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.
Conclusions: High rates of emotional distress have been detected during the first wave of the COVID-19 pandemic among cancer patients in active treatment, however, not higher than expected in this population. The cancer disease itself continues to be the main factor of concern for cancer patients, above and beyond the distress generated by Covid-19 pandemic.

Legal entity responsible for the study: Hospital Universitario De La Princesa, Medical Oncology Department.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

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Methods: During that year, 975 suspected cancer cases were submitted to the CFP. The submissions only decreased during the times of highest COVID-19 incidence and stricter lockdown (March, April and October 2020). However, referrals were slightly higher than in the two previous years (average 877). Of those 975 patients, 817 were seen by the corresponding specialist. A cancer diagnosis was confirmed in 197 (24.1%) with 33% urolological, 23% breast, 16% gastrointestinal and 9% lung cancer. Median time from referral to the specialist visit was 13 (interquartile range, 8 to 22 days) days and a diagnosis was reached in a median of 18 days (interquartile range, 10 to 30 days). In cancer patients, treatment was started in around 30 days (interquartile range, 13.5 to 51 days) from the time of diagnosis. Sixty-one percent of cancers were treated in the community, compared to around 30% in the previous years. We analysed the programme of interest.

Conclusion: Our programme has proven to be a reliable tool to help PC physicians referring patients with cancer suspicion, cancer, maintaining its normal flow and efficacy despite the current pandemic.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

Background: The COVID-19 pandemic has disrupted many aspects of clinical practice in oncology, particularly in making timely cancer diagnosis. Our public health system is concerned about potential delays in diagnosis leading to a rise in mortality of patients with advanced stages. Our cancer diagnosis fast-track programme (CFP) in the Clinic-Malvarrosa Health department in Valencia (Spain) is connecting primary care (PC) with different specialists to speed cancer diagnosis and treatment upon well founded suspicion. A 10-A evaluation of our CFP has recently been published. The aim of this analysis was to investigate the impact of the COVID-19 pandemic on the CFP.

Methods: We analysed the programme flow during the state of emergency starting on March 16, 2020 for one year.

Results: Of those 975 patients, 817 were seen by the corresponding specialist. A cancer diagnosis was confirmed in 197 (24.1%) with 33% urolological, 23% breast, 16% gastrointestinal and 9% lung cancer. Median time from referral to the specialist visit was 13 (interquartile range, 8 to 22 days) days and a diagnosis was reached in a median of 18 days (interquartile range, 10 to 30 days). In cancer patients, treatment was started in around 30 days (interquartile range, 13.5 to 51 days) from the time of diagnosis. Sixty-one percent of cancers were treated in the community, compared to around 30% in the previous years. We analysed the programme of interest.

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