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Figure 1: Financial scores evolution during treatment

The difference was statistically significant between T0 and LD (p=0.044) but not between T0 and MT (p=0.07) or MT and LD (p=0.522). No statistically significant variation of FI scores was found between different studied categories (age, sex and geographical localization).

Conclusion

In reported data, long term treatment related financial difficulties are associated with a whole quality of life deterioration. However, evaluation of financial evolution during treatment phase is generally lacking. The results of our study show a significant financial deterioration during CCR for nasopharyngeal carcinoma which should be conserved to improve patients quality of life.

PO-1000  Any impact of COVID-19 pandemic on the features of the Head and Neck (HN) cancer patients? B. Yanes1, S. Slimani1, N. Lardon2, S. Pellissier2, A. Auteri3, M. Hotz2, A. Stern3, Y. Jaquet2, B. De Bari1

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Purpose or Objective

It has been shown that the COVID-19 pandemic during 2020 has prompted the quality of cancer care, as it induced more cases of late diagnosis of many cancers, in particular HN cancer. As consequence, these delays in diagnosis and treatment initiation may impact the prognosis.

Aim of this study is to analyse features of the pts treated for an HN cancer in 2020 during the COVID-19 in our RO department, and to compare these patients with those treated in 2019, in order to highlight differences in staging and prognosis.

Materials and Methods

We analysed the electronic charts of patients addressed for curative RT-CT to our Dpt for a HN cancer in 2019 and in 2020. We performed a descriptive analysis for demographics and staging and we compared pts using a two-tailed Fisher’s exact test. The chi-square test was used to compare the distribution of the clinical features of the patients. A p-value of >0.05 was considered as statistically significant.

Results

A total of 48 pts were addressed to our Department, 21 in 2019 and 27 in 2020. Median age was 63.6 years (38-88) in 2019 and 60.3 (30-78) years in 2020 (p-value = NS)

Table 1 summarized data of the pts.

| Patients features          | 2019    | 2020    | p-value (Chi square test) |
|----------------------------|---------|---------|---------------------------|
| Male/Female ratio          | 19/2    | 22/5    | NS                        |
| P16 status (positive/negative/NA) | 7/3/11  | 6/10/11 | NS                        |
| T stage distribution (T1/T2/T3/T4) | 4/6/4/7 | 3/4/5/15 | NS                        |
| N stage distribution (N0/N1/N2/N3) | 9/4/6/2 | 7/5/12/2 | NS                        |
| TNM stage (I/II/III/IV)    | 3/7/3/8 | 3/2/6/16 | NS                        |

We found significantly more pts with advanced diseases (stage III-IV) in 2020 when compared to 2019 (22 vs 11), in particular because of a higher number of T4 tumors (15 vs 7) and N2 tumors (12 vs 6) in patients treated in 2020. The small samples of our population could explain the lack of significativity.

Fig 1 shows the 2X2 contingency table for the Fischer’s exact test.
Conclusion
In our analysis, pts addressed to our Dpt for a HN cancer in 2020 presented more advanced stages when compared to 2019. The follow-up of pts was too short to present data on LC and OS in this abstract, but clinical data will be presented during the congress.

PO-1001  The effect of switching to carboplatin chemo-RT for cycle 2 in cisplatin-ineligible HNSCC patients
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Purpose or Objective
For fit patients with locally advanced head and neck squamous cell carcinoma (HNSCC), radiotherapy (RT) concurrent with two cycles of high-dose cisplatin chemotherapy (CDDP) is the standard of care. It is accepted that both cycles are required in order to achieve optional survival outcomes, but some patients may become CDDP-ineligible after cycle one (e.g., secondary to renal dysfunction, peripheral neuropathy or hearing loss). For these patients, the substitution of an alternative platinum-containing regimen is an option, but there is little evidence to guide this approach. For patients who become ineligible for cycle two CDDP, this study investigates the effect on outcomes of (i) switching to carboplatin for cycle two of chemo-RT or (ii) continuing with RT alone.

Materials and Methods
The institutional database was searched for all patients with AJCC (7th edition) stage III-IVb HNSCC treated with definitive RT and concurrent CDDP between 2009 and 2017. Demographic, clinico-pathological and outcome data were recorded. Multivariable cox proportional hazard survival models were fit to predict overall survival (OS) and freedom from relapse (FFR), adjusting for ECOG performance status, tumour and nodal stage, smoking status and use of induction chemotherapy.

Results
Complete records for 725 patients were available, with 192 deaths and 145 failure events. Median follow-up duration for OS was 64 months (range 62 to 67 months) and for FFR was 50 months (range 47 to 53.4 months). 529 patients (73%) completed the scheduled two cycles of CDDP, 65 (9%) switched to carboplatin for cycle two and 131 (18%) did not receive a second cycle of chemotherapy. Reasons for omitting cycle two CDDP included: treatment side effects (n = 78), renal impairment (n = 75), hearing loss (n = 15), neutropenia (n = 12), cardiac toxicity (n = 5), anaemia (n = 2), peripheral neuropathy and allergic reaction (both n = 1). Compared to two cycles of CDDP, a single cycle and no further chemotherapy was associated with significantly reduced FFR (HR = 1.74, 95% CI 1.18-2.57, p=0.005; Figure 1a) and OS (HR = 1.65, 95% CI 1.16-2.35, p=0.005; Figure 1b) Switching from CDDP to carboplatin for cycle 2 was not associated with inferior FFR (HR = 1.10, 95% CI 0.614-1.96, p=0.753) or OS (HR = 1.2, 95% CI 0.72-2.01, p = 0.487).