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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Methods: Newly diagnosed cancer patients were surveyed with a two-part questionnaire constructed by oncologists and clinical psychologists. It first explored patients’ perceptions of pandemic’s impact on cancer care resources, treatment quality, health-seeking behaviour and other concerns. The second part involved the measurement of post-traumatic stress disorder (PTSD) (abbreviated PCL-5), anxiety and depression (emotion thermometer) and intolerance to uncertainty (IUS12), where patients were assigned into high and low-risk groups accordingly. Their associations were observed and analysed using chi-square test.

Results: 103 new cancer patients in Hong Kong were surveyed in May 2020. Results revealed there were more worries about the impact of COVID19 on cancer care manpower, and secondly about risk of infection during OPD waiting time, in patients of high risk group for PTSD (p = 0.011; p = 0.015 respectively), anxiety (p = 0.013; p = 0.034), depression (p = 0.017; p = 0.043) and uncertainty tolerance (p = 0.004; p = 0.044). High IUS12 score was associated with more worry on pandemic’s impact on progress of cancer research and drug development (p = 0.03). Patients of the high anxiety risk group were less likely to accept hospital’s “no visitor” policy during admission (p = 0.013). High-risk group for anxiety (p = 0.024) and depression (p = 0.044) tend to consider the availability of media information on COVID19’s impact on cancer as inadequate. Patients of high PTSD risk group showed greater fear of being infected by family/carers (p = 0.005).

Conclusions: This original survey revealed the potential value of psychometrics in understanding cancer patient’s perception of COVID19’s impact and predicting particular concerns in patients with different psychological phenotypes, allowing better-tailored pandemic time cancer care.

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321P Impact of COVID-19 and lockdown on adherence to treatment schedule among cancer patients

K. Kalpach1, D. Darshini2, A. Aribandi2, A.K. Pillai2, R. Kumar2, A.K. Lingutla1, M. Krishnamani1, K. Mathi2
1Medical Oncology, American Oncology Institute, Hyderabad, India; 2Medical Oncology, American Oncology Institute, Hyderabad, India; 3Pathology, C Path Labs, Hyderabad, India; 4Immunology, Stanford University School of Medicine, Stanford, CA, USA

Background: The COVID-19 pandemic, detected first in December 2019, has led to four lakh deaths and close to 12 million being infected. It has led to disruption in mobility and access to healthcare due to measures such as social distancing and lockdown. Due to the infection, patients had difficulty to access transport facilities, interstate travel and obtaining permissions from authorities. All these factors led them not to adhere to their fixed appointments leading to an impact on outcome. Hence, with a collaborative effort from Oncologists and nursing staff, we explored the impact of COVID-19 and the lockdown on adherence to treatment among Cancer patients.

Methods: From April 1 to June 30, 2020, patient information was collected at the Day Care Unit, in the Department of Medical Oncology and Haematology at the American Oncology Institute, Serilingampally, Hyderabad, India. Patients with delay in treatment for more than 7 days were identified and followed up. Length of delay of treatment was recorded. All patients gave their informed consent for the study.

Results: A total of 737 patients underwent treatment. Number of patients who received treatment as per schedule were 656 (89%). Eighty-one patients out of a total of 737 (11%) during the 3-month COVID-19 period had treatment delays. Of these most treatment delays were due to fear of COVID infection (50.6%), followed by medical delays (26%) and transport and travel issues (23.4%). Impact of COVID per se on treatment delays was as low as 8%. A delay of 3-7 days is usually acceptable for reinitiating chemotherapy, to allow clinical and count recovery. Any delay beyond 7 days was considered nonadherence to treatment schedule. Most delays were shorter, less than 14 days (68%). Most of the delays were in the elderly age group (more than 50 years). Among patients missing their schedule, those more than 50 years and less than 50 years were 75 and 6 patients respectively. This was assessed in view of the increased mortality due to COVID in elderly patients.

Conclusions: Despite the pandemic and subsequent nationwide lockdown, treatment nonadherence due to COVID-19 was low, short and mostly seen in the elderly group. Cancer patients tend to continue treatment despite the COVID crisis, and this requires validation in a longitudinal cohort.

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