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.
Methods: We analysed the programme flow during the state of emergency starting on March 16, 2020 for one year.

Results: During that year, 975 suspected cancer cases were submitted to the CFP. The submissions only decreased during the times of highest COVID-19 incidence and stricter lockdown (March, April and October 2020). However, referrals were slightly higher than in the previous 2 years (average 877). Of those 975 patients, 817 were seen by the corresponding specialist. A cancer diagnosis was confirmed in 197 (24.1%) with 33% urological, 23% breast, 16% gastrointestinal and 9% lung cancer. Median time from referral to the specialist visit was 13 (interquartile range, 8 to 22 days) days and a diagnosis was reached in a median of 18 days (interquartile range, 10 to 30 days). In cancer patients, treatment was started in around 30 days (interquartile range, 13.5 to 51 days) from the time of diagnosis. Sixty-one percent of cancers were found in an early stage, 20% in a locally advanced stage, and 19% in an advanced stage.

Conclusions: Our programme has proven to be a reliable tool to help PC physicians referring patients with cancer suspicion, maintaining its normal flow and efficacy despite the current pandemic.

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Conclusions: The study showed the promising use of VCs in the future. Recommendations were suggested to optimize the patient and clinician experience. These include implementing a patient triage system to advise which patients should have a virtual consultation, providing enhanced training and equipment to staff and ensuring the chosen method of VC provided is individualized to the patient's needs.

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The perks of SARS-CoV-2 monitoring through serial nasopharyngeal (NP) swabs in an Italian high prevalence area

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Background: The outbreak of SARS-CoV-2 infection and the associated COVID-19 pneumonia have dramatically interrupted the delivery of cancer care worldwide. Indeed, this crisis has raised the urge of thoughtfully balancing the risk of delaying potentially curative treatments against the harm of developing a life-threatening respiratory infection. In this study, we report the experience of an Italian Reference Cancer Center, where strict triage procedures had to be promptly adopted.

Methods: We retrospectively analyzed a consecutive cohort of 787 cancer patients (pts) who accessed the Day Hospital (DH) of the Oncology Department of Udine from April 6th to June 19th 2020. Screening NP swabs and RT-PCR analysis were performed at every access in pts who, after passing the triage, were admitted to receive intravenous therapies, including 55.7% female and 44.3% male pts, respectively, with 54.9% aged 60% or more.

Results: Overall, 2602 NP swabs were performed in a population of 787 cancer pts receiving intravenous therapies, including 55.7% female and 44.3% male pts, respectively, with 54.9% aged ≥65. Of note, 28.2% of pts had gastrointestinal tumors, 23% breast cancer, 19.8% lung cancer and 14.2% tumors of the genitourinary tract. Indeed, this crisis has raised the urge of thoughtfully balancing the risk of delaying potentially curative treatments against the harm of developing a life-threatening respiratory infection. In this study, we report the experience of an Italian Reference Cancer Center, where strict triage procedures had to be promptly adopted.

Conclusions: In the pandemic context, the adoption and gradual refinement of rigorous procedures aimed at minimizing COVID-19 diffusion among pts and healthcare professionals are mandatory to ensure continuity of care. In our experience systematic triage, sequential screening with NP swabs and the prompt identification of asymptomatic SARS-CoV-2 carriers limited COVID-19 spread among cancer pts accessing the Oncology DH.

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Management of locally advanced rectal cancer during the COVID-19 outbreak: First results of a shift towards short course neoadjuvant radiotherapy

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Background: Alike other tumor types, it was recommended that the management of locally advanced rectal cancer (LARC) during the COVID-19 outbreak would shift towards hypofractionated RT schemes. Short-course neoadjuvant radiotherapy (SCRT) is comparable to long-course chemoradiation (CRT) in terms of toxicity and survival; nevertheless, CRT is still largely used, especially in advanced tumors. We aim to report the clinical-pathological characteristics and first treatment results of patients treated in a 3-month period during COVID-19 outbreak and to compare them to those treated in the previous year.

Methods: We retrospectively reviewed consecutive cases of patients with LARC treated with neoadjuvant RT during Apr-Jun 2020 and Apr-Jun 2019 (control group).

Chi square and independent T tests were used for comparison.

Results: During Apr-Jun 2020, 35 patients [median age 62 [31-86] years, median Charlson score 4 [2-8]] were treated with neoadjuvant RT. Primary tumor was staged as cT2 (6%), cT3 (57% T3a-b, 17% T3c-d) and cT4 (17% T4a, 3% T4b); 83% were CHN+; 11% patients were M1 at diagnosis and had primary CT. All patients were treated with SCRT (25Gy/5Gyfr): 20% patients had perioperative CT and 46% had adjuvant CT. In the control group (n=34), 9 patients had SCRT and 25 had CRT [50.4Gy, 1.8Gyfr, plus capectabine]; 6% had primary CT for M1 disease and 6% had perioperative CT. Both groups (2019 vs 2020) were comparable in terms of clinical-pathological variables (age, comorbidities, TNM stage, mesorectal fascia involvement, 80 margin). Pathological complete response (9% vs 11%, p=0.720), modified Ryan tumor regression score >2 (74% vs 80%, p=0.456) and rate of postoperative complications >1 (59% vs 5%, p=0.357) also did not differ. Median time from diagnosis to start of RT was 58±43 days vs 61±31 days, p=0.448. Median time to delayed surgery was 66±18 days vs 67±18 days, p=0.948. The start of RT was postponed in 1 patient due to COVID+.

Conclusions: Patient characteristics and time to neoadjuvant RT did not appear to differ during COVID-19 outbreak. A shift towards a safer treatment for LARC during this period did not seem to impact pathological response neither postoperative complications.

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Impact of COVID-19 pandemic on the diagnosis of breast cancer in one region of north of Portugal: One year experience

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Background: The onset of COVID-19 pandemic forced lockdown and halted breast cancer screening programs. We aimed to investigate the impact of COVID-19 on the new diagnosis and staging of breast cancer.

Methods: In this cohort study, we included all patient with new diagnosis of breast cancer who were admitted to our Hospital (Hospital Pedro Hispano, Mato&inhos, Portugal), between March 2019 and March 2021. We collected data on baseline clinical conditions such as age, stage at diagnosis and treatment. We created two different groups were created: 1st group- before COVID-19 pandemic (March 1, 2019 to March 16, 2020); 2nd group - COVID-19 pandemic (March 17, 2020 to March 31, 2021). A comparative assessment between groups was carried out.

Results: Were included 483 patients; n=289 in the 1st group and n=194 in the 2nd group. The median age was 60 years old in the 1st group and 59 years old in the 2nd group. In the 1st group, 13% patients were diagnosis with ductal in situ carcinoma (DCIS), 51% in stage I, 24% in stage II, 9.5% in stage III and 3% in stage IV. In the 2nd group, 9% had DCIS, 30% were in stage I, 40% in stage II, 11% in stage III and 10% in stage IV. Stage at diagnosis was significantly higher in the 2nd group (p=0.001). This situation was mainly due to tumor size (T1). In the 1st group, most patients (n=93; 38%) had tumour size between 10 e 20mm (T1c in TNM classification). One the other hand, 40% (n=78) of patients included in the 2nd group had tumour size between 20 e 50mm (T2), with significant differences between them (p=0.004). No difference was found between groups in nodular involvement (p=0.189), with the majority of patients (~50% in both groups) presenting without nodular involvement (NO in TNM classification). 10% of patients in 2nd group and 3% in 1st group had metastatic disease at diagnosis, with differences between them (p=0.006). 49% (n=119) of patients in 1st...