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.
Methods: 123 cancer patients hospitalised to receive chemotherapy at the oncology centre of the University Hospital of Marrakech were included from 23 March to 11 May 2020. This group consisted of 68 men and 55 women. Regarding the initial location of the cancer, the distribution was as follows: 10 cancers of breast and gynaecological origin, 19 gastrointestinal, 52 head and neck cancers, 5 urological, 28 pulmonary cancers and 9 sarcoma. Twenty patients had a psychiatric history. Of these, 11 had a history of depression. In 5 patients, there was the notion of alcoholism. Four patients had a history of anxiety disorders. The assessment of psychological distress was carried out using 2 scales: 1. Hospital Anxiety and Depression Scale (HADS) 2. the Edmonton Symptom Assessment System Scale (ESAS).

Results: The results of HADS showed 77 (62%) patients and 67 (54%) patients had anxiety and depression, respectively. For both anxiety and depression, the gender difference was not statistically significant (chi-square test, \( P = 0.47 \)). There was no difference between patients with a psychiatric history and those without (\( P = 0.39 \)). For the ESAS, the most expressed symptom was financial distress (4; interquartile range 0-7), whereas all ESAS symptom assessment scores were moderate. The majority of patients expressed their worry about being infected themselves (90%) or their family (85%), and of cancer progression due to delayed treatment (95%).

Conclusions: During the outbreak of COVID-19, the vast majority of cancer patients (more than half) in our study developed anxiety, depression and fear of COVID-19 infection. These results imply that cancer patients followed during the epidemic require serious psychosocial support focused on COVID-19-related fears.

Legal entity responsible for the study: Hematology Oncology Center.

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### 1776P Analysis of potential drug interactions in oncologic patients diagnosed with COVID-19

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Background: Patients with cancer may be at higher risk for a more severe form of COVID-19. The aim of this study was to evaluate the relationship between potential drug-drug interactions (PDDI) with hospital stays in COVID-19 cancer patients.

Methods: A retrospective study of all COVID-19 cancer patients was performed in the Hospital del Mar (Barcelona, Spain). Demographic and clinical data were obtained from electronic clinical records. Data on concomitant drugs at COVID-19 diagnosis were collected. Drug interactions were checked with Lexicomp database and classified by severity. Comparisons were analysed by Mann–Whitney U-test or Fisher’s exact test. \( P<0.05 \) statistically significant.

Results: Fifty patients were included, consisting of 30 women (60%), with a mean age of 70.1±12.7 years. The main cancer site was gastrointestinal 16 (32%), followed by breast 15 (30%), genitourinary 10 (20%), lung 6 (12%) and gynaecological 3 (6%). A total of 18 (36 %) patients had a history of prior treatment. Thirty-eight patients (76%) were discharged from hospital, 11 died (22%) and one (2%) was still in hospital. Four patients (8%) were admitted to ICU. The mean days of hospital stay was 15.8±10.4. The average number of concomitant drugs at COVID-19 diagnosis were 7±4.5 and PDDI were detected in 34 patients (68%). There was a mean (range) of 1 (1-4) major PDDI and 5.3 (1-18) moderate PDDI. The most common types of drugs involved in patients with hospital stays of >15 days were psychoanalyticals 31 (12.5 %), anxiolytics 20 (8.0 %) and thiazides 15 (6.0 %), while in patients with hospital stay < 15 days were opioid drugs 14 (8.8 %), blood glucose lowering drugs, excluding insulins 13 (8.2 %) and psychoanalyticals 12 (7.6 %).

#### Table: 1776P

| Hospital stay | Hospital stay |
|---------------|---------------|
| \( \geq 15 \text{ days} \) (\( N = 24 \)) | \( < 15 \text{ days} \) (\( N = 26 \)) | \( P \)-value |
|\begin{tabular}{l}
Age, years* \\
Female sex** \\
Prior treatment** \\
Concomitant drugs* \\
Potential DDI* \\
Major DDI* 
\end{tabular} &\begin{tabular}{l}
71.5 (61.5-80) \\
14 (58.3) \\
15 (62.5) \\
7 (4-12) \\
4 (0.5-6.5) \\
1.5 (0.1-15) 
\end{tabular} &\begin{tabular}{l}
71.5 [58.4-84] \\
16 (61.5) \\
17 (65.4) \\
5.5 (3-8) \\
1.5 (0-6) \\
1 (0-1) 
\end{tabular} &0.749 \\
1.000 &1.000 &0.267 &0.231 &0.039

* median (Q1-Q3). **n (%)}.

Conclusions: Regardless of the number of hospitalisation days, most of the PDDI were related to drugs of the nervous system. Almost 70% of the patients presented PDDI. A longer hospital stay was associated with a greater number of severe PDDI.

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### 1777P Launching local treatment guidelines for stage IV cancer during COVID-19 pandemic using ESMO MCBS

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Background: Treatment of stage IV cancer during COVID-19 pandemic is a challenge, and we need to maintain survival benefit, patient safety, and health care resources at the same time.

Methods: We used the ESMO-MCBS (Forms version 1.1 and cards) and ESMO recommendations for COVID-19 pandemic to launch local guidelines for first-line therapy for ABC, NSCLC and mCRC comparing ESMO-MCBS for the standard therapy (ST) and COVID-19 pandemic therapy (COT). We then compared prices (EGP) and price changes (PC).

Results: General rules: For PS≤3 patients, chemotherapy was postponed. We applied COVID-19 precautions to all patients. Oral chemotherapy was the preferred option. Every three weeks regimens were preferred over weekly regimens. ABC: Anti CDK4/6 are still the best option for patients with HR+ HER2- in non-visceral crisis, with MCBS 3 or 4. TNBC: carboplatin-containing therapy is still the best option. HER2+3 Addition of carboplatin to combination of trastuzumab and paclitaxel every three weeks was...
confirmed to increase treatment benefit, PFS of 13.8 vs 7.6 months (P=0.05) (HR 0.55; 95% CI, 0.46 to 0.64), RR (42% vs 29%) with an un-adjusted odds ratio of 1.7 (95% CI 1.04 to 2.8) (P=0.034). With limited survival benefit, and toxicity profile (JCO 2008:26:1642) MCBS for weekly regimen--1 using form 2C which is the current ST. mCRC all RAS wild type No change for the use of FOLFIRI + cetuximab: MCBS=4 using an infusion pump for SFU with certain precautions. NSCLC: No change as regard to no change indication for targeted therapy whenever there were indications for a patient with gene mutation: MCBS=4. Immunotherapy for patients with PD-L1>50%, only MCBS=5. Pemetrexed with cisplatin is the recommended option for a patient with PS ≥1 and PD-L1=50 with MCBS=4. RTH: Palliative quick course RTH.

**Conclusions:** Maintaining use of ESMO-MCBS during the COVID-19 pandemic is possible with some changes in use of healthcare resources.

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**1778P Revolutionizing clinical trial units in the pandemic era**

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**Background:** During Coronavirus pandemic, public opinion has returned to a great deal of interest in clinical research and the key role of researchers. Particularly in Italy, deeply affected by the emergency, people have returned to believe in the work of health professionals and have loudly asked for a profound research effort, a field hitherto suspiciously looked at. Yet, until then, few had worried about nation’s big contradictions as the total nonexistence of the profession of the researcher in the National Health System. The only effort in the recent years has been a ministerial reform “Researchers’ pyramid”, a 10 year working path characterized by a 5 year contract, renewable once and with annual reconfirmation exams, with the final hope of recognition within the national health system. An initiative that has been the subject of strong contradictions.

**Methods:** In September 2020 the Italian Group of Clinical Research Coordinators spread an anonymous web survey consisted of 21 questions about the reorganization of CTUs in accordance with the specific guidelines gradually drawn up by the regulatory agencies. In April 2020 the Italian Group of Clinical Research Coordinators spread an anonymous web survey consisted of 21 questions about the reorganization of CTUs in accordance with the specific guidelines gradually drawn up by the regulatory agencies.

**Results:** 142 representatives of Italian CTUs completed the survey; women was 86% and the age group 26-35 years was the mainly represented (50.7%). A total of 13 on 21 Italian regions were represented with a good national coverage. The majority of respondents (85.2%) said that, due to the emergency, the CTU activity has been reorganized, mainly through the alternation of smart working and shifts on site (64.5%) or the activation of a totally smart working method (27.3%). Within the cohort that had the opportunity to work, partially or totally, from home (81.7%), most respondents (69.8%) stated they beneﬁted from a high level of accessibility to hospital records, in many cases (50.6%) both patient records and shared document areas. In very few cases, the employer has provided additional tools for staff, such as PCs (50.3%) or phones (0.9%) company. While many respondents (49.3%) said they had not even received assistance from their IT service. With regard to the opinion on the effectiveness of the smart working activity, the average score was 6.3 on a scale of about 1–10.

**Conclusions:** Most of the Clinical Trials Units have been reorganized so that deferred activities can be carried out away from the hospital, guaranteeing, on average, wide remote access to the necessary documentation. Certainly, it would be necessary to improve the IT and electronic equipment that employees beneﬁt from so as to optimize all activities and ensure rapid and high-quality performances, even in non-emergency situations.

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