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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Results: Out of 79 registered patients, 19 died without IgG testing (all of them IgG+). At the 1st timepoint, 19/23 patients were IgG+; at the 2nd, 29/33 patients were IgG+ and 1 inconclusive result was reported. At the 3rd timepoint, 18/22 were IgG+ (median time from PCR+ to 3rd timepoint was 9.4 months [IQR: 8.5-9.7]). Importantly, 1 patient changed from IgG+ (2nd timepoint) to IgG- (3rd timepoint), and 1 inconclusive result was reported. Potential factors associated to this finding included age, cancer type, and cancer activity.

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**Table 1598P** Comparison of determinants for COVID-19 vaccination

| Determinants for vaccination | Yes n (%) | No / Unsure n (%) | p-value (χ²) |
|-----------------------------|-----------|------------------|-------------|
| Concern re side effects      | 35 (27)   | 11 (73)          | 0.02        |
| Pandemic is not serious      | 17 (5)    | 8 (53)           | <0.01       |
| Cancer risk in serious infection | 88 (69)  | 3 (20)           | 0.04        |
| Vaccine could deteriorate my cancer | 9 (7)    | 3 (20)           | 0.13        |
| Vaccine ineffective due to cancer | 13 (10)  | 3 (20)           | 0.32        |

Conclusions: Our study demonstrates a very high acceptance rate of COVID-19 vaccination among Irish cancer patients such that many would be willing to pay to attend hospital to receive it. Barriers to uptake provide an opportunity to improve education. An unexpected consequence, however, may be a beneficial increased uptake of the influenza vaccine.

Disclosure: All authors have declared no conflicts of interest.

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**Table 1599P** Characteristics by IgG result determined >6 months after COVID-19 diagnosis

| IgG- (n=4) | IgG+ (n=18) |
|------------|-------------|
| Median age (years) | 49.0 (46.8-49.5) | 66.0 (59.0-69.8) |
| Neoplasms breast | 2 (50.0%) | 1 (5.6%) |
| Urogenital | 0 (0.0%) | 7 (38.9%) |
| Lung others | 1 (25.0%) | 6 (33.3%) |
| Active cancer | 3 (75.0%) | 15 (83.3%) |
| Active chemotherapy | 3 (75.0%) | 15 (83.3%) |
| O2 support during COVID-19 | 1 (25.0%) | 12 (66.7%) |
| Hospitalization | 1 (25.0%) | 12 (66.7%) |

Conclusions: High seroprevalence of anti-SARS-CoV-2 IgG was observed at several timepoints after COVID-19 diagnosis in solid tumor patients. 24% of IgG+ patients >6 months were older, and more likely to have required hospitalization and oxygen during prior COVID-19 infection compared to IgG- patients. This finding suggests that infection severity may promote durable immunity. Frequency of active cancer and active chemotherapy at COVID-19 diagnosis were higher among patients with IgG- >6 months, suggesting deeper immunosuppression.

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**Table 1598P** Acceptance of SARS-CoV-2 vaccination among patients with cancer undergoing immunosuppressive therapy: Portuguese study

| Determinant | IgG- (% of patients) |
|-------------|---------------------|
| Active cancer | 72.2% |
| Active chemotherapy | 72.2% |
| O2 support during COVID-19 | 72.2% |
| Hospitalization | 72.2% |

Conclusions: High seroprevalence of anti-SARS-CoV-2 IgG was observed at several timepoints after COVID-19 diagnosis in solid tumor patients. 24% of IgG+ patients >6 months were older, and more likely to have required hospitalization and oxygen during prior COVID-19 infection compared to IgG- patients. This finding suggests that infection severity may promote durable immunity. Frequency of active cancer and active chemotherapy at COVID-19 diagnosis were higher among patients with IgG- >6 months, suggesting deeper immunosuppression.
Vaccination in the COVID-19 era: Attitudes amongst oncology patients

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Background: Early data suggested a higher risk of COVID-19 in oncology patients, in particular those with comorbidities or on systemic anticancer therapy (SACT). Immunisation strategies are likely to be critical in risk-reduction patient management. We examined patients’ attitudes towards COVID-19 vaccines, studying factors affecting uptake such as demographics, socioeconomic, cancer diagnoses and treatments, and previous influenza vaccination.

Methods: An anonymised questionnaire was distributed among oncology patients attending for SACT from November to December 2020. Statistical analyses were performed using SPSS v23 (IBM, Armonk, NY, USA).

Results: In total 115 patients completed the survey. Of these, 30 (26%) were aged >65, 65 (56%) were female and 54 (47%) were treated for metastatic disease. Overall 68 (59%) were receiving cytotoxic chemotherapy, and 15 (13%) were receiving immunotherapy. The most common cancer was breast (25%), followed by colorectal (18%) and lung (10%). Most patients (72%) had received or were intending to receive the influenza vaccine. Of patients surveyed 19 (17%) had friends or family who had been diagnosed with COVID-19, while only 3 (2.6%) had had COVID-19. The majority (81%) were in favour of receiving a COVID-19 vaccine if it was recommended for them. A small number however (5.2%) were against receiving a vaccine. Similar numbers of patients worried (30%) and did not worry (33%) that a COVID-19 vaccine could be unsafe. Interestingly 42% stated they if a COVID-19 vaccine were to be made available they would prefer to wait rather than to get it immediately. Patients who had received or intended to receive the influenza vaccine were less likely to want to delay receiving a COVID-19 vaccine (p<0.018). Age group, education level and palliative treatment was not associated with a significant difference in vaccine acceptance.

Conclusions: The majority of patients surveyed were agreeable to COVID-19 vaccination, particularly those with prior influenza vaccination. An interesting finding was that though 42% of patients would prefer not to be first to receive the vaccine the majority welcomed vaccination. This finding, especially within a cohort regarded as being "highly vulnerable" to COVID, may have implications for the vaccine program in the general population.

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SARS-CoV-2 serological response in cancer patients in the Principality of Andorra (COVONCO study)

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Background: Little is known about the duration of SARS-CoV-2 antibodies and the factors that influence their durability in oncologic patients. This study aims to study serological response over time by means of a follow-up period of 6, 9 and 12 months. This study also compares patient characteristics by duration of antibody seroprevalence (>6 months and ≤6 months) according to treatment groups within the oncological population.

Methods: Observational, unicentric, prospective cohort study. All adult patients with cancer diagnosis within 5 years (2016-April 2020) who accepted participation were included since May 2020. During subsequent months, a comprehensive follow-up of these patients has been performed. Demographic and clinical data was taken from medical records (HCIS, software SAAS) and inputted into a web form (https://forms.epidemix.com/form/study/covoncoco).

Results: 182 oncologic patients with complete data who underwent population serological screening in May 2020 were selected. At baseline, 152 (83.51%) patients had solid tumors and 30 (16.48%) presented with metastatic diseases. Breast cancer was the main primary cancer site with 49 (26.92%) patients. 102 (56.04%) patients received active anti-cancer treatment, of which 48 (47.06%) received chemotherapy, 25 (24.51%) hormonal therapy, 64 (62.74%) biologics and 8 (7.84%) radiotherapy. Of these, 14 patients were seropositive (7.69%). At the 6-month analysis, 156 patients underwent a serological test (1 patient died and 25 did not perform the test) and 10 patients (6.41%) were seropositive. Among the 14 seropositive patients at baseline, only 3 (20.0%) remained positive at 6 months. No significant differences were observed between overall seroprevalence and anti-cancer treatments. Drawing definitive conclusions is limited by a small sample size.