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: The cancer population seems to be more susceptible to COVID-19 infection and have worse outcomes. Front of this pandemic, we had to adapt our patient care to protect our patients without compromising their prognosis related to their cancer. The national PRATCOVID study aims to describe the modifications of the medical and surgical patient care for this population, according to the recommendations in this context of pandemic, within our hospitals which are strongly mobilized.

Methods: We analyzed data from 9 different institutions, 3 Medical Hospitals, 4 Academis Hospitals, 2 Private Hospital, from oncologists, surgeons, radiotherapists. The primary endpoint was to assess the prevalence of adapted patient care during pandemic compared to usual care endpoints to describe the point of view of clinicians and patients during and after the pandemic.

Results: We analyzed 435 medical care between 9th of March and 30th of April. The median age was 69 years (range, 24-99), 54% was male. 167 patients (38.4%) were newly diagnosed and only 4% were included in a clinical trial. Because of COVID-19 pandemic, 47.6% of the patients had modified patient care. The main primary tumor site was breast cancer (22.7%) at a metastatic stage. 24.6% have postponed surgery, or not receive perioperative chemotherapy, 18.4% received hypofractionated schedule and 57% had an adaptive systemic protocol (stopped, oral protocol, spacing between courses). 70% of physicians are used telemedicine. During this period, 67% of the physicians were relaxed to take care of their patients. 57% of the patients have been seen to be relax or low worried about the pandemic. However, 71% are worried after the lockdown, because of future patient care, stage at diagnosis, access to clinical trial, our abilities to receive in the same time all the patients.

Conclusions: PRATCOVID study is the first to assess modification of patients’ care during an epidemic in cancer patients. Facets with this unprecedented crisis, physicians were able to adapt their practice in order to protect their patients against the virus and while ensuring the course of patient care. But physicians are worried after de lockdown because of the care pathway’s issues.

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Influence of recent administration and type of oncolgical treatment (T) in survival of oncological patients (p) with COVID-19: Experience of Vall d’Hebron University Hospital

D. García-Iglesias1, N. Saoudi Gonzalez1, O. Mirallas1, J. Aguilar-Company2, M. Llopart3, A. Garcia-Alvarez1, M.J. Llosete Bardají2, A. Valdivia1, D.H. Marmolejo Castaneda3, M.A. Rezzallah Aron4, D.E. López Valbuena2, E. Felipo5, J. Carles6, J. Tabernero1

1Medical Oncology, Vall d’Hebron University Hospital, Barcelona, Spain; 2Infectious Diseases, Vall d’Hebron University Hospital and Institute of Oncology (VHIO), Barcelona, Spain; 3Infectious Diseases, Vall d’Hebron University Hospital, Barcelona, Spain; 4Medical Oncology, Vall d’Hebron University Hospital (VHIO), Barcelona, Spain

Background: SARS-CoV-2 outbreak has impacted on the management of oncological p, leading to treatment delays in a considerable number of cases. The aim of this study was to evaluate if oncolgical T affected negatively COVID-19 outcome.

Methods: We retrospectively analyzed clinical data from p with solid tumors under active systemic T (received in the last 6 months) that were diagnosed with SARS-CoV-2 infection (definitive PCR) between March and 15th May 2020 in our centers. Study endpoint was death due to COVID-19. We divided the patients in two groups; those who had received treatment in the last 4 weeks and those who had not.
are warranted to assess the reliability of PFU compared to standard FU visit to implement telemedicine in daily clinical practice.

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### 1731P

**Molecular diagnostics for cancer patients and high-risk individuals during the SARS-CoV-2 pandemic at the Institute for Oncology and Radiology of Serbia**

M. Cacic1, A. Krivojaca1, A. Dadjanovic-Velickovic1, M. Pavlovic1, M. Mihajlovic1, J. Rakobradovic1, I. Boljevic1, E. Malisic1, M. Tanic1, R. Jankovic1

1Experimental Oncology, Institute for Oncology and Radiology of Serbia, Belgrade, Serbia; 2Genetic Counseling for Hereditary Cancers, Institute for Oncology and Radiology of Serbia, Belgrade, Serbia

**Background:** The SARS-CoV-2 pandemic introduced a dangerous distraction effect in all aspects of oncological patients’ care. The aim of this research was to explore the effect of the pandemic on the efficacy of the largest molecular diagnostics centre for cancer patients and high-risk individuals in Serbia (IORS).

**Methods:** EGRF, KRAS, BRAF, BRAF/2 mutation testing of advanced lung adenocarcinoma, metastatic colorectal, metastatic melanoma and ovarian cancer patients were performed by qPCR and NGS. NGS was also used for panel testing of hereditary breast cancer and cancers associated with Lynch syndrome. IORS’s analytical output during the two-month long state of emergency was compared to the two-month period prior to the outbreak.

**Results:** A 57% reduction (188 vs. 81) in the total number of patients that were referred to IORS for targeted molecular testing was detected (EGRF - prior to initiation up to 0.15 vs. 0.14; KRAS 73 vs. 34, BRAF 39 vs. 17). Due to the prolonged transport of the necessary consumables and the fact that two essential laboratory personnel were absent from the Institute (sensitive category), metastatic colorectal, metastatic melanoma and ovarian cancer patients were performed by qPCR and NGS. NGS was also used for panel testing of hereditary breast cancer and cancers associated with Lynch syndrome. IORS’s analytical output during the two-month long state of emergency was compared to the two-month period prior to the outbreak.

**Conclusions:** The SARS-CoV-2 pandemic had a profound negative effect on the overall diagnostic output of the centralized molecular diagnostics for cancer patients and high-risk individuals in Serbia. The only positive effect of the pandemic was the waiting lists for genetic testing of high-risk individuals were shortened.

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### 1732P

**Prognostic indicators for COVID-19 related deaths in patients with cancer**

A. Linehan1, D. Cowzer, M. Hennessey, Z. Coyne, O. Fitzpatrick, A. Nolan, L. Judge, N. Cooly, O. D’Odoherth, C. Matassa, T. Boyle, B.T. Hennessey, L. Grogan, P.G. Morris, O.S. Breathnach

Department of Medical Oncology, Beaumont Hospital, Dublin, Ireland

**Background:** The COVID-19 pandemic has impacted significantly on health systems across the globe. It has been reported to have higher incidence and to be associated with worse outcomes in patients with cancer. Beaumont Hospital is a large Dublin-based teaching hospital which was at the centre of the Irish outbreak of COVID-19.

**Methods:** During the period 11th March to 15th May 2020, patients diagnosed with COVID-19 infection who were attending Beaumont Hospital for systemic anti-cancer therapy were included. Data were collected by chart review. Statistical analyses were performed using SPSS. Cancer-related prognosis was estimated using the Palliative Prognostic Score (PAP) with a score ≥11 associated with a 30-day survival of <30%.

**Results:** In total, 717 patients attended oncology services for cancer directed treatment during the study period. 27 of these patients were diagnosed with COVID-19 based on RT-PCR. A further 4 patients were diagnosed clinically due to characteristic symptoms and radiology. The median age was 60 (38-84). 12 (39%) were female. The most common cancer type was lung n=9 (29%). 21 (67%) had metastatic disease; 4 (13%) locally advanced disease and 6 (19%) were being treated with curative intent.

Of the 31 patients diagnosed with COVID-19, 25 (80%) were hospitalised and none were admitted to intensive care. In total, 12/31 (41%) died, of which 5 (41%) had lung cancer, 10 (83%) had an PS of ≥3 and 3 (25%) had received systemic anti-cancer treatment in the last 30 days of life. The median age was 66 (38-84). 4 (33%) were female. All had incurable, locally advanced or metastatic disease. The mean time from diagnosis to death was 9.5 days. Those with an ECOG performance status (PS) ≥3 were more likely to die than those with PS <2 (p<0.001). Compared to those who recovered, patients who died from COVID-19 had higher mean number of organs affected by cancer (3.7 vs. 1.8, p=0.015) and higher mean PAP score (9.6 vs. 1.5, p<0.001).

**Conclusions:** Patients with cancer who contracted COVID-19 and died had more sites of metastatic disease, a poorer performance status, and a higher Palliative Prognostic Score. The presence of multi-organ involvement appears to predict for poorer outcomes in COVID-19 positive cancer patients.

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**Table: 1733P**

| Variable          | Other Cancer N=34 (%) | Lung Cancer N=12 (%) |
|-------------------|-----------------------|----------------------|
| **Male**          | 52.9                  | 50                   |
| **Age mean**      | 63.9                  | 63.5                 |
| **Active Smoking**| 0                    | 16.7                 |
| **Ex-smokers**    | 35.3                  | 50                   |
| **COMORBIDITIES** |                       |                      |
| **Coronary heart disease** | 8.8                  | 16.7                 |
| **Hypertension**  | 35.3                  | 41.7                 |
| **COPD**          | 8.8                   | 16.7                 |
| **Dyslipidemia**  | 23.5                  | 25                   |
| **STAGE**         | IV                    |                      |
| **IV**            | 52.9                  | 50                   |
| **SYMPTOMS**      |                       |                      |
| **Neutropenia**   | 6.1                   | 0                    |
| **Cough**         | 67.6                  | 41.7                 |
| **Temperature**   | 37.1                  | 37.3                 |
| **Dyspnea**       | 47                    | 91.7                 |
| **Diarrhea**      | 8.8                   | 8.3                  |
| **Lymphopenia**   | 68.7                  | 36.4                 |
| **PROGNOSTIC CRITERIA** |          |                      |
| **IL-6**          |                       |                      |
| **D-DIMER**       | 0.9 (0.6; 2.2)        | 0.9 (0.5; 2.7)       |
| **CRP**           | 407.7                 | 44                   |
| **LDH**           | 266 (207; 326)        | 290 (238; 352)       |
| **FERITIN**       | 562 (358; 933)        | 1111 (392; 2672)     |
| **CHARLSON**      | 8 (6.9)               | 8 (6.9)              |
| **INDEX**         |                       |                      |
| **CURB6 SCALE**   | **                    | **                   |
| **BRESCA SCALE**  | **                    | **                   |

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**1733P** Real-world data: Cancer and SARS-CoV-2 infection

B. Nunez Garcia1, M. Blanco Clemente1, A. Morito Aguilar1, M. Martinez Cutillas1, C. Traseira1, Y. Garitaonaindia1, R. Aguado Noya1, C. Aflaro Autori1, G. Visedo2, F. Franco1, V. calvo de Juan1, M. Provenco Puilla1

1Medical Oncology Department, Hospital Universitario Puerta de Hierro-Majadahonda, Majadahonda, Spain; 2Medical Oncology Department, Hospital Puerta de Hierro-Majadahonda, Majadahonda, Spain; 3Medical Oncology Department, Hospital Universitario Puerta de Hierro-Majadahonda, Majadahonda, Madrid, Spain

**Background:** Madrid has been the epicenter of the SARS-CoV2 pandemic in Spain. We analyzed the experience at our hospital with SARS-CoV2 infection and cancer patients (p).

**Methods:** We analyzed our experience from March 1 to April 30 at the Puerta de Hierro University Hospital in Madrid. Diagnosis of SARS-CoV2 infection was made by RT-PCR, suspected cases not confirmed were excluded.

**Results:** Overall in-hospital mortality cancer p with COVID-19 was 15.2% (95%CI, 6.3; 5.2), similar to 12.7% (95%CI,11.1-14.4; p=0.615 of the global COVID-19 hospitalised population and greater than that of patients admitted without SARS-