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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conducted with separate interview guides designed for each participant group. Questions related to the use of VCs in the future, accessing technology, waiting times and communicating issues, wider worries or fears. Participants rated their experiences from 1-5 (1 being low and 5 being high). Interviews were recorded with verbal consent and transcribed verbatim. Data was thematically analysed using NVivo12.

Results: A total of 36 patients and 10 clinicians participated. Themes were accep-
tance, time, technology, purpose of clinic, communication, equipment, benefits and 
choices. Participants were accepting of the VC with 80.5% of patients (n=29/36) and 
90% of clinicians (n=9/10) supporting future use. Both groups agreed that VCs are 
not suited to everyone and the use of the VC should be individualised for the patient 
based on several criteria including patient preference, reason for consultation and 
patient characteristics. The average satisfaction rating of the VC was higher among 
patients (4.45/5) than clinicians (3.75/5), with many clinicians suggesting that support 
setting up video clinics may improve the score.

Conclusions: The study showed the promising use of VCs in the future. Recom-
mendations were suggested to optimise 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 individualised to the patient’s needs.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.1618

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

L. Bortol1, M. Cinauso1, D. Iacono1, C. Corvaja1, G. Pelizzi2, G. Targato1, D. Zara1, V.J. Andreotti1, C. Noto1, R. Donato2, A. Bin1, A.M.M. Minisini2, G. Fasola2

1Department of Medicine (DAME), University of Udine, Udine, Italy; 2Department of Medical Oncology, Azienda Sanitaria Universitaria Friuli Centrale (ASUFC) Udine, Udine, Italy

Background: The outbreak of SARS-CoV-2 infection and the associated COVID-19 pandemic have dramatically disrupted 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 intrave-
nous therapies. Clinicopathological data were collected from electronic health re-
cords and include sex, age, tumor type, disease stage, type of treatment, number of swabs received and RT-PCR results.

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. Approximately 32% of pts had early-stage disease whereas 68% of pts was receiving therapies for advanced disease. Treatments most frequently included chemotherapy (60%), immunotherapy (14.7%) and target therapies (9.8%) whereas 11.1% of swabs were performed in pts entering the premises for supportive therapy. The median number of SARS-CoV-2 tests per patient was 3 and 26% of pts received ≥5 swabs. In the whole population, only 10 SARS-CoV-2 tests (1.3%) resulted positive and were promptly isolated.

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 experi-
ence systematic triage, sequential screening with NP swabs and the prompt identifi-
cation of asymptomatic SARS-CoV-2 carriers limited COVID-19 spread among cancer pts accessing the Oncology DH.

Legal entity responsible for the study: ASUFC.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.1619

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

B. Castro, F.F. Sousa, A.M. Pires, S. Sarandão, D. Gomes, O. Sousa

Radioterapia Dept., Instituto Portugues de Oncologia do Porto Francisco Gentil, EPE (IPO-Porto), Porto, Portugal

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 during COVID-19 pandemic.

Methods: We retrospectively reviewed electronic medical records 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 CH; 11% patients were M1 at diagnosis and had primary CT. All patients were treated with SCRT (25Gy/5Gy/20); 20% had perioperative CT and 46% had adjuvant CT. In the control group (n=34), 9 patients had SCRT and 25 had CRT (50.4Gy, 1.8Gy/2, 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, R0 margin). Patho-
logical complete response (9% vs 11%, p=0.720, modified Ryan tumor regression score ≥ 74 vs 80%, p=0.456) and rate of postoperative complications (IIb-b (20% vs 9%, 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-19.

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.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.1620

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

M. Vilaca1, D. Silva1, D. Magalhães2, F. Estevinho1, F. Braga2, A. Mesquita2, M. Salgado2

1Oncology Department, ULS Matosinhos - Hospital Pedro Hispano EPE - SNS, Senhora Da Hora, Portugal; 2Medical Oncology Dept, ULS Matosinhos - Hospital Pedro Hispano EPE - SNS, Senhora Da Hora, Portugal

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, Matosinhos, 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 pandemia (March 1, 2019 - April 5, 2020), 2nd group - COVID-19 pandemia (March 17, 2020 to March 31, 2021). A comparative assessment between groups was carried out.

Results: We 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 diagnosed 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 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 tumour size (T1). In the 1st group, most patients (n=93–38%) had tumour size between 10 e 20mm (T1c in TNM classification). On 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 1st 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 group...
group and 52% (n=100) in the 2nd group were treated with chemotherapy, without differences between those groups.

Conclusions: Our results show that during one year after COVID-19 pandemic the incidence of breast cancer decreased, and patients were diagnosis in more advanced stages. This situation could have been related to patient referral to non COVID-19 Hospitals or correspond to a true sub-diagnosis.

Legal entity responsible for the study: M. Vilaça.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.1621

1629P

SARS-CoV-2 and Cancer Trials Ireland: Impact, resolution, legacy

S. O’Reilly

Oncology, Cancer Trials Ireland and CUIH - Cork University Hospital, Cork, Ireland

Background: The SARS-CoV-2 pandemic led to significant ongoing disruptive change in healthcare from 3/2020 to the present. The impact and legacy on a national clinical trials organisation was assessed.

Methods: A review was conducted of prospectively acquired communications, team logs and time sheets, trial activation, closure, and accrual, for the period 2019-pre-2020. An online survey of the impact of the pandemic on clinical investigators was performed. During lock-down periods hospital sites closed to monitoring visits and remote visits were not always possible due to paper-based health information systems. Overall accrual to academic cancer clinical trials decreased by 49%.

Results: In the 9 months after the pandemic was declared clinical trial accrual fell by 54%, radiotherapy trial accrual by 90% and translational studies by 36%. Staff reassignment occurred in 60% of units. Monitoring visits by Clinical Research Associates was reduced by 42% and remote monitoring rose from 5% to 20% of monitoring visits. The opening of new trials fell by 67%. 77% of investigators experienced burnout, 71% had less time for trials and 53% reported less support for trials.

Conclusions: The pandemic has had a significant negative impact on cancer clinical trial activity in Ireland with a notable decline in academic-led trial activity compared to pharmaceutical-led trials. Protected staff assignments, electronic records to facilitate remote monitoring and enhanced support for clinical trials staff is needed to increase resilience in the system.

Legal entity responsible for the study: Cancer Trials Ireland.

Funding: Cancer Trials Ireland.

Disclosure: The author has declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.1622

1630P

The impact of the COVID-19 outbreak on surgical site infections in elective colorectal cancer surgery: One potential benefit of the pandemic?

F. Mullita1, E. Liolis1, L. Tchabashvili2, M. Vallas3, K. Akinosoglou3, S. Assimakopoulos3, I. Maroulis1, G. Panos1

1Department of Surgery, University Hospital Patras, Patras, Greece; 2Department of Internal Medicine, Division of Oncology, University Hospital Patras, Patras, Greece; 3Department of Internal Medicine and Infectious Diseases, University Hospital Patras, Patras, Greece

Background: The COVID-19 pandemic, also known as the coronavirus pandemic, has affected either directly or indirectly all medical fields. It caused a major reduction of elective surgical operations as well as overall admissions to surgical departments because of the widespread hospital fear and anxiety experienced by most patients during the peak of this outbreak. However, colorectal cancer operations were performed in large numbers also during the pandemic. In order to protect patients and health workers, hygiene and public health measures were intensified when the coronavirus pandemic began. The aim of the present study was to evaluate the rate of surgical site infections (SSIs) after the beginning of COVID-19 hygiene measures, which was in March 2020 in Greece.

Methods: A total of 173 patients who underwent elective colorectal cancer surgery were enrolled retrospectively. Patients were divided into two groups. Group A included 88 patients undergoing colorectal cancer surgery between January 2019-December 2019 (pre-COVID-19 era), whereas 75 patients (group B) underwent colorectal cancer procedures between April 2020-March 2021 (after the beginning of COVID-19 hygiene measures). Statistical analyses were done using Stata13. The student’s t-test was used to compare results between groups.

Results: SSI developed in 35 of the 173 patients (20.2%). According to the results of our study, there was a statistically significant difference between the total numbers of SSIs between the 2 examined periods. 25 (25.5%) wound infections occurred in group A-patients postoperatively, whereas only 10 (13.3%) SSIs were developed in patients undergoing colorectal cancer surgery after the beginning of COVID-19 measures (P=0.048).

Conclusions: The current study demonstrates that COVID-19 hygiene and public health measures affect the rate of SSI after elective colorectal cancer surgery.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.1624

1631P

Evaluation of the socio-sanitary and emotional impact caused by SARS-CoV-2 in a Spanish cohort of cancer patients after the second pandemic wave

D. Herrera Rivero1, S. López Martín1, D. Manzano Moro1, B. Esteban Herrera2, L. García Sánchez2, A.B. Fiorini Talavera1, V. de la Cruz Palomer2, J.M. Gassent Blesa1, M. Soriano Segura1, E. Reche Santos1, M. Comide Santos1

1Medical Oncology Department, General Hospital of Segovia, Segovia, Spain; 2Psychiatry Department, Virgen del Rocio University Hospital, Sevilla, Spain; 3Psychology Department, General Hospital of Segovia, Segovia, Spain; 4Medical Oncology Department, HLA Moncloa University Hospital, Madrid, Spain

Background: The Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has caused more than 120 million cases and more than 2 million deaths from its inception until March 2021, causing a great social and emotional impact. Our objective is to evaluate the emotional distress on the cancer population after the second wave and to compare it indirectly with the onset of the pandemic.

Methods: Observational, cross-sectional, single-center study of 102 Spanish cancer patients recruited between the months of January and March 2021. Patients of any age, with tumors of any location and in any phase of the disease were included. Socioeconomic, health care and psychological variables have been collected, using the Kessler K-10 scale for the assessment of psychological distress. The association analysis of socio-sanitary variables with emotional variables was carried out using the Chi-square test in SPSS v25.

Results: In our cohort, 74% of the cases were between 50 and 74 years old. The most represented tumors were breast (26%) followed by colorectal cancer (18%). 51% were retired people and 19% had temporary work disability, while around 6% were unemployed. 15% reported a change in income and around 19% lived alone without companions. Regarding health variables, 11% had presented symptoms associated with SARS-CoV2 infection, 21% reported a longer waiting time for diagnostic test or initiation of oncological treatment, and 17% highlighted a shorter attention time by their medical oncologist. In relation to the emotional impact, a statistically significant relationship (p <0.05) was observed between the female sex and greater nervousness, retired people and less nervousness and despair, as well as the delay in health care and greater feeling of uselessness, despair, restlessness and depression, especially if this occurred more than 1 occasion.

Conclusions: The SARS-CoV-2 pandemic has caused a worsening of the socioeconomic and health conditions of cancer patients, persisting beyond the second pandemic wave. This is causing a chronification of the psychological impact in this population that could be improved with adequate prevention measures and better health care.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.1624

1632P

At home androgen deprivation therapy for patients with prostate cancer during the COVID-19 pandemic. One center experience

T. Esakia1, T. Melkadze1, K. Tsklauri2, E. Mariamidze3, S. Tzitsilashvili4, N. Otkhozoria5, A. Abuladze6, N. Jokhadze6, N. Balanchivadze7

1Department of Oncology and Hematology, Acad. F. Todua Medical Center, Tbilisi, Georgia; 2Hematology and Oncology, Henry Ford Health System, Detroit, MI, USA

Background: COVID-19 pandemic created major challenges in cancer care. Studies have shown increased risk for COVID-19 infectivity, severe disease and death in patients with cancer. Cancer centers worldwide adapted by modifying and often delaying treatment to minimize contact with patients.

Methods: To provide safe and uninterrupted care for patients, a home care program was created for patients with prostate cancer at Acad. F. Todua Medical Center. Men with localized or metastatic prostate cancer (MPC) receiving androgen deprivation therapy (ADT) were enrolled. Patients and their caretakers were instructed on gonadotropin-releasing hormone (GnRH) subcutaneous injections (SQ)....