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.
new cancer cases diagnosed during and before covid-19, 63% of the surveyed oncologists reported a decrease in the number of new cases while 27% stated that the number was stable. During the lockdown, 45% of the participants noted that only 25 to 50% of their patients attended the follow-up visits and that 83% of them missed their CT imaging appointments. On the other hand, 62% of the surveyed oncologists stated that their patients experienced delayed curative surgeries, and 41% had chemotherapy delays. Decreased consultations at the emergency oncology depart- ments were reported by 88% of the oncologists. Besides, 40% of oncologists reported that they adopted telemedicine to monitor patients during the lockdown, and, 48 % stated that they participated in videoconferences to learn about patients' management during the pandemic. Finally, 46% of the surveyed oncologists reported losing patients due to the COVID-19 infection, which was a trigger for anxiety symptoms in 35% of the participants.

Conclusions: Oncologists reported deleterious effects of COVID-19 on oncology practice and patients' management. Establishing standardized practice guidelines during the pandemic may help to decrease oncologists' distress and reassure them about the appropriateness of their treatment policies.

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.2021.08.1628

1636P
Health behavior of cancer patients during COVID-19 pandemic. Focus head neck cancer

J. Büntzel1, O. Micke1, A. Büssing2, J. Büntzel3

1Hematology and Oncology, Universitätsmedizin Göttingen, Göttingen, Germany; 2Radiological Oncology, Franziskus Hospital, Bielefeld, Germany; 3Professorship for quality of life, spirituality and coping, Witten Herdecke, Herdecke, Germany; 4Otolaryngology, Südhärt-Klinikum, Nordhausen, Germany

Background: During pandemic coping strategies become very important for each individual cancer patient. Are there any changes in health behavior of our patients due to pandemic?

Methods: We have analyzed questionnaire data of 575 patients, among them 171 head neck cancer patients. 246=84 questionnaires were filled in May 2020 (wave 1) and 158=87 questionnaires were filled in October 2020 (wave 2). We asked for alcohol consumption (5-point Likert scale), sporting activities, meditation, praying, and drug abuse (all 4-point Likert scale). We compared each item at both time points (t-test, 2 fold, inhomogenous variance). Sub-analysis were performed for head and neck cancer patients.

Results: Comparing between both time points, we see a stable alcohol consumption (1.700 ± 1.463 vs. 1.661 ± 1.428), a significant decreased in sportive activities (1.789 ± 1.013 vs. 1.557 ± 0.995, p = 0.013), a trend to less meditation (0.571 ± 0.951 vs. 0.408 ± 0.873, p = 0.056), a significant decrease in praying (0.938 ± 1.225 vs. 0.650 ± 1.126, p = 0.009) and an unchanged drug abuse (0.366 ± 0.819 vs. 0.392 ± 0.942). Comparing head neck cancer patients with cancer patients of other tumor localizations, they show a significant stronger reduction of praying (p = 0.002). During wave 2 head neck cancer patients reported about more alcohol consumption (1.473 ± 1.491 versus 1.697 ± 1.427) and drug abuse (0.333 ± 0.875 versus 0.481 ± 1.044).

Conclusions: During pandemic we see a reduction of individual coping strategies and changes in physical and mental health behavior. Societal activities are necessary to encourage coping strategies as sports or spiritual care.

Legal entity responsible for the study: Academic study group "Spirituality in Oncology", Deutsche Krebgesellschaft.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2021.08.1629

1637P
Unintended consequences for an integrated oncology ecosystem from COVID adaptations

P. Bredin1, C. Murphy1, R.T. O'Dwyer2, R. Keogh1, A. Doolan1, E. Duignan1, A. Jones1, M.A. Santos1, K. Egan1, A. Murphy1, J. Naidoo1, P. Morris1, B. Hennessy1, L. Grogan1, O.S. Breathnach3

1Medical Oncology, Beaumont Hospital, Dublin, Ireland; 2Cancer Clinical Trials Unit, Beaumont Hospital, Dublin, Ireland

Background: Cancer services had to adapt for social distancing to minimise risk of COVID spread between staff, persons with cancer attending and those supporting them. Prior to COVID patients attended a large combined outpatient clinic (OPC) once a week (12.30-7pm). This allowed optimal staffing of the day unit and inpatient service for the majority of the week. A separate outpatient facility at a removed location, though still on the Hospital campus, was created for OPC assessments with the intent of dispersing the large patient volume across 4 days each week. An analysis of the impact on staff availability throughout the service as a consequence of an increased frequency / reduced patient volume OPC is outlined below.

Methods: The numbers of non-consultant hospital doctors (NCHDs), their assigned location (day unit or OPC), allowances for full staff and also allowing for vacation time were gathered for 1) pre-COVID clinic and 2) modified COVID clinics. Activity levels were measured as the number of day unit treatment facility was also assessed using the hospital information system. The number of NCHDs multiplied by the hours available to the day unit were calculated per week for both clinic structures to produce the "available NCHD hours".

Results: From Jan. 2nd to Dec. 31st 2020 there were 11089 day oncology treatment unit by 1304 patients, alongside 4045 OPC visits. To adjust for COVID social distancing the OPC was dispersed across 4 mornings (18.30-24.00). This change resulted in the reduction of available NCHDs to the day oncology unit from 247 available NCHD hours to 158 available NCHD hours once vacation and study leave are factored into the equation. This represents a 36% reduction in available staff yet no planned reduction in patient activity.

Conclusions: While dividing clinical activity in the OPC over several days allowed patients attend with a family member, allowing better insight and support, it reduced the numbers of doctors available for a significant part of the day, placing more strain on those doctors trying to manage a similar number of patients in a safe and patient-focused manner. Changes within the outpatient clinic setup adjusting to COVID re- strictions has inadvertently had knock-on effects on the "Oncology Ecosystem" and may impact on future service quality.

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.2021.08.1630

1638P
Experience with telemedicine during COVID-19 pandemic

S. Soriano, P. Ribera, C. Climent, I. Macias Declara, L. Fernandez, L. Vilá, M.A. Segui, C. Pericay

Medical Oncology, Parc Tauli Hospital Universitari, Sabadell, Spain

Background: Since the beginning of COVID19 pandemic, cancer patients were considered to be more susceptible to contract SARCov2 due to their underlying conditions and greater immunosuppression and comorbidities. Thus, high risk oncologists on March 2020 to switch to telehealth without previous knowledge on this field. The aim of this study is to review our experience with telemedicine during the COVID-19 pandemic.

Methods: Patients attended by a telephonich and/or an in-person visit in the Medical Oncology Service at Parc Tauli Hospital Universitari between March 13 to April 30 2020 were included. Characteristics of recruited patients were summarized using descriptive analysis. The study was approved by the Research Ethic Committee.

Results: 855 patients were attended. 24.4 % had an in-person visit, 63.2 % had a phone call visit and 12.4 % both types. Median age was 65.48 [26-94] years old. 48.7% were male. 65.4% ECOG 0. Cancer types were: 41.8 % colorectal, 32.7% Gastro-intestinal, 12% Lung, 21.3 % Breast and 12.2 % Others. Most patients (52.4%) had a follow-up visit. 26.4 % were receiving palliative treatment and the most frequent administered drug was chemotherapy (51.2%). Telephonic appointments were mainly follow-up visits (63.7%), used for older patients (median age 66 years) with colorectal and breast cancers (42.7 % and 24.3% respectively), ECOG 0 (65.4%) and stage I, II and III disease (73.9%). In contrast, in-person appointments were mostly treatment visits (84.1%), for younger patients (median age 63.4 years) with stage IV disease (60%), ECOG ≥ 1 (51.7%) and colorectal cancer (35.9%). The proportion of patients with non-colorectal and thoracic cancers was higher when compared to telephonic assistance (40.6 % vs 19.4% respectively). The differences between the two types of visit were statistically significant (p<0.0001).

Conclusions: Without a robust scientific basis or previous experience, it seems that during the first period of COVID-19 pandemic oncologist felt more comfortable with face-to-face appointments when visiting patients with stage IV disease and/or ECOG ≥ 1 that were receiving palliative treatment. These patients attended more to the hospital despite having a higher mortality for COVID19.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: S. Soriano: Financial Interests, Personal, Invited Speaker: Kyowa Kirin. P. Ribera: Financial Interests, Personal, Invited Speaker: Merck; Financial Interests, Personal, Invited Speaker: Roche; Financial Interests, Personal, Advisory Board: BMS, I. Macias Declara: Financial Interests, Personal, Advisory Board: Amgen; Financial Interests, Personal, Invited Speaker: Roche; Financial Interests, Personal, Invited Speaker: Sanofi; Financial Interests, Personal, Invited Speaker: BMS; L. Fernandez: Financial Interests, Personal, Advisory Board: Novartis; Financial Interests, Personal, Invited Speaker: BMS; Financial Interests, Personal, Invited Speaker: MSD; Financial Interests, Personal, Invited Speaker: Pierre-Fabre; Financial Interests, Personal, Invited Speaker: Roche; Financial Interests, Personal, Invited Speaker: Novartis. L. Vilà: Financial Interests, Personal, Advisory Board: Boehringer Ingelheim; Financial Interests, Personal, Advisory Board: Astrazeneca; Non-Financial Interests, Institutional, Research Grant: AstraZeneca; Financial Interests, Personal, Invited Speaker: AstraZeneca; Financial Interests, Personal, Invited Speaker: Abstracts
Background: The health emergency caused by the SarS-Cov-2 pandemic has been strongly impacting on oncological patients’ (pts) outcomes. The purpose of this study was to explore the emotional impact and perception of cancer pts who received the vaccine against COVID-19 at the University Hospital and Trust of Verona (Italy).

Methods: After the first dose of COVID-19 vaccine an anonymously questionnaire was proposed to cancer pts (March-May 2021). The survey investigated anxiety and depression levels using the Hospital Anxiety and Depression Scale (HADS), psychological distress with the Distress Thermometer (DT). Additionally, four specific items regarding the awareness about: i) infection risks, ii) interference with chemotherapy treatment, and iii) adverse effects, were developed. Descriptive analyses were performed.

Results: A total of 736 patients (mean age 63 yrs) completed the questionnaire. Breast (23%) and gastrointestinal (40%) were the most represented cancer sites. The majority of pts (65%) reported mild levels of distress (DT <4), while moderate (DT 5-7) and severe (DT ≥8) levels were identified in 26% and 9% of participants, respectively. A total of 11% and 8% of pts experienced clinically significant symptoms of anxiety and depression (HADS ≥11), whereas 15% were borderline (HADS score 8-10). Two thirds of pts (67%) thought that the vaccination may reduce the infection risks and 56% felt safer. Overall, 59% of pts did not believe that vaccine-related side effects may interfere with the oncological treatment and 49% considered the vaccination safe.

Conclusions: Most cancer pts undergoing COVID-19 vaccination presented mild levels of anxiety, depression and distress. Oncological pts undergoing vaccination felt safe and judged the benefits of COVID-19 vaccination to overweight the potential side effects.

Legal entity responsible for the study: The authors. Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.