assess differences in QoL, anxiety/depression and loneliness between patients and age- and sex-matched norm participants.

Results: Of 3,960 cancer patients, 213/768 (28%) in treatment and 448/2575 (17%) in the general population were included in the analysis. Analyses revealed that 14.1% of colon, 24.2% of rectal, 28% of breast, 24.8% of melanoma, 20.4% of gynecological, 15.4% of prostate, 24.2% of hematological, 19.2% of cancer and 15.3% of esophageal cancer patients and survivors had a different treatment and follow-up care than before the COVID-19 crisis. We found that gender differences were present in the general population (p=0.03), but not in the cancer population.

Conclusion: Only a small percentage of patients and survivors reported a change in cancer treatment and follow-up care. Although most patients died from metastatic disease, metastasized cancer and being worried about getting infected with SARS-CoV-2 were independently associated with these changes. Twelve percent of cancer patients had their consultation replaced by a TC, and although most...
patients preferred a face-to-face consultation, 39% said that they would like to use a phone, and 39% preferred a clinical oncologist. Of the 213 (23%) that worked in public hospitals, only 213 (23%) worked in public hospitals. Only 213 (23%) worked in public hospitals. Only 213 (23%) worked in public hospitals.

**Methods:** A cross-sectional study was conducted using a validated questionnaire disseminated to oncologists by SurveyMonkey®. The tool had 42 questions that captured participants’ KAP, their experiences and the impact of the pandemic. Country sub-investigators in Middle East and North Africa region, Brazil, and the Philippines distributed the survey to their contacts via emails and text messaging between April 24 and May 15, 2020.

**Results:** Among 910 physicians that participated in the study, 55% were males, 67% medical or clinical oncologists and 58% worked in public hospitals. Only 213 (23%) reported being officially involved in COVID-19 control efforts. Level of knowledge regarding the prevention and transmission of the virus was good among 63% of participants. Majority (92%) were worried about contracting the virus either extremely (30%) or mildly (62%) and 85% were worried about transmitting the virus to their families. 77% reported they would take the COVID-19 vaccine once available, although only 38% got the flu vaccine regularly. Adherence to strict precautions was variable including social distancing outside work (68%), no hand shaking (58%), and hand washing (98%). Participation in virtual activities included clinics (54%), administrative meetings (38%); and educational activities (68%) and majority reported plans to continue them after pandemic. Participants reported a negative impact of the pandemic on relations with coworkers (16%), relations with family (27%), their emotional and mental wellbeing (49%), research productivity (34%) and financial income (52%).

**Conclusions:** COVID-19 pandemic has negative effects on various personal and professional aspects of oncologists. Interventions should be implemented to mitigate the negative impact and to prepare oncologists to manage future crises with more efficiency and resilience.

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**1688P Outcome of older cancer patients infected with COVID-19 at Gustave Roussy Cancer Center**

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**Background:** The SARS-CoV-2 outbreak significantly affected Gustave Roussy cancer center. Here, we report the Gustave Roussy experience on older patients (OP) with cancer during the SARS-CoV-2 outbreak.

**Methods:** Cancer pts with suspected SARS-CoV-2 infection were admitted at Gustave Roussy starting March, 12th. Screening indications have been adapted over time. The COVID-19 pts positively tested and managed at Gustave Roussy between March 12th and April 15th have been included in a redacted database. Pts and underlying oncological and COVID-19 diseases characteristics have been collected. Cancer and COVID-19 management, and outcomes have been assessed. The primary endpoint of this analysis was the clinical deterioration, defined as the need for O2 supplementation of 8 l/min or more, or death of any cause.

**Results:** Among the first 137 cancer pts diagnosed with SARS-CoV-2, 36 patients were aged 70 years or over (26%). Most of them were female (61%) with a median age of 75.5 years old. Most frequent underlying cancers were solid tumors (92%) including GI (19%), lung (17%), GYN (14%) and head and neck (14%). Most OP (36%) were ECOG performance status 2 versus 24% in younger patients (YP). The diagnosis of SARS-CoV-2 infection was made by RT-PCR or thoracic CT scan alone in 97% and 3% of the cases, respectively in OP and in 92% and 8% in YP. Most OP experienced symp-toms prior to testing (92%) compared to YP (80%). Symptoms differed according to age with more cough with sputum production in OP (14% versus 5%), dyspnea (39% versus 31%), diarrhea (17% versus 9%), shivers (8% versus 0%), sore throat (8% versus 4%) and no anosmia nor agueusia. The majority of OP was hospitalized (81%) compared to 72% of YP and treated with HCQ/AZI (15; 52%) compared to 25 (35%) YP with inclusion in the ONCOCID trial (Eudract: 2020-01250-21). They did not receive any IL-6 inhibitor. Only one OP was admitted in the ICU (3%). Clinical deterioration occurred in 10 OP (29%). There was no impact of age on clinical worsening (HR=1.157; 95%CI:0.55-2.42; p=0.7). However age was associated with worse overall survival (OS) (HR=2.45 95%CI 1.02-5.92; p=0.0463). Results will be updated at the meeting.

**Conclusions:** OP with cancer had a different disease presentation, same rate of clinical worsening but worse OS in SARS-CoV-2 infection.

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**1689P The appropriateness of invasive ventilation in COVID-19 positive cancer patients: The hardest decision for oncologists**

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**Background:** Over the last two months we have frequently been contacted to esti-mate the prognosis of cancer patients (pts) affected by COVID-19 infection. Until now, there have been no clear markers to guide decision making regarding the appropriateness of invasive ventilation (IV) in COVID-19 cancer pts. Therefore, we developed a practical diagnostic tool which encompassed a prognostic score in order to identify a subgroup of pts likely to have a better outcome and therefore may be potential candidates for IV.

**Methods:** The Milano Policlinico ONCOCID-ICU score includes three different groups of variables. In the first group we included sex, age, body mass index (BMI) and comorbidities. The second group includes oncological variables, such as the treatment intent (adjuvant or metastatic), life expectancy in months and treatment status (on/ off). Furthermore, we included the SOFA score [1] and the d-dimer values, previously reported as risk factors for mortality in the presence of COVID-19 infection.

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