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Regional nodal irradiation for node-positive breast cancer

Adam Peters, Stephanie Anderson, Adam Peters, Husam Marashi, Graeme Lumsden, Abdullah Alhasso, Douglas Cartwright, Owen O’Brien

Category: Outcomes of treatment (including chemotherapy, chemo-RT and RT)
Purpose:
Breast cancer patients with positive nodal disease are currently recommended absolute neutrophil count (ANC) or regional nodal irradiation (RNI). ANC is associated with complications (lymphoedema/brachial plexopathy/shoulder stiffness). AMAROS conducted a non-inferiority trial showing RNI had similar overall survival (OS), cancer-specific survival (CSS), distant metastasis-free survival (DMFS) and local regional recurrence (LRR) to ANC, with better quality of life (QoL) post-treatment. We analysed local data from patients based at the Beatson West of Scotland Cancer Centre to see if outcomes from a real-world population are similar.

Methods and materials:
190 node-positive patients were recruited to receive RNI between 2006 and 2009. Our data was compared with patients who had ANC in AMAROS. Patients were followed up retrospectively and OS, CSS, DMFS, LRR and treatment toxicity were recorded including lymphoedema/brachial plexopathy/shoulder stiffness. Survival analysis was performed via Kaplan-Meier method. Toxicity data was reported as percentages.

Results:
CSS at 5/10 years for our cohort was 95% and 88%, CSS at 5 years for AMAROS was 92.5%. Our 10-year OS was 74% versus AMAROS 81.4%. DMFS at 5/10 years was 86% and 72% versus AMAROS 82.7% and 78.2%. Our LRR was 3.16% at 14 years versus AMAROS 1.82% at 10 years. Lymphoedema rates in our cohort were 5.8% at 14 years. In AMAROS this was 11% at 5 years in the RNI group and 23% in the ANC group. Our brachial plexopathy was 1.6% and arm/shoulder stiffness 7.4%. AMAROS conducted a QoL survey pertaining to arm and shoulder stiffness/mobility/function, which affected 18% in the RNI arm.

Conclusion:
Our data supports AMAROS with ANC being non-inferior to ANC with regard to survival/recurrence. Results support RNI’s superiority with regard to QoL. Our population likely had more comorbidity and included some patients with higher-risk nodal disease than AMAROS.

Managing high-grade gliomas during the first wave of the COVID-19 pandemic in London

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Category: Outcomes of treatment (including chemotherapy, chemo-RT and RT)
Purpose:
COVID-19 has had a widespread effect on global health provision. The collateral effect on patient care has extended to all spheres of clinical care including neuro-oncology. High-grade glioma (HGG) is a rapidly progressive, incurable illness that requires prompt diagnosis, treatment and follow up. We report our experiences of managing HGG during the pandemic and highlight learning points that can be applied to future COVID-19 waves.

Methods and materials:
A retrospective, observational cohort study was performed at a single tertiary dedicated neuroscience hospital in London. Data about patient care for all referred HGG patients over a two-month period from 16 March to 16 May 2020 (and the same comparator period in 2019) was collected. This period included the first surge of COVID-19 and initial ‘lockdown’ in the UK.

Results:
During the 2020 study period 116 patients with HGG were managed at our centre compared with 104 in the same period of a preceding year. 35 patients with HGG were referred to the neuro-oncological multidisciplinary service or directly to the neurosurgical service, another 71 patients received chemotherapy and ten started radiotherapy treatment. This was comparable with the same period in 2019. The majority of patients received the recommended management without significant delay or complications.

Conclusion:
With small adjustments to the delivery of care, COVID-19 had little impact on final neuro-oncological decision-making, surgery or chemotherapy, and little impact on radiotherapy delivery during this period. It was possible for patients with HGG to continue to receive their usual standard of care without delay, and this should be the goal in future COVID-19 surges.

Primary CRC tumour location (right-sided versus left-sided) drives differential response to anti-EGFR therapy in metastatic setting

Kyaw Kyaw Tun, Muhammad Nasim, Muhammad Habibullah Khan, Abel Zachariah

Category: Outcomes of treatment (including chemotherapy, chemo-RT and RT)
Purpose:
Right-sided (RSCRC) and left-sided colorectal cancers (LSCRC) differ extensively in terms of molecular characteristics, genomic patterns and clinico-pathologic parameters. This study aimed to examine whether the sidedness of the metastatic colorectal cancer (mCRC) influences response to cetuximab, which is approved for the treatment of metastatic CRC with wild-type Kirsten rat sarcoma virus (KRAS).

Methods and materials:
We conducted a retrospective study of patients with mCRC who were treated with cetuximab plus chemotherapy at Royal Shrewsbury Hospital between January 2017 and January 2020. Time to progression (TTP) was compared between patients with metastatic RSCRC and those with LSCRCs. Statistical analysis was performed by using STATA software.

Results:
There were 76 patients who received cetuximab plus chemotherapy during the study period but only 50 patients (19 RSCRC versus 31 LSCRC) who progressed on cetuximab were included. The difference in TTP was observed between RSCRC and LSCRC patients who received chemotherapy plus cetuximab as a first line (median TTP, 7 versus 14.8 months, p=0.0147).

Conclusion:
NICE and CDF offer cetuximab for wild-type KRAS patients in the first-line metastatic setting but there is no allowance in choosing a biological agent with combination chemotherapy other than an anti-epidermal growth factor receptor (EGFR) therapy. This small study highlights significant difference in TTP between these two groups as patients with metastatic LSCRC displayed a longer duration of response when compared with patients with RSCRC. A randomised controlled trial comparing combination chemotherapy with the addition of different biological therapies should be considered for patients with RSCRCs.

Treatment outcomes for stage I lung cancer in south-east Scotland

Georgina Lewis, Iain Phillips, Tamasin Evans, Sorcha Campbell, Kirsty Maclemen, Aisha Tufail, Ruth Fullerton, Karen Mantier, David Finn, Alisa Patrizio, Melanie MacKean

Category: Outcomes of treatment (including chemotherapy, chemo-RT and RT)
Purpose:
Stereotactic ablative body radiotherapy (SABR) has become the treatment of choice for inoperable early-stage non-small-cell lung cancer (NSCLC). We aimed to compare the survival outcomes of treatment modalities over three time periods as SABR became more available.

Methods and materials:
Patient details were collated from a database of patients with stage I lung cancer in south-east Scotland and only those with NSCLC and performance status (PS) 0–2 were selected (n = 757). Three distinct time periods were studied: 2010 (A, SABR unavailable; n = 71); 1 April 2013 to 15 March 2016 (B, increasing SABR availability; n = 351) and 16 March 2016 to 31 December 2018 (C, SABR well established; n = 355). Clinical outcomes were compared using fully adjusted Cox proportional hazard models.

Results:
For all PS 0–2 patients, survival outcomes improved between periods A and C, with a hazard ratio of death (HR) of 0.55 (95% confidence interval (CI)