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.

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Since the beginning of 2020, the coronavirus disease 2019 (COVID-19) pandemic has progressively affected millions of people worldwide and has brought many uncertainties for patients, health professionals, and policymakers. Published evidence consistently shows that cancer patients are at a higher risk of death from COVID-19. In the first months of the pandemic, all levels of care (screening, diagnosis, treatment, and follow-up) were disrupted. Moreover, cancer centers started prioritizing care services, cancelling nonurgent appointments, adapting treatment protocols, and shifting to home-based remote care relying on telemedicine consultations.

The deferral of screening programs and cancer-directed interventions generates concerns for an increase in the number of patients diagnosed with advanced disease stage and poor outcomes. In these unprecedented circumstances, health care institutions, researchers, and policymakers adapted quickly with variably coordinated responses worldwide. Along with vaccine development and research for COVID-19 therapies, international collaborative registries such as the ESMO-CoCARE or CCC19 initiatives were set up in record time with the aim to gather evidence from patients with cancer infected with SARS-CoV-2. In addition, many societies such as the ESMO published recommendations to provide guidance for cancer institutions, oncologists, and patients.

The well-being of oncology health care professionals is fundamental in ensuring that the best care is provided for cancer patients. The prevalence of burnout in oncologists is already known to be significant. In the early phase of COVID-19, oncology physicians reported high levels of anxiety. In fact, the distress caused by COVID-19 is also experienced by physicians across various specialties globally. This crisis highlights the need to optimize the delivery of care and the use of resources in daily practice as well as in clinical research.

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SARS-CoV-2 infection and the resulting COVID-19 have afflicted millions of people in an ongoing worldwide pandemic. Safe and effective vaccination is available to protect not only the general population but also vulnerable subjects, such as patients with cancer. A large body of research concordantly demonstrates that currently approved SARS-CoV-2 vaccines are suitable for patients with cancer based on their mode of action, efficacy, and favorable safety profile reported in the general population. I will provide an overview on data supporting that vaccination against COVID-19 is effective in patients with cancer. In addition, I will discuss the rationale of a third, booster dose, which may improve immune response in patients with cancer with no sufficient protection after the second dose. Finally, I will discuss COVID-19 vaccination in light of the challenges specific to patients with cancer, such as factors that may hinder protective SARS-CoV-2 immune responses, in the context of compromised immunity and the use of immune-suppressive or immune-modulating drugs.

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In most cases of new coronavirus infection (COVID-19), sore throats and mild cold symptoms such as low fever last for about a week, and then gradually become mild. However, in some patients, coughing and high fever begin around one week after the onset of symptoms, and pneumonia occurs. In severe cases, progressive respiratory failure may occur and treatment with mechanical ventilation or extracorporeal membrane oxygenation may be required. In Japan, dexamethasone and baricitinib have been approved as immunomodulators to intervene in the process of cytokine release due to immune system dysregulation, which is the mechanism of severe disease. Neutralizing antibody treatments have also been used to prevent severe disease in high-risk cases.

Since COVID-19 causes a large number of severe cases, it is necessary to improve the medical system for intensive care. However, the biggest social problem is that patients become severely ill 7-10 days after onset when they are at home. Therefore, it is important to increase the vaccination rate as much as possible and to provide boosters without delay to reduce the number of cases and the severity of illness, to promptly use drugs to prevent severe illness in those who are at high risk of severe illness, and to establish a medical system to promptly respond to patients who are rapidly deteriorating. Only when we have a system that can deal with the risk of serious illness, we will be able to enter the era of With Corona as an exit.

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In March 2020, COVID-19 pandemic had substantial impact on the clinical trial as well as new drug development in Japan. Patients enrollment had been suspended in some industry new drug (IND) trials. Also, the patient access from home to hospital had been restricted according to the Infection prevention. However, the patient needs had not been changed, that is, they were willing to receive the more active and appropriate anti-cancer treatment including IND trials. We need to maintain the clinical trial activities, the patient safety and our safety. During this COVID-19 pandemic, we need to explore the new trial design. In this session, we would like to share with you our experience during this pandemic and discuss the future oncology trial design.

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