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Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: N.M. La Verde; Honoraria (self): Eisa; Speaker Bureau/Expert testimony, Travel/Ad-
accommodation/Expenses: Roche; Genti; Advisory/Consultancy, Speaker Bureau/Expert testimony, Travel/Accommodation/Expenses: Pfizer; Advisory/Consultancy: Novartis, Celgene, MSD. All other
authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.08.2053

1571P
Chemotherapy in the COVID-19 era: The patient’s perception
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Background: The COVID-19 pandemic poses significant challenges for the manage-
ment of patients with cancer. In our institution we adapted our delivery of outpatient
systemic anti-cancer therapy (SACT) by introducing a number of ‘risk-reducing’
measures including pre-assessment screening. We sought to evaluate our patients’
experiences of this and to gain an insight into their perception of the risks associated
with COVID-19. This is a cohort of patients who are at risk of increased morbidity and
mortality and often have complex care needs.

Methods: Patients on active SACT attending the oncology day ward during the COVID-
19 pandemic were eligible for participation. Data were collected over a one week period
during the most intensive phase of Government restrictions, from 11/May/20-
18/May/20. Personal demographics including information on social supports were
recorded. In order to assess how patients perceived their care during COVID-19 they
were asked questions under three headings: risk of infection exposure, changes to
treatment plan and psychological impact of COVID-19.

Results: 100 patients were assessed, of these 60 (60%) were male, 41 (41%) were
>65 years of age and 67 (67%) had advanced cancer. 11 (11%) patients were living
alone. 95 (95%) had family/friends available to help with daily activities such as
shopping and transport to medical appointments. 57 (57%) reported feeling at
increased risk in general of contracting COVID-19, with 95 (95%) practising social
isolation. 68 (68%) patients reported that they were not worried about contracting
COVID-19 in the hospital. 96 (96%) patients stated that they wanted to continue on
their treatment as originally planned, reporting feeling safer on therapy. 38 (58%) felt
isolated and 40 (40%) reported increased anxiety. 10 (10%) opted to delay medical
attention if unwell at home.

Conclusions: Though patients on active treatment for cancer during the COVID-19 pandemic reported increased anxiety and feelings of isolation due to COVID-19, the
majority of patients wanted to continue SACT as originally planned. Patients may
benefit from enhanced psycho-oncological supports in the event of a 2nd peak or
prolonged COVID pandemic.

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.2020.08.2054

1572P
Psychological impact of the COVID-19 pandemic on health care workers in oncology in Tunisia
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Background: Between 13 March 2020 – date of national lockdown and passing to a
third level national alert- and 11 May –first day of progressive release- confirmed
cases rose from 24 to 1035 cases 46 deaths. Knowing that oncology health workers
are treating cancer patients who have a higher risk of complication due to COVID-19,
strict measures were applied. Understanding the psychological impact of the COVID-
19 outbreak among health care workers is crucial in guiding policies and interventions
to maintain their psychological well-being.

Methods: Health care workers in oncology were invited to participate with a self-
administered questionnaire. In addition to information on demographic characteris-
tics of this and to gain an insight into their perception of the risks associated
with COVID-19. This is a cohort of patients who are at risk of increased morbidity and
mortality and often have complex care needs.

Results: 100 patients were assessed, of these 60 (60%) were male, 41 (41%) were
>65 years of age and 67 (67%) had advanced cancer. 11 (11%) patients were living
alone. 95 (95%) had family/friends available to help with daily activities such as
shopping and transport to medical appointments. 57 (57%) reported feeling at
increased risk in general of contracting COVID-19, with 95 (95%) practising social
isolation. 68 (68%) patients reported that they were not worried about contracting
COVID-19 in the hospital. 96 (96%) patients stated that they wanted to continue on
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Conclusions: Though patients on active treatment for cancer during the COVID-19 pandemic reported increased anxiety and feelings of isolation due to COVID-19, the
majority of patients wanted to continue SACT as originally planned. Patients may
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prolonged COVID pandemic.

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.2020.08.2055

1573P
Anxiety and depression in cancer patients during the COVID-19 pandemic: A single-centre study
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Background: The COVID-19 pandemic has caused global mental health crisis. It has
resulted in new sources of anxiety and depression among cancer patients which
causes increasing psychological pressure. This study aimed at assessing the anxiety
and depression in Tunisian cancer patients.

Methods: We conducted an observational, cross-sectional study between March and
May 2020 during the COVID-19 pandemic. Symptoms of anxiety and depression in
cancer patients were screened using the Hospital Anxiety and Depression Scale
(HADS). A total of 91 patients replied to this survey.

Results: From a total of 91 respondents in the study, there were 48 (52.7%) male
patients and 43 (47.3%) female patients. 59 (64.8%) of the patients involved in this
study were above 40 years of age, followed by 17(18.7%) of 20-29 years old and
15(16.5%) of 30-39 years old. About marital status, 67(73.6%) were married, 5 (5.5%
divorced, 4(4.4%) widowed and 15 (16.5%) were single. The incidence of depression
under novel coronavirus pandemic in cancer patients was 29.7% (27/91). Eighteen
(66.7%) had mild depression, 7(25.9%) moderate depression and two (7.4%) severe
depression. The incidence of anxiety was 69.2% (63/91).Of those patients, 42(66.7%)
were experiencing mild anxiety, 12(19%) moderate anxiety and 9(14.3%) severe
anxiety. Univariate analysis showed that asthenia, family support and pain were
associated with anxiety (p¼0.006, p=0.001 and p=0.009, respectively). Multivariate
analysis of logistic regression revealed that family support during the COVID-19
pandemic was negatively correlated with the level of anxiety (p=0.01). Presence of
pain was associated with anxiety (OR= 4.106; 95%CI, 1.011-16.672; p= 0.048). There

Table: 1572P

| Sex n(%) | F/M | 37(77.1) | 11(22.9) |
|---|---|---|---|
| Age | 35 | 31(64.6) |
| No depression | Single | 16(33.3) |
| Divorced or widowed | 1(2.1) |
| Medical staff | 27(56.3) |
| Paramedical-staff | 21(43.8) |
| PHQ-9 Score | No depression | 4(8.3) |
| Mild depression | Moderate depression | 16(33.3) |
| Severe depression | 1(2.1) |
| Moderate depression | 12(25) |
| 9(18.8) |
| Nearly everyday | 2(4.2) |
| Minimal anxiety | 37(77.1) |
| Significant anxiety | 11(22.9) |
| No insomnia | 34(70.8) |
| Subclinical insomnia | 10(20.8) |
| Moderate clinical insomnia | 22(45) |
| Severe clinical insomnia | 15(31.3) |
| 12(2.1) |

Conclusions: As the pandemic continues, important clinical and policy strategies are
needed to support health care workers. Our study identified a vulnerable group
susceptible to psychological distress. Early psychological intervention for this target
group may be beneficial.

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.2020.08.2055

Annals of Oncology
were no significant relationships between depression and sex, family support, type of cancer or pain.

Conclusions: This study provided evidence of high rates of depression and anxiety during the COVID-19 pandemic. Family support reduces the risk of anxiety while presence of pain increases that risk.

Legal entity responsible for the study: Dr ferayel Letaief KSONTINI.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.08.2056

The cognitive, affective, social and environmental drivers of inappropriate ovarian cancer screening: A survey of women and their clinicians using the theoretical domains framework

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Background: Ovarian cancer (OC) screening does not improve survival, thus most guidelines do not recommend it. This study examined why women and doctors screen for ovarian cancer contrary to guidelines.

Methods: Surveys, based on the Theoretical Domains Framework (TDF), were sent to women in the Kathleen Cuningham Foundation Consortium for Research into Familial Breast Cancer (KConFab) cohort, and family doctors (FDs) and gynaecologists who organised their screening.

Results: 832 of 1,264 (66%) KConFab women responded. 80 (9.6%) had objectively elevated OC risk and 210 (25%) had elevated perceived risk. The majority of women (680, 82%) thought screening could detect early stage OC and 42% (348) disagreed that screening could lead to unnecessary tests/surgery. 126 (15%) had screened in the last two years. Most of these (501, 80%) would continue to screen even if their doctor told them it is ineffective. 48% of women that had screened did not have elevated perceived OC risk. For women, key OC screening motivators operated in the domains of social role and goals (staying healthy for family, 94%), emotion and reinforcement (peace of mind, 93%) and beliefs about capabilities (tests are easy to have, 92%). 252 of 531 (47%) clinicians responded; a minority (FDs 46%; gynaecologists 16%) thought OC screening was useful. 122 (64%) FDs and 30 (50%) gynaecologists had ordered screening in the last two years. For gynaecologists, the main motivators of OC screening operated in the domains of social environmental context (lack of other screening options, 28%), and emotion (patient peace of mind, 17%, difficulty discontinuing screening, 14%). For FDs, the strongest motivators were in the domains of social influence (women ask for these tests, 21%), goals (a chance these tests will detect cancer early, 16%), emotion (patient peace of mind, 14%) and environmental context (no other OC screening options, 11%).

Conclusions: Reasons for OC screening are patient driven. Clinician knowledge and practice are discordant. Motivators of OC screening encompass several behavioural domains, which need to be targeted in interventions to reduce inappropriate ovarian cancer screening.

Legal entity responsible for the study: Peter MacCallum Cancer Centre.

Funding: Cancer Australia and the National Breast Cancer Foundation.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.08.2057

Psychological burden in mothers of children with cancer

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Background: Mothers have an important role in the management of children with cancer as they take the foremost duty of care giving. Therefore, they may be affected by severe psychological distress and symptoms of anxiety, depression and posttraumatic stress are commonly reported in this population. The aim of this study was to investigate the prevalence of anxiety and posttraumatic stress symptoms (PTSS) in mothers of children with cancer.

Methods: Mothers of children being treated for a childhood cancer (n = 28) completed a questionnaire investigating depression and PTSS. Depression was evaluated using the 13 items Beck’s depressive inventory (BDI). The PTSD Checklist for DSM-5 (PCL-S) assessed the presence and severity of PTSS.

Results: The mean age of participants was 38.33 years old. The mean age of the children was 9 years and 3 months [2 years and 8 months — 17 years]. The mean number of months since the diagnosis was 7.6 months [2-13]. The average duration of treatment was 7.9 months [2-13]. The mean score of depression was 18.33 [2-39] and was within the range of moderate level. All but one mother had a score indicating presence of depression and 57.1% had severe depression. PTSS were common among mothers (90%). The mean score was 45.27 [5-70] and 77.3% had scores indicating a possible diagnosis of posttraumatic stress disorder.

Conclusions: The psychological burden in mothers of children with cancer seems to be very common. The detection of distress or impairment symptoms in this population is important, and burdened mothers should be given the help they need.

Legal entity responsible for the study: Rahma Neffi.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.08.2058

Marital status and sexual health in breast cancer survivors: A cross-sectional study

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Background: In Portugal, with a divorce rate of ~60%, there is a perception of a greater rate of divorces/separations (D/S) among women with breast cancer (BC), but evidence is lacking and data are contradictory. Deeper knowledge is essential for anticipated psychosocial interventions. This study aimed to evaluate marital status, sexual health and its predictors in BC survivors.

Methods: This was a pilot, cross-sectional, single-centre study. An anonymous questionnaire investigating depression and PTSS. Depression was evaluated using the 13 items Beck’s depressive inventory (BDI). The PTSD Checklist for DSM-5 (PCL-S) assessed the presence and severity of PTSS.

Results: A total of 116 questionnaires were analysed, median age 56y (28-91), 33% of respondents had a high degree of education, 74% had a partner at dx. Most women performed chemotherapy (81%), radiotherapy (84%) and hormone therapy (80%); 52% mastectomy and 27% had metastatic (mx) disease. D/S after dx was reported by 14% and half indicated BC dx as the cause. After dx, 53% described lack of pleasure and/or sexual satisfaction, 44% reported insecurity and 55% deterioration of the sexual relations (SR). However, 81% considered partner support fundamental. On multivariate analysis, time from diagnosis was a predictor of deterioration of SR (OR 2.73, P < 0.001, IC 95% 1.49-4.99), with significance for 2 years after diagnosis. Despite no predictors of D/S being identified, a negative correlation was found between support after dx (OR 0.22 P = 0.012 95% CI 0.06-0.79), active SR (OR 0.18, P = 0.049 95% CI 0.05-0.69) and sexual pleasure (OR 0.27 P = 0.079 95% CI 0.07-0.99), divorce being positively correlated with mx disease (OR 3.09 P = 0.048 95% CI 1.00-9.52).

Conclusions: This study ascertains the population of BC survivors and their marital status. Time since dx seems to be an impacting factor on SR decline, exemplifying the importance of adequate long-term support for survivors. D/S rates, though low, were mainly due to BC dx and women with mx BC might be at greater risk.

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.2020.08.2059