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.
completion of treatment. Adjusted weighted means for each instrument’s domain score was based on sample size. MCID was considered at 10% change from the maximal score. The ratio of absolute differences in weighted means between PrimSx and PrimCRT, and the MCID, was graded in 10% increments as nil (−0.99 to 0.99), minimal (−1.00 to −1.99), moderate (−2.00 to −2.99) and large differences (<−3.00 and >3.00). To simplify interpretation in a patient friendly manner, we clubbed similar domains across instruments to create clinically meaningful parameters, established through OPC patient group discussions.

Results: The literature search generated 5341 studies of which 25 studies were included in quantitative synthesis. Majority were stage III/IV tonsil, followed by base tongue cancers with T1/T2 size tumors. Surgery ranged from open to minimally invasive approaches (TORS and TLM). Radiotherapy delivery ranged from conventional 2-D to structure-sparing IMRT and proton therapy. The global and composite QOL scores within individual instruments had no clinically important difference between PrimSx and PrimCRT. While speech was similar in both, large difference existed in feeding tube requirement and trouble with social contact that favored PrimSx. Those with PrimCRT performed better in the sexuality domain. Financial burden was lesser in PrimCRT, while PrimSx had moderate advantage in physical activity. Oral health was marginally better in PrimCRT. Dietary issues and emotional states were better in PrimSx.

Conclusions: While there is equivocal evidence for swallowing, societal challenges, physical activity and oral health are better when receiving primary PrimCRT. Dietary and emotional states are less impacted when undergoing PrimSx. Both impact QOL of life in hitherto different ways though the global and composite scores are similar in both groups.

P-252

The impact of the COVID-19 pandemic on the incidence, stage, and initial treatment of patients with head and neck cancer in the Netherlands

Rosanne C. Schoonbeek1, Dominique V. C. de Jel2,3, Boukje A. C. van Dijk4,5, Stefano M. Willemse1, Elisabeth Bloemena3, Frank J. P. Hoebers4, Esther van Meerten5, Berit M. Verbit5, Ludm E. Smeete5,6, György B. Halmos1, Matthias A. W. Merkx4,9, Sabine Siesling3,10, Remco De Bree11, Robert P. Takes9

1University Medical Centre Groningen, Groningen, the Netherlands
2Dutch Institute for Clinical Auditing, Leiden, the Netherlands
3Netherlands Cancer Institute/Antoni van Leeuwenhoek, Amsterdam, The Netherlands
4Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, the Netherlands
5Amsterdam UMC, Amsterdam, The Netherlands
6Maastricht University Medical Center+, Maastricht, The Netherlands
7Erasmus University Medical Center, Rotterdam, the Netherlands
8Leiden University Medical Center, Leiden, The Netherlands
9Radboud University Medical Centre, Nijmegen, The Netherlands
10University of Twente, Enschede, The Netherlands
11University Medical Center Utrecht, Utrecht, The Netherlands

Presented by: Rosanne C. Schoonbeek (r.c.schoonbeek@umcg.nl)

Introduction: Since the emergence of COVID-19, measures have been taken at the population-level to restrict further spread, while hospitals had to change healthcare delivery in order to manage intensive care capacity. This inevitably impacted non-COVID care. Especially for head and neck cancer (HNC) patients, with fast growing tumours in a functional and aesthetic important area, timely diagnosis and treatment is essential. This study aims to quantify the impact of the COVID-19 pandemic on the HNC diagnosis and treatment in the Netherlands.

Materials and Methods: This population-based study comprised all pathologically confirmed first primary mucosal HNC patients in the Netherlands diagnosed in January-June of 2018, 2019 and 2020. The first COVID-19 wave was defined as the period between March 15th and June 1st, 2020, marking the first national lockdown. Incidence, patient-, tumour- and treatment characteristics and time intervals were compared for the COVID-period in 2020 and corresponding months in 2018 and 2019 (pre-COVID). Time-to-treatment interval (TTI) and Care Pathway Interval (CPI) were defined as time from diagnosis (TTI) or first visit of a head and neck oncology centre (CPI) until start of first treatment.

Results: During the first lockdown, the number of patients decreased with almost a third (n = 433 in 2020 versus pre-COVID; n = 595 in 2019 and n = 598 in 2018). The incidence in April and May 2020 was significantly lower for patients with oral cavity and larynx carcinomas compared to pre-COVID. However, a shift in tumour stage or alterations in treatment modalities were not observed. The median TTI was 30 days during the first COVID-19 wave versus 37 days pre-COVID (p < 0.001). During the first lockdown, only 32% of patients started treatment more than 30 days after first consultation (CPI), compared to 51% pre-COVID (p < 0.001).

Conclusions: A significant decrease in incidence of HNC occurred during the first COVID-19 wave. This finding raises the question whether, when and in which disease stage these patients will present themselves. For the HNC patients that did present during the first lockdown, timely treatment could be facilitated more often despite the overloaded healthcare system.

P-253

What is the impact of COVID-19 on the diagnosis and treatment of patients with cancer?

Mafalda Martins Sousa1,2, João Pinto1,2, Helena Silveira1,2, Carla Pinto Moura1,3

1Centro Hospitalar Universitário São João, E.P.E, Porto, Portugal
2Surgery and Physiology Department - Faculty of Medicine, Porto University, Portugal
3Institute for Research and Innovation in Health-Porto University, Portugal

Presented by: Mafalda Martins Sousa (mafaldaajmsousa@gmail.com)

Introduction: The early diagnosis and treatment of cancer patients is crucial in order to improve the prognosis. Multiple screening methods are nationally implemented. However the COVID-19 pandemic had a serious impact on the performance of the national health system: patients are afraid to go to the hospitals and, during the first lockdown, the programmed clinical activity was markedly reduced or suspended. The purpose of this work is to evaluate the impact of the COVID-19 pandemic on the diagnosis and treatment of patients with pharyngo-laryngeal cancer.

Materials and Methods: Retrospective study of successive patients that underwent suspension laryngoscopy with biopsy, in a Tertiary Hospital, between January 2019 and December 2020. Patients whose
result revealed a malignant neoplasm were included. Those with occult head and neck cancer were excluded.

Results: In a total of 108 patients, 48 patients were included due to pharyngolaryngeal neoplasia. 62.5% of the patients were evaluated before the COVID-19 pandemic. The average age was 60.77 years (40–80) and 45 patients were male, without significant differences between groups. The most common antecedents were smoking in 54.2% and smoking and heavy alcohol consumption in 27.1%. During the pandemic, 66.7% of the patients had symptoms for more than 6 months (vs 50% before the pandemic; p = 0.04). A stage ≥T3 was found in 83.3% of the patients during the pandemic (vs 53.3%; previously; p < 0.05). Patients who had symptoms for more than 6 months had a higher tumor stage (p = 0.03). Before the pandemic, 66.3% of the patients underwent surgical treatment (vs 33.3% during the pandemic; p = 0.04).

Conclusions: This study demonstrates that during the COVID-19 pandemic, oncologic patients took longer to seek medical care, which translated into a higher tumor stage and, consequently, in more patients being treated with chemotherapy/radiotherapy instead of surgery. Thus, it is crucial to raise awareness to the importance of timely diagnosis, despite the COVID-19 pandemic.

P-254

Precautionary documents in patients with head and neck cancer – status quo and factors influencing their creation

M. Allner1, M. Gostian2, M. Balk1, R. Rupp1, M. Hecht1, C. Ostgathe3, S. Mueller1, H. Iro1, A. O. Gostian1

1Department of Otorhinolaryngology, Head and Neck Surgery, University of Erlangen, Germany
2Department of Anesthesiology, Waldkrankenhaus Erlangen, Germany
3Department of Palliative Medicine, University of Erlangen, Germany

Presented by: Allner M (moritz.allner@uk-erlangen.de)

Introduction: Precautionary Documents (PD) such as Advance Directives (AD) and Precautionary Powers of Attorney (PA) are increasingly discussed in public in the context of medical treatment, considered useful and are recommended. Current data regarding their frequency and influencing factors in patients with head and neck cancer do not exist at present.

Materials and Methods: In this monocentric cross-sectional study, we evaluated patients during their regular tumor follow-up consultations at Germany’s largest tertiary referral center of the Department of Otorhinolaryngology, Head and Neck Surgery, at the University Hospital of Erlangen regarding the frequency, characteristics, and influencing factors for the creation of their PDs. The PDs included ADs, PAs, or Combination Documents (CD). A previously validated questionnaire was used and modified for our patient population after obtaining the authors’ consent.

Results: A total of 446 patients were evaluated during the survey period from 07/01/2019 to 12/31/2019 (response rate = 65.9%). The mean age was 62.4 years (SD ±11.9; women n = 120; 26.9%); 46.4% of patients (n = 207) reported having authored at least one PD. This included 16 PAs (3.6%), 75 ADs (16.8%), and 116 CDs (26.0%). In multinominal regression analysis, older age (OR = 0.229 [CI 95% 0.099–0.528] p < 0.011), medication use (OR = 1.874 [CI 95% 1.054–3.330] p = 0.032) and marital status (“married”: OR = 2.381 [CI 95% 1.068–5.306] p = 0.034; and “cohabiting”: OR = 4.632 [CI 95% 1.125–19.075] p = 0.034) emerged as significant factors influencing the presence of PDs.

Conclusions: About half of head and neck cancer patients had created at least one PD, especially elderly and comorbid patients who are married or cohabiting. In view of the rising incidence of head and neck cancer and with increasing patient age, a higher number of PDs is desirable in terms of a good doctor-patient relationship, specific pre-treatment consultation and a legally secure framework of medical interventions. The results represent the current situation in head and neck oncology and provide for the first time evidence for the selection of critical patient groups for whom more frequent and precise PDs should be available in the future.

P-255

Oropharyngeal squamous cell carcinoma metastatic to myocardium. A rare case report

Thieresia Kefalogianni1, Maria Bachelizanaki2, Dionysios Klonaris3, Kleanthi Mylopotamitaki1, Nymfodora Malkidou1, Anna Stavrianaki1, Efthimios Karakostas1, Eleni Chalkiadaki1

1General Hospital of Heraklion “Venizeleio-Pananeio”, Heraklion, Crete, Greece

Presented by: Thieresia Kefalogianni (teresa.ke@gmail.com)

Introduction: Distant metastases in patients with head and neck squamous cell carcinoma (HNSCC) most commonly involve the lungs and bones, while hepatic and brain spread occurs less often. HNSCC metastatic to myocardium is considered rare and usually remains silent to be discovered postmortem. A case of a patient with oropharyngeal squamous cell carcinoma (OSCC) and this unusual site of distant spread is reported.

Case report: A 58-year-old male with an over 30 pack-year smoking history and excessive alcohol consumption presented with dysphagia and globus sensation preceding two months. Physical examination showed a sizable exophytic lesion in the right tonsillar fossa. Biopsy under local anesthesia and subsequent imaging revealed stage II OSCC. Our institution’s Oncology board offered concurrent chemoradiotherapy. Treatment led to complete clinical response with no residual tumour and a disease-free interval of seven months. Disease recurrence occurred in the parapharyngeal space extending to the external auditory canal sparing the primary tumour site. Second line chemotherapy was administered. A work-up for abdominal discomfort half a year later showed disease progression with metastasis to the left kidney. Restaging imaging studies also revealed metastasis to the right ventricle and an intraventricular thrombus with no clinical cardiovascular signs. Symptoms of acute myocardial ischemia developed 15 months after initial diagnosis, while asymptomatic at cardiac metastases include melanoma, mediastinal tumors, lung cancer and breast cancer. In HNSCC, cardiac metastasis is unusual and detection is mostly incidental. In the presented case, disease spread to myocardium 16 months after initial diagnosis, while asymptomatic at first, resulted in cardiovascular dysfunction as disease progressed. Cardiac metastases usually present in patients with advanced wide-spread malignancy, thus prognosis is considered poor.