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Background: Colorectal cancer (CCR) is the third most common and the second most deadly cancer with 1.9 million new diagnoses worldwide in 2020. COVID-19 pandemic placed an unprecedented burden on health systems worldwide, directly impacting cancer patients’ management. Health-care systems reorganization led to a decrease on all non-urgent surgical and medical procedures, delaying cancer screening protocols. This study aims to assess the impact of COVID-19 on Colorectal Cancer management in a Portuguese Oncology Department.

Methods: A retrospective cohort study comparing the new colorectal cancer diagnosis between March/2019 and March/2022. New diagnosis between March/2019 and March/2020 were assigned to Cohort 1 “Before COVID-19 Pandemic” and new diagnosis between March/2020 and March/2022 assigned to Cohort 2 “During COVID-19 Pandemic”. Data was collected from digital medical records and statistical analysis performed using SPSS V25 IBM®.

Results: Between March/19 and March/22 were diagnosed 313 new colorectal cancers, 116 (37%) assigned to Cohort 1 “Before COVID-19 Pandemic” and 197 (63%) to Cohort 2 “During COVID-19 Pandemic”. Analysing the new diagnosis in Cohort 2, 10% (34%) occurred between March/20-21 and 29% (between March/21-22. Mean age at diagnosis of 69 (30-96) years for Cohort 1 and 68 (32-94) years for Cohort 2. Colorectal cancer screening diagnosed 36% (n=42) patients in Cohort 1 and 35% (n=69) in Cohort 2. Clinical presentation with bowel obstruction was seen in 25% (n=29) in Cohort 1 and 37% (n=74) in Cohort 2 (p=0.02). Metastatic disease at diagnosis in 13% (n=14) for Cohort 1 and 26% (n=2) for Cohort 2 (p=0.07). Regarding management, 39% (n=46) underwent adjuvant systemic treatment in Cohort 1 compared to 28% (n=55) in Cohort 2 (p=0.03). Palliative systemic treatment was assigned for 7% (n=10) in Cohort 1 and 17% (n=36) in Cohort 2 (p=0.02). At diagnosis, best supportive care was decided for 2% (n=2) in the first Cohort and 15% (n=30) (p=0.03) Overall survival of 25 (3-160) months for Cohort 1 and 10 (1-23) months for Cohort 2.

Conclusions: Comparison between pre-pandemic and in-pandemic periods revealed a numeric reduction on new cases of colorectal cancer in each 12 months period. Despite similar rate of diagnosis by colorectal cancer screening, statistical significance was found when comparing clinical presentation with bowel obstruction or metastatic disease. Despite that, less patients underwent adjuvant systemic treatment in Cohort 2 and more were evaluated for best supportive care at diagnosis. These findings may be explained by more advanced disease in more fragile patients in the Cohort 2 population. The results of our study contribute to the evidence on the impact of COVID-19 pandemics on colorectal cancer with fewer diagnosis, more advanced disease, and lack of re-establishment of pre-pandemic rate of new diagnosis.

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Impact of COVID-19 on colorectal cancer management: Single-center experience

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Impact of the IDEA collaboration results on the management of stage II-III colon cancer: 2 years of data from the medical oncology department in Marrakech, Morocco

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Background: For many years, adjuvant fluoropyrimidine-based chemotherapy for 6 months has been the standard of care in stage II-III colon cancer with an improved overall survival for stage III and a risk of permanent peripheral neuropathy. However, the benefit of this adjuvant chemotherapy in stage II colon cancer and its duration in stage III was a subject of discussion in different studies. In 2020, the IDEA group collaboration final results were a cornerstone that changed the management of these 2 entities. The aim of this study is to report the impact of IDEA trial on the real-world clinical practice.

Methods: This is a retrospective study evaluating 44 patients diagnosed with stage II-III colon cancer between 2020 and 2021 at the medical oncology department of the Mohammed V University Hospital-Marrakech. All patients underwent surgical treatment with curative intent.

Results: 44 patients were included in this study, most of our patients were female (56.8%). The average age at diagnosis was 54 years. All patients had a PS of 0-1. All patients had an adenocarcinoma tumor of which (11%) are mucinous. 16 patients (36.3%) had a tumor of the right colon and 28 (63.6%) of the left. Half of the patients had a stage III and the other half a stage II disease. In the stage III group: 11 (50%) had a low-risk and 11(50%) had a high-risk disease. Among patients with a low-risk disease: 7 (70%) received CAPOX for 3 months, 2 (20%) for 6 months and 1 (10%) was lost to follow-up. Among patients with a high-risk disease: 10 (90%) received CAPOX and 1 (10%) FOLOX for 6 months. In the stage II group: 10 (45.5%) had a low-risk, 4 (18.2%) an intermediate-risk and 8 (36.3%) a high-risk disease. Among patients with a high-risk disease: 6 (75%) received CAPOX, 1 (12%) received CAPECITABINE for 6 months and 1 was lost to follow-up. Among patients with an intermediate-risk disease: 50% received CAPOX and 50% received CAPECITABINE for 6 months. Among patients with low-risk disease: only 1 patient (10%) received adjuvant chemotherapy (CAPECITABINE) for 6 months and the other 90% were put under follow-up without adjuvant chemotherapy. For patients who received 3 months of treatment, 37% had G1 peripheral neuropathy versus 63% of G2-1 for those who received 6 months of treatment.

Conclusions: Based on the final results of the IDEA group collaboration, clinicians prefer the use of CAPOX over FOLOX in the adjuvant setting especially for the low-risk stage III disease, and they are more likely to use a risk stratification approach for decision making for stage II colon cancer. None of our patients had a developing peripheral neuropathy.

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Real-world outcomes of anal cancer patients treated with radical chemoradiation

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Background: Anal squamous carcinoma (SCC) is an uncommon malignancy of all cancers of the lower intestinal tract. Concurrent chemoradiation (CRT) with 5-fluorouracil (5-FU) and mitomycin-C (MMC) is the standard of care. Until 1970, the surgical approach was the standard of care; however, Nigro and his colleagues demonstrated that might be possible to cure anal carcinoma without surgery in patients treated with CRT. In recent decades, studies have shown that capecitabine can replace 5-FU; nevertheless, the use of cisplatin instead of MMC did not show better results.

Methods: This is a retrospective, single-center study, which included patients with SCC, treated with concomitant CRT with radical intent in the period of 10 years, from January 2012 to December 2020, in a hospital in the north of Portugal. Response to treatment was considered at 6 months after CRT by performing pelvic MRI and/or positron emission tomography. The inclusion of stage IV patients at diagnosis, who started CRT treatment with a radical intention, was allowed as long as the tumour was local. Data were collected through the analysis of clinical records and analyzed by SPSS software. Survival was assessed by the Kaplan-Meier method. Endpoints: to assess overall survival (OS) and progression-free survival (DFS), benefit rate, overall response rate and occurrence of grade 3 and 4 toxicities (CTCAE version).

Results: Twenty-five patients were included, with a mean age of 62 years (40-93), of which 15 (60%) were female. Regarding performance status, 15 (60%) had ECOG 0, 8 (32%) had ECOG 1, and 2 (8%) had ECOG 2. The main presenting symptoms were: rectal bleeding (44%), pain in the anal region (36%), diarrhea (8%), inguinal adenopathy (4%), tenesmus (4%), occlusive condition (4%). Regarding the initial stage, the majority were T3a (n=13, 52%) and T3b (n=6, 24%). Radiation therapy treatment was performed with an average dose of 56Gy (50-69.7) and with an average duration of 45 days (31-70). Chemotherapy treatment was performed in most cases (n=22, 88%) with 5-FU and MMC. Complete response to treatment was seen in 80% of patients (n=20), partial response in 8% (n=2) of patients and stable disease in 1 patient. Only 1 patient progressed during treatment and 1 patient died at the end of CRT. OS was 64.4±6.8 months and DFS was 62.2±17 months. Acute toxicity: G3 perineal radiodermatitis was observed in 12 cases (48%) and G4 in 1 case; G3 diarrhea occurred in 2 cases (8%) and G3 and G4 neutropenia in 4 cases (16%). Of the late complications of treatment, the most frequent was radical proctitis (n=3, 12%) followed by stenosis of the anal canal (n=2, 8%).

Conclusions: In our retrospective study treatment of SCC with radical CRT was associated with complete remission in 80% of patients, with a clinical benefit rate greater than 90% with acceptable acute and late toxicity. OS and DFS were similar to those described in the literature.

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