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(91.5%) and front line therapy (62%). More than half were issued for immune checkpoint inhibitors (ICIs) and signal transduction inhibitors. Interestingly, 3 approvals were based on phase 1 trials and OS represented the primary endpoint only in 40.3% of indications, almost limited (77.5%) to ICIs’ trials. Surrogate endpoints (Progression Free Survival (PFS), other Time to Event and Objective Response Rate (ORR)) represented the leading endpoints for the approval in 58.2% of indications. QoL was never considered as primary endpoint but was evaluated in 106 cases (82.2%). We found that average Hazard Ratio for OS and PFS were 0.7 (SD 0.105) and 0.57 (SD 0.164), respectively.

| Setting  | Localized | 11 | 8.5% |
|----------|-----------|----|------|
| Advanced |           | 118| 91.5%|

**Conclusion:** In this analysis, we intended to offer a picture of the recent drug development in oncology where most of the efforts were oriented towards checkpoint inhibitors (ICIs) and signal transduction inhibitors. Interestingly, 3 approvals were based on phase 1 trials and OS represented the primary endpoint only in 40.3% of indications, almost limited (77.5%) to ICIs’ trials. Surrogate endpoints (Progression Free Survival (PFS), other Time to Event and Objective Response Rate (ORR)) represented the leading endpoints for the approval in 58.2% of indications. QoL was never considered as primary endpoint but was evaluated in 106 cases (82.2%). We found that average Hazard Ratio for OS and PFS were 0.7 (SD 0.105) and 0.57 (SD 0.164), respectively.

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**Background:** Knowledge of the care pathways and employment situation of young medical oncologists is lacking. The aim of our study was to evaluate the current professional standing of young medical oncologists during COVID-19 pandemic in Spain.

**Methods:** The SEOM +MIR section conducted a nationwide online survey in May 2021 of young medical oncology consultants (<6 years of expertise) and last year medical oncology residents. Using the electronic mailing available in the SEOM database, professionals from Spain were invited.

**Results:** A total of 136 responses were eligible in the preliminary analysis. 86 (63%) were women. 106 (78%) were consultants and 30 (22%) were residents. 92 (68%) performed standard clinical care and 10 (7%) research activity. 97 (71%) were sub-specialized in a main area of interest and almost half of them, 60 (48%), chose it...
because it was the only option available after residency. 75 (55%) had considered different job opportunities other than private practice. Clinical care and 33 (25%) showed an interest in increasing their research activity. 68 (50%) had considered working in foreign countries: 40 (29%) in the European Union. The main reasons were: 35 (20%) thought it might increase their professional development and 29 (22%) argued for better salary conditions abroad. Moreover, 109 (80%) showed an interest in increasing their research activity. 68 (50%) considered working abroad: 40 (29%) in the European Union. The main reasons were: 35 (20%) thought it might increase their professional development and 29 (22%) argued for better salary conditions abroad.

3.1. Financial support

3.1.1. Research Support

3.1.1.1. Institutional Support

3.1.1.2. Personal Support

3.1.1.3. Non-Monetary Support

3.1.1.4. Travel Support

3.1.1.5. Other Support

3.2. Non-Financial Support

3.3. Other Support

3.4. Future mentoring strategies should engage in building a long-term career path for young medical oncologists.

Conclusions: The availability of subspecializing in medical oncology may depend on the job opportunity after residency rather than personal interest. The abundance of temporary contracts could have influenced the employment stability concerns observed. Our work contributes and is consistent with the ESMO values focused on the wellbeing of medical oncology professionals. Future mentoring strategies should engage in building a long-term career path for young medical oncologists.

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