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Background: The COVID-19 pandemic has dramatically changed lifestyles and quality of life (QoL) of the global population. Little is known regarding the psychological impact of the COVID-19 outbreak on patients with gastroenteropancreatic (GEP) or bronchopulmonary (BP) neuroendocrine tumors (NETs).

Methods: We prospectively evaluated seven specific constructs (depression, anxiety, stress, QoL, NET-related QoL, patient-physician relationship, psychological distress) by using validated screening instruments including the Depression stress, QoL, NET-related QoL, patient-physician relationship, psychological distress) by using validated screening instruments including the Depression and Anxiety Scale - Revised (DASS-21), the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core 30 (EORTC QLQ-C30), the EORTC QLQ-GI.NET21, the patient-doctor relationship questionnaire (PDRQ9), the Impact of Event Scale-Revised (IES-R), and the Impact of Event Scale-Revised (IES-R). Mental symptoms and concerns of patients with any stage, well-differentiated GEP or NET were surveyed twice, during the plateau phase of the first W2 and second epidemic waves (W2) in Italy.

Results: We enrolled 197 patients (98 males with a median age of 62 years (IQR: 52: 96%), pancreatic: 29%; small bowel: 25%; active treatment: 38%). At W1, the prevalence of depression, anxiety, and stress was 32%, 36% and 20% respectively. The frequency of depression and anxiety increased to 38% and 41% at W2, with no modifications in the frequency of stress. By ordinal logistic regression analysis, female patients showed more severe forms of stress at W1 (OR = 0.45; p = 0.01), while the educational status was associated with the levels of anxiety at both W1 (OR = 1.33; p = 0.07) and W2 (OR = 1.45; p = 0.26; p = 0.03). An improvement of the physical (p = 0.03) and emotional functioning domains (p = 0.001) was observed over time. Both nausea/ vomiting (p = 0.002), appetite (p = 0.02), treatment-related symptoms (p = 0.005), disease-related worries (p = 0.006) and sexual function (p = 0.02) improved between W1 and W2, suggesting that NET patients were able to cope with the perturbations caused by the pandemic. No difference was seen between W1 and W2 in the median score (4/5) of the PDRQ9. By IES-R, post-traumatic stress disorder was observed in 53% of patients at W2.

Conclusions: The implementation of psychological interventions within NET clinics might favor functional coping strategies, attenuating the psychological distress caused by the COVID-19 pandemic.

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1108P FOLFIRINOX in the treatment of advanced gastroenteropancreatic neuroendocrine carcinomas

B.P. Butt1, H. L. Stokmo2, M. Ladedri3, E. Mitkina Tabaksblat1, H. Sorbye5, M.E. Revheim1, G.O. Hjortland1

1Department of Oncology, ENETS Neuroendocrine Tumor Center of Excellence, Oslo University Hospital, Oslo, Norway; 2Department of Nuclear Medicine, Division of Radiology and Nuclear Medicine, Oslo University Hospital, Oslo, Norway; 3Department of Oncology, Clinical Cancer Research Center, Aalborg University Hospital, Aalborg, Denmark; 4Department of Oncology, ENETS Neuroendocrine Tumor Center of Excellence, Aarhus University Hospital, Aarhus, Denmark; 5Department of Oncology, Department of Clinical Science, Haukeland University Telemark Hospital, Bergen, Norway; 6Department of Nuclear Medicine, Division of Radiology and Nuclear Medicine, Institute of Clinical Medicine, ENETS Neuroendocrine Tumor Center of Excellence, Oslo University Hospital, Oslo, Norway

Background: Neuroendocrine neoplasms most commonly arise from the gastrointestinal (GEP) system. The WHO classification of digestive system tumors describes four main types: Neuroendocrine tumor (NET) grades 1-3 and neuroendocrine carcinoma (NEC). NECs have an aggressive biology and are often diagnosed in an advanced stage associated with poor prognosis. First-line palliative chemotherapy is commonly carboplatin or cisplatin in combination with etoposide, while in second-line treatment is commonly cisplatin or gemcitabine in combination with octreotide. FOLFIRINOX is a chemotherapy regimen that has shown efficacy among different chemotherapy regimens.

Methods: Patients diagnosed with GEP-NEC at three different centers and treated with FOLFIRINOX were identified and included in the study. Baseline demographics were collected at start of FOLFIRINOX. The Response Evaluation Criteria in Solid Tumors (RECIST v1.1) criteria were used to assess the treatment response at computed tomography (CT).

Results: Thirty-seven patients between 2014 and 2020 were identified and included in the study. Median age was 53 years and female/male ratio was 1:1. Most of the patients were in WHO performance status 0 or 1 (86%). The most common primary tumor sites were colon (30%), pancreas (27%), esophagus (10%) and rectum (10%). The median Ki67 was 80% (range 22%, 100%). Out of 37 patients treated, 8 (22%) patients received FOLFIRINOX as first-line treatment, 21 (57%) patients as second line treatment and 8 patients as third-line treatment or later. Overall response rate (ORR) (all lines) was 46% (17/37); i.e. complete response 0% (0/37), partial response 46% (17/37), stable disease 22% (8/37) and progressive disease 22% (8/37). Median overall survival (mOS) was 17.8 months (CI: 11.4 – 23.3). Median progression free survival from first course of FOLFIRINOX was 5.4 months (CI: 3.5 – 6.9).

Conclusions: FOLFIRINOX is an active regimen in the treatment of GEP-NEC and may be considered in the treatment of advanced disease. Prospective randomized trials are needed to compare efficacy among different chemotherapy regimens.

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1109P COVID-19 pandemic impact on healthcare professionals treating patients with neuroendocrine tumors (NET): An international NET CONNECT survey

J. Hernandez1, A. Lamarca2, M. Cives3, M.E. Caplin4, M.E. Pavel5

1Medical Oncology Department, Vall d’Hebron University Hospital, Vall d’Hebron Institute of Oncology (VHIO), Barcelona, Spain; 2Dept. Medical Oncology, The Christie NHS Foundation Trust, Manchester, UK; 3G Oncology Department, Università degli Studi di Bari Aldo Moro, Bari, Italy; 4Neuroendocrine Tumour Unit, Royal Free Hospital School of Medicine, London, UK; 5Gastroenterology and Hepatology, Endocrinology Dept, Universitätsklinik Erlangen, Erlangen, Germany

Background: COVID-19 pandemic has added a degree of complexity in the management of patients with NET. We have little information about the real impact of COVID-19 in current practice. The aim of this study is to capture if and how COVID-19 is changing the way in which healthcare professionals treat NET patients.

Methods: NET CONNECT taskforce designed an online anonymous survey addressing different aspects of NET. Survey was sent to nurses and physicians working in ENETS Centers of Excellence (CoE) and other hospitals with high volume of NET between March 24th and April 27th 2021.

Results: 47 health professionals (47% female, 19 nurses, 72% >20 years of experience) from 37 institutions (79% ENETS CoE, 55% >500 ongoing NET patients; 51% EU, 38% UK, 11% US) completed the survey; 70% of responders worked in areas of high COVID prevalence and 11% tested positive for COVID themselves. According to responders, pandemic affected their relationship with patients (49%). Telemedicine was widely used by 62% and included phone calls (96%), video conference (43%), telemedicine apps (19%) and email (51%). Tumor boards kept their usual schedule (60%), but were held virtually in 79%. Among main patient worries perceived by clinicians were the risk of COVID-19-related complications (64%), difficulties in the management of their disease (74%), or oncological medication (87%). Watch and wait strategies were used more commonly (34%), while surgery was often (55%) delayed.