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 | Variation (%) |
|---------------------------------------|--------------|
| Period 1 (Jan-1 to Mar-15)            |              |
| Chemotherapy                          | 396          |
| Radiotherapy                          | 914          |
| Surgery (oncological)                 | 21           |
| Surgery (onco-plastic)                | 8            |
| Blood products                        | 89           |
| Transfusions                          | 73           |
| Inclusions in clinical trials         | 35           |
| Visits (total)                        | 986          |
| On-site visits                        | 983          |
| Telemedicine visits                   | 3            |
| Period 2 (Mar-16 to Apr-19)           |              |

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.

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1692P SARS-CoV-2 RNA testing in cancer patients treated at a Department of Medical Oncology in Vienna, Austria

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Background: Cancer patients have been reported to be at increased for SARS-CoV-2 infection and severe course of COVID-19.

Methods: Patients routinely tested for SARS-CoV-2 RNA by nasal swab and Real-Time qPCR (RT-qPCR) between March 21st and May 4th 2020 were included. The results of infection were statistically compared to the SARS-CoV-2 prevalence in the control cohort (16.5%). Thirty-one (2.5%) presented with clinically evident SARS-COV-2 disease and in 48% of them 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 present with symptoms and were addressed to hospitalisation or home quarantine. All the 1080 pts (91.5%) who resulted negative at triage continued their antineoplastic therapy as scheduled, none of them presenting symptoms of SARS-COV-2 infection during the follow-up.

Conclusions: Accurate triage allowed safe continuation of anticancer treatment in 91.5% of pts during the SARS-COV-2 outbreak.

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1693P Accurate triage may be efficacious in selecting patients who could safely continue anticancer therapy during SARS-CoV-2 pandemic

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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 present with symptoms and were addressed to hospitalisation or home quarantine. All the 1080 pts (91.5%) who resulted negative at triage continued their antineoplastic therapy as scheduled, none of them presenting symptoms of SARS-COV-2 infection during the follow-up.

Conclusions: Accurate triage allowed safe continuation of anticancer treatment in 91.5% of pts during the SARS-COV-2 outbreak.

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1694P Discovery of circulating biomarkers in COVID-19 patients undergoing anti-IL6R immunotherapy

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Background: The severe pneumonitis in coronavirus disease 2019 (COVID-19) requires prolonged treatment in intensive care units, leading to overwhelmed hospital facilities. Treatment with tocilizumab (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.

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