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Vaccination in the COVID-19 era: Attitudes amongst oncology patients

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Background: Early data suggested a higher risk of COVID-19 in oncology patients, in particular those with co-morbidities or on systemic anticancer therapy (SACT). Immunisation strategies are likely to be critical in risk-reduction patient management. We examined patients’ attitudes towards COVID-19 vaccines, studying factors affecting uptake such as demographics, socioeconomics, cancer diagnoses and treatments, and previous influenza vaccination.

Methods: An anonymised questionnaire was distributed among oncology patients attending for SACT from November to December 2020. Statistical analyses were performed using SPSS v23 (IBM, Armonk, NY, USA).

Results: In total 115 patients completed the survey. Of these, 30 (26%) were aged <65, 65 (56%) were female and 54 (47%) were treated for metastatic disease. Overall 68 (59%) were receiving cytotoxic chemotherapy, and 15 (13%) were receiving immunotherapy. The most common cancer was breast (25%), followed by colorectal (18%) and lung (10%). Most patients (72%) had received or were intending to receive the influenza vaccine. Of patients surveyed 19 (17%) had friends or family who had been diagnosed with COVID-19, while only 3 (2.6%) had had COVID-19. The majority (81%) were in favour of receiving a COVID-19 vaccine if it was recommended for them. A small number however (5.2%) were against receiving a vaccine. Similar numbers of patients worried (30%) and did not worry (33%) that a COVID-19 vaccine could be unsafe. Interestingly 42% stated they if a COVID-19 vaccine were to be made available they would prefer to wait rather than to get it immediately. Patients who had received or intended to receive the influenza vaccine were less likely to want to delay receiving a COVID-19 vaccine (p = 0.018). Age group, education level and palliative treatment was not associated with a significant difference in vaccine acceptance.

Conclusions: The majority of patients surveyed were agreeable to COVID-19 vaccination, particularly those with prior influenza vaccination. An interesting finding was that though 42% of patients would prefer not to be first to receive the vaccine the majority welcomed vaccination. This finding, especially within a cohort regarded as being “highly vulnerable” to COVID, may have implications for the vaccine program in the general population.

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Results: The study included 60 HCW, with 40 females (66.7%). Mean age was of 43.4 years old (SD = 14.5). At baseline SARS-CoV-2 antibody assessment, 57 (95%) were negative and 3 (5%) positive; 59 (98%) asymptomatic HCW, and 1 symptomatic (1.0%) tested positive in RT-PCR. A total of 11 RT-PCR were performed since baseline until follow-up in symptomatic HCW, with 9 (81.8%) positive results, all of them with seroconversion. 6 (10%) asymptomatic HCW were seropositive at follow-up screening. None of baseline positive-serology asymptomatic HCW sustained their serology. Seroconversion occurred in 15 (25%) HCW - Table. The incidence of positive serologies in follow-up screening was statistically higher than at baseline (p = 0.008).

Table: 1603P

| Baseline / Follow - up | Negative | Positive | Total | p       |
|------------------------|----------|----------|-------|---------|
| Negative               | 42 (70%) | 15 (25%) | 57 (95%) | 0.008   |
| Positive               | 3 (5%)   | 0 (0%)   | 3 (5%)  |         |
| Total                  | 45 (75%) | 15 (25%) | 60 (100%) |        |
| McNemar Test           |          |          |        |         |

Conclusions: Most seroconversions were in symptomatic HCW, although the substantial number of positive serologies in asymptomatic HCW accent the importance and direct impact of regular universal testing. Seropositivity increased five-fold compared to baseline results. This detected increase in infections reflects a national pattern, suggesting community-based and not nosocomial transmission.

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1604P Global survey of 104 cancer patient organisations reveals devastating impact of COVID-19

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Background: The Global Cancer Coalitions Network (GCCN), established in May 2020, collectively represents over 750 cancer patient organisations representing over 14 million patients around the world. Cancer services have faced challenges as a result of COVID-19, including suspension of screening and diagnostic services; delays in diagnosis leading to higher mortality rates; cancellation/deferral of life-saving treatments; changes in treatment regimens and suspension of vital research. Substantial increases in the number of avoidable cancer deaths are to be expected as a result of diagnostic delays due to the COVID-19 pandemic.

Methods: 6 global cancer coalitions surveyed their member organisations in December 2020.

Results: Among 104 organisations from 46 countries representing advanced breast, bladder, colorectal, lymphoma, ovarian, and pancreatic cancer patient groups, demand for services has increased - 2/3 organisations experienced a fall in income from December 2020, averaging -48% - Over 1 in 10 organisations have closed temporarily, and some permanently. Only 1 in 10 organisations believe their 2021 income will return to levels seen before the pandemic. Almost half report that their ability to operate is under threat. Half do not have access to any national funding schemes to ensure operation during the pandemic. Staff shrunk -20%; volunteer numbers -70%

Conclusions: For organisations providing support to cancer patients, declining income, the need to reduce staff and move to virtual working practices has added strain while demand for support due to the pandemic has increased. Emergency support, including funding, must be made available to these organisations to ensure that the needs of cancer patients worldwide continue to be met.

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SARS-CoV-2 seroconversion among oncology healthcare workers in Brazil

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Background: We aimed to estimate the incidence of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) seroconversion after baseline screening among oncology healthcare workers (HCW).

Methods: This is a prospective longitudinal cohort study of HCW, applied at Centro de Terapia Oncológica (CTO), an Oncology clinic in Petrópolis, Brazil. Baseline screening for SARS-CoV-2 occurred between April 3 - 29, 2020 using rapid IgM and IgG serological tests for all HCW. Follow-up serology testing took place once between November 5-December 28, 2020 and included retesting with indirect chemiluminescence immunoassay LIASON SARS-CoV-2 S1/S2 IgG all HCW for serocconversion incidence. Reverse transcriptase–polymerase chain reaction (RT-PCR) testing was offered at baseline and follow-up for all symptomatic staff. The McNemar test was used to assess the change in positive serology incidence in both tests.