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.
Hepatitis screening in oncology patients planned to receive systemic anti-cancer therapy (SACT)

R. Kieran, D.M. O’Donnell
1Medical Oncology, St. James’s Hospital, Dublin, Ireland; 2Medical Oncology, St James’s Hospital, Dublin, Ireland

Background: SACT can cause reactivation of Hepatitis B virus (HBV) in patients with prior HBV, with a risk of treatment interruption, liver failure or death. Ireland is classified as a low endemic area for HBV. Hepatitis B surface antigen (HBsAg) prevalence: 0.43%, Hepatitis B core antibody (antiHBc): 1.7%. ESMO recommends screening patients (pts) for HBV infection before starting SACT and prophylaxis as appropriate. In 2014, we found a 5.6% rate of prior infection in our pts. We aimed to reassess screening completeness, and to estimate the prevalence of HBV among our current pts.

Methods: ‘Complete screening’ was defined as HBsAg, antiHBc & HepCAB tests within 90 days of the proposed start of a new SACT line. We retrospectively reviewed screening between 1/9/19 and 30/11/19 (phase I (P1), n=288). After staff education, screening was re-audited over two weeks in April 2020, (phase II (P2), n=154).

Results: Of all pts, 76.8% had a complete panel at some point. 14.2% never had any viral serology. Breast cancer patients had the highest ‘never-screened’ risk (26.4%, p<0.05, OR 3.3, 95% CI 1.9-5.8). After lymphoma patients, they were the most likely to receive high-risk tests for HBV (23%, p<0.01, OR 3.9, 95% CI 2.1-6.9). P2 occurred during the COVID-19 pandemic. Age range (median 63.3/59.4 years in P1/P2), gender balance (42.6/45.5% male), proportion with metastatic disease (51.6/58.3%) or on 1st line therapy (58.8/68.1%) were similar in P1 and P2. P2 patients were less likely to receive therapy at medium/high-risk for HBV (p<0.001, OR 0.11, 95% CI 0.07-0.19). Complete screening showed a non-significant increase, from 49.8% in P1 to 58.3% in P2 (p=0.051, OR 1.41, 95% CI 0.96-2.07). Screening in lymphoma (41.7% to 90.9%, p<0.003, OR 3.3, 95% CI 1.1-9.9) and skin cancer pts (14.3% to 71.4%, p<0.03, OR 7.9, 95% CI 0.3-69.1) did improve. 1 patient (0.26%) was positive for HBsAg and 14 (4.03%) for antiHBc. Of the antiHBc positive patients, 8 were given prophylactic entecavir and 3 lamivudine. 2 died shortly after screening and did not begin prophylaxis or SACT. No pt had evidence of HBV.

Conclusions: The rate of rate of HBV positivity was comparable to 2014 and higher than national estimates, justifying ESMO guidelines. Further education is needed to improve screening.

Legal entity responsible for the study: The authors.
Funding: Has not received any funding.
Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.08.1535

Information access and use: A Grounded theory of how patients and their friends and family use information to navigate the cancer journey

M. Thiessen1, S. Sinclair2, S. Raffin Bouchal2, P.A. Tang3
1Department of Internal Medicine, University of Manitoba, Winnipeg, MB, Canada; 2Faculty of Nursing, University of Calgary, AB, Canada; 3Department of Oncology, University of Calgary, AB, Canada

Background: Information needs are among the most common unmet supportive care need for cancer patients and their informal caregivers. Previous work has identified that, in addition to information that supports coping and shared decision making, there is a need for practical information that helps individuals plan their lives around key aspects of the cancer journey such as the receipt of healthcare and altered life expectations. The objective of this study was to develop a theory to inform the development of novel informational interventions capable of addressing this need.

Methods: Classical Grounded Theory, a rigorous and systematic qualitative method for theory generation, was used to analyze data collected through digitally recorded one-on-one interviews with cancer patients and their friends/family. Interviews focused on the challenges that the participants had following the cancer diagnosis and how information was obtained and used. Data analysis began as soon as interview data from the first interview was available and continued until theoretical saturation was achieved. Coding, constant comparison, memoing and theoretical sampling were integral to the data analysis process. Data collection and analysis concluded when theoretical saturation was achieved.

Results: A total of 60 participants were interviewed (31 cancer patients and 29 friends/family). The core category that emerged was Cancer Related Data (CRD) quality as a modifier of the disruption to personal projects resulting from cancer. The theory that emerged consisted of four variables: 1) cancer as a source of disruption to personal projects; 2) cancer as a source of disruption to personal projects; 3) information as the process of accessing and using CRD; 4) accessibility, credibility, applicability, and framing as key components of CRD quality.

Conclusions: Informational resources containing high quality CRD are key to limiting the disruptive effects of cancer on the lives of patients and their friends/family. The internet is a highly accessible platform for CRD delivery. Future work should involve developing internet based resources integrated into clinical care that contain high quality CRD designed to help individuals plan their lives around the consequences of cancer.

Legal entity responsible for the study: The authors.
Funding: Has not received any funding.
Disclosure: All authors have declared no conflicts of interest.

Vitamin E in the treatment of chemotherapy and radiation-induced mucositis: A meta-analysis of randomized controlled trials

M.J.E. Alcantara, J.G.P. Pandy, M.R.C. Sebastian
Medical Oncology, St. Luke’s Medical Center, Quezon City, Philippines

Background: Mucositis is one of the most common oral complications arising in cancer patients receiving chemotherapy and/or radiotherapy. The pain and distress of mucositis can be enough to cause disability during the course of treatment. It is important that mucositis is treated effectively to reduce possible complications. Vitamin E has been found to have antioxidant and free radical scavenging properties which can reduce inflammation. To date, vitamin E supplementation in the form of tablets or pastes have been tried with different levels of success in several trials, however, there is no clear recommendation for its use. This study was done to obtain a more precise estimate of the efficacy of vitamin E on radiotherapy and chemotherapy-induced mucositis, in the hopes of providing an easily available, inexpensive but effective treatment for this condition.

Methods: A systematic search of PubMed, Embase, Cochrane, Clinical trials databases and hand search were utilized to identify randomized controlled trials (RCTs) dated until December 2019, investigating the efficacy of oral or topical vitamin E in reducing oral mucositis in cancer patients receiving chemotherapy or radiotherapy. Using the random effects model, pooled Odds Ratio (OR) with 95% confidence intervals (CI) was calculated in measuring the incidence of improvement or resolution of oral mucositis.

Results: Four RCTs were included (N=171). The pooled rate of mucositis resolution was significantly higher in the group treated with Vitamin E (84.7% vs 51.2%), with an odds ratio of 6.04 (95% CI 2.46-14.84, p < 0.0001). Heterogeneity between the studies was minimal (I2 0-20%). Vitamin E was well-tolerated and there were no severe adverse effects reported in the studies.

Conclusions: The results showed that vitamin E (topical or oral) was significantly associated with higher rates of improvement of oral mucositis among solid cancer patients who underwent chemotherapy or radiotherapy. Our results suggest that vitamin E can be considered a simple, non-toxic, yet effective therapy for oral mucositis. Subgroup analysis based on type and dose of vitamin E administration, type of anti-tumor treatment, and type of cancer can be done once with additional studies in the future.

Legal entity responsible for the study: The authors.
Funding: Has not received any funding.
Disclosure: All authors have declared no conflicts of interest.

Surgical treatment of bone metastasis: Experience in the General University Hospital of Valencia

M.M. Franco La Roza1, C. Garcia Gonzalez1, A. Blasco Cordelló1, V. Zarrüeta Sánchez1, F.D.A. Aparisi Aparisi2, C. Matellanes Palacios1, L. Hernandez Ferrando1, J. Pastor Pedro1, M. Meri Abad1, A. Fernandez Diaz1, I. Shaheen1, M. Nunez Abad1, V. Ruiz Cordero1, J. Garrido Gallego1, L. Sanz Monge1, M. Lobo de Mena1, A.J. Cunquero Tomás1, V. Iranoz3, C. Caballero Diaz2, C.I.C. Campo Herrero2
1Medical Oncology, Hospital General Universitario de Valencia, Valencia, Spain; 2Medical Oncology, Hospital General Universitario de Valencia, CIBERONC, Valencia, Spain; 3Orthopedic Surgery and Traumatology, Hospital General Universitario de Valencia, Valencia, Spain; 4Radiotherapy Oncology, General University Hospital of Valencia, Valencia, Spain; 5Medical Oncology, Fundación CEC, Hospital General University of Valencia, CIBERONC, Department de Medicina, Universitat de Valencia, Valencia, Spain

Background: The bone represents the third most frequent site of metastasis1. It’s usually associated with: 1) pain; 2) decrease quality of life and short-term prognosis2. Therefore, requires a multidisciplinary approach3. We review the surgical treatment experience of bone metastasis in our center.

Methods: Retrospective analysis of patients treated surgically in our institution due to bone metastases between August 2004 and October 2019. Main outcome measures are demographics, presentation, management, follow up and complications.