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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Conclusions: Our study demonstrates a very high acceptance rate of COVID-19 vaccination among Irish cancer patients such that many would be willing to pay & attend hospital to receive it. The barriers to uptake provide an opportunity to improve education. An unexpected consequence, may be a beneficial increased uptake of the influenza vaccine.

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1596P SERONCOVID: Seroconversion in solid-tumor cancer patients (p) after COVID-19 diagnosis

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Background: Cancer p represent a high-risk population for severe COVID-19. Cancer-associated immunosuppression may hinder in the development of anti-SARS-CoV-2 antibodies.

Methods: Data regarding baseline characteristics (age, cancer type, cancer activity, cancer treatment), COVID-19 infection and anti-SARS-CoV-2 IgG were collected from p with solid tumors who tested positive for COVID-19 (PCR) between 10th March and 9th December 2020 at Catalan Institute of Oncology. We prospectively assessed anti-SARS-CoV-2 IgG seroreversion at different timepoints (<2, 2-6, >6 months) after first PCR+ and explored factors associated with long-term IgG positivity.

Results: Out of 79 registered p, 19 died without IgG testing (all of them tested positive). Of the remaining 60 patients, 40 (66%) patients were IgG+ at the first timepoint, 19/40 (47.5%) became IgG- at the second timepoint and 1/40 (2.5%) became IgG- at the third timepoint. The most common side effect was pain at the injection site and the vaccine was present in 12 patients (10.5%). 10 patients (8.8%) reported chills and fever. Of these, 9 patients (7.9%) received the vaccine. Only two patients had allergic-like reactions that was present with skin rash. None of the patients had severe allergic reactions.

Conclusions: In our study 114 patients with solid tumours who were actively been treated at the IORS and have received vaccine against SARS-CoV-2 virus. Cancer patients are more sensitive to infections. Patients with active cancer treatment should be considered for priority access to COVID-19 vaccination.

Disclosure: All authors have declared no conflicts of interest.

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1598P Acceptance of SARS-CoV-2 vaccination among patients with cancer undergoing immunosuppressive therapy: Portuguese study

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Background: Until April 2021, WHO declared more than 140 million cases and 3 million deaths due to COVID-19. To effectively control the pandemic, a significant part of the population has to acquire immunity, which is best achieved through vaccination. None of the clinical trials evaluating the effectiveness and safety of the vaccines included cancer patients. This study aimed to evaluate the acceptance of the COVID-19 vaccine by cancer patients undergoing immunosuppressive therapy in a Portuguese cancer centre.

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Table: 1595P Comparison of determinants for COVID-19 vaccination

| Determinants for vaccination | Yes n (%) | No / Unsure n (%) | p-value (χ²) |
|-----------------------------|-----------|------------------|--------------|
| Concern re side effects     | 35 (27)   | 11 (73)          | 0.02         |
| Pandemic is not serious     | 17 (5)    | 8 (53)           | <0.01        |
| Cancer recurrence in serious infection | 88 (69) | 3 (20) | 0.04 |
| Vaccine could deteriorate my cancer | 9 (7) | 3 (20) | 0.13 |
| Vaccine ineffective due to cancer | 13 (10) | 3 (20) | 0.32 |

Table: 1596P Characteristics by IgG result determined >6m after COVID-19 diagnosis

|          | IgG- (n = 4) | IgG+ (n = 18) |
|----------|-------------|--------------|
| Median age (years) | 49.0 (46.8-49.5) | 66.0 (59.0-69.8) |
| Neoplasms breast | 2 (50.0%) | 1 (25.0%) |
| Urogenital digestive | 0 (0.0%) | 3 (16.7%) |
| Lung others | 1 (25.0%) | 4 (22.2%) |
| Active cancer | 3 (75.0%) | 5 (27.8%) |
| Active chemotherapy | 3 (75.0%) | 5 (27.8%) |
| O2 support during COVID-19 | 0 (0.0%) | 12 (66.7%) |
| Hospitalization | 1 (25.0%) | 12 (66.7%) |

Conclusions: High seroprevalence of anti-SARS-CoV-2 IgG was observed at several timepoints after COVID-19 diagnosis in solid tumor p. With IgG+ < 6m were older, and more likely to have required hospitalization and oxygen during prior COVID-19 in comparison to IgG+ > 6m, suggesting that infection severity may promote durable immunity. Frequency of active cancer and active chemotherapy at COVID-19 diagnosis were higher among p with IgG+ < 6m, suggesting deeper immunosuppression.