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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treatment can be postponed; and those who can be supervised distantly and for whom special treatment is not required for up to 3 month.

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324P COVID era: Perception of oncologists from a developing nation

R. Roy

Medical Oncology & Palliative Care Department, Saroj Gupta Cancer Centre & Research Institute, Kolkata, India

Background: Cancer being a lethal disease, delay in treatment may be fatal. Inter-national organizations have come up with useful guidelines for cancer management. Still the availability of resources, infrastructure, state health policy, COVID incidence and approach of healthcare professionals differ. This study aims to find out the perception and approaches of Indian oncologists - which might prove to be useful in nation specific delivery of cancer care during COVID Pandemic.

Methods: After taking consent, a survey form was circulated online amongst oncologists (haemat/o radiation/ medical/ surgical) across the country and responses collected.

Results: 79.2% oncologists represent private sector, 16.8% government sector. 50% oncologists were willing to postpone investigations for stable cancer patients. 42.6% willing to start treatment without knowing the COVID status, while 44.6% were against the idea and 12.9% were indecisive. 73% willing to perform surgery right away for operable nonemergency cases with a negative COVID status and rest 27 % willing to postpone surgery. Concurrent Chemoradation (57%) was preferred over sequential approach (43%). Majority (53.5%) were comfortable prescribing chemotherapy via telemedicine. Asymptomatic COVID positive patients requiring chemotherapy 64.4% were willing to wait for the virus to resolve and then start therapy and 35.6% were suggesting some form of oral therapy and ongoing isolation. 89.1% preferred oral route if option present. 83.7 % preferred targeted therapy, 8.2% immunotherapy and rest went for other options. 93.1 % preferred day care chemotherapy during COVID and not admission. 61 % thought extended course of dexamethasone given as pre-medication during chemotherapy did not have a protective role for patients during COVID outbreak. Treatment initiation criteria in descending order - 39.6% stage of the disease, 36.6% treatment of inflammation, and for rest it was the cost. 91% oncologists thought nurses were at a higher risk of exposure to COVID infection than the doctors. 54.5% were not taking anti COVID prophylaxis.

Conclusions: Greater homogeneity in practice was noticed amongst oncologists of a developing nation during COVID outbreak. The above information might be useful in policy making.

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325P Clinical characteristics and outcomes of cancer patients with COVID-19 infection: A retrospective study in a single center in the Philippines

F.V.F. Que, J.G.P. Pandy, M.J.E. Alcantara, M.B. Francis

Department of Medical Oncology, St. Luke’s Medical Center - Quezon City, Quezon City, Philippines

Background: The COVID-19 pandemic is a rapidly evolving crisis worldwide. Cancer patients represent a highly vulnerable group during this pandemic and are facing the most severe and critical consequences of this outbreak. This study aims to present our local data and contribute to our existing knowledge on the clinical impact of this novel disease on cancer patients.

Methods: We conducted a retrospective, single center, cohort study of cancer pa-tients with laboratory-confirmed severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection admitted in a tertiary hospital in Quezon City, Philippines from March to May 2020. Clinical characteristics, laboratory data and treatment histories were compared between patients with mild and severe outcomes. Chi-square test and Fisher’s exact test were applied to analyze the differences between groups.

Results: Nineteen cancer patients with COVID-19 infection were included. The most common tumor types were breast (26.3%), lung (21%), and genitourinary cancer (10.5%), and majority had early stage cancer (63.2%). Fifteen patients (78.9%) had recent anti-cancer treatment within 2 weeks prior to admission, most commonly, cytoxic (21.05%) and targeted therapy (21.05%). Among patients who developed severe outcomes, most had lung cancer, stage IV disease, recent anti-cancer treatment, and higher levels of inflammatory markers. Findings of bilateral opacities on chest X-ray (p=0.009) and ground glass densities on chest CT scan (p=0.002) were significantly associated with having severe complications. Having nosocomial-acquired infection was also associated with severe outcomes (p=0.004).

Conclusions: We found that those with recent anti-cancer treatment, particularly chemotherapy, have higher rates of severe complications; and that hospital-acquired infection is common among cancer patients and is associated with severe illness. Our study is limited by its small population, though our findings are consistent with other published studies. Our findings suggest that cancer patients require urgent and special attention during the pandemic, especially those who are receiving anti-cancer treatment.

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326P Management of diffuse large B cell lymphomas in the COVID-19 era

D.Z. Ne1, H.X. Kang2, S.H. Tan3, V. Shih4, Q. Zhuang5, J. Chang1, E.W.Y. Chang1, J. Chan1, E.Y.L. Poon1, N. Somasundaram1, K.W. Yeoh1, M. Farid1, T.P.L. Tang1, M. Tiao1, S.T. Lim1, V.S. Yang1

1Division of Medical Oncology, National Cancer Centre Singapore, Singapore; 2Division of Medical Oncology, National Cancer Centre Singapore, Singapore; 3Department of Pharmacy, National Cancer Centre Singapore, Singapore; 4Division of Supportive & Palliative Care, National Cancer Centre Singapore, Singapore; 5Medical Oncology, National Cancer Centre Singapore, Singapore

Background: Patients with haematologic malignancies, including diffuse large B lymphoma (DLBCL), have the highest COVID-19 severity and mortality. It is thus important to balance minimising nosocomial COVID-19 transmission with treatment of aggressive DLBCL. At the National Cancer Centre Singapore (NCCS), we imple-mented these changes: 1. Reduce outpatient visits for patients on surveillance through telemedicine consultations 2. Low threshold for prophylactic granulocyte stimulating factors (GCSF) to reduce febrile neutropenia 3. Low threshold for anti-microbial prophylaxis 4. Subcutaneous instead of intravenous rituximab to reduce “chair time” in suitable patients 5. Outpatient chemotherapy where possible (including for rituximab with dose-adjusted etoposide, prednisone, vincristine, doxorubicin and cyclophosphamide; DA R-EPOCH for double/triple hit lymphomas) 6. Central Nervous System International Prognostic Index (CNS-IPI) to determine high risk patients requiring CNS prophylaxis; delay CNS prophylaxis with intravenous metrotrexate (MTX) to later cycles We then reviewed the data to see if these outcomes had been achieved.

Methods: Data from DLBCL patients between 1 March to 30 April 2019 and the same period in 2020 were reviewed retrospectively and compared. Statistical analysis was performed using the chi-square test (Stata version 16.0, StataCorp, Texas, USA).

Results: There was no nosocomial COVID-19 infection. Inpatient admissions and outpatient visits showed numerical decrease, with significant reduction in surveillance visits (p<0.001). Patients still received appropriate curative treatment. CNS prophylaxis was given when indicated; MTX was given intrathecally during staging lumbar puncture and intravenously later. Most on treatment received GCSF as primary pro-phylaxis. All who received R-EPOCH also received antimicrobial prophylaxis. There was no difference in number of patients receiving radiation or palliative care.

Conclusions: In- and outpatient visits were successfully reduced with no compromise to treatment and supportive care, with no nosocomial transmission of COVID-19. With no end from the pandemic in sight, this strategy for the management of DLBCL is useful in the “new normal” and for future pandemics of similar nature.

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327P COVID-19 in patients with oncohematologic diseases in Kazakhstan

Z. Dushimova, A. Jazytayeva, B. Nassipov, S. Gabbasova, N. Kemelbekov

Kazakh Research Institute of Oncology & Radiology, Almaty, Kazakhstan

Background: SARS-CoV-2 is a novel coronavirus of zoonotic origin that emerged in China and now is spreading worldwide. 71 838 cases have been registered in Kazakhstan. At the moment, 3 585 of which died. The risk of coronavirus infection in oncohematological patients is much higher, due to a reduced immune status and...
Impact of COVID-19 pandemic on 30 days colorectal cancer patients mortality undergoing emergency operation

I.B. Budhi
Surgery, Sebelas Maret University, Surakarta, Indonesia

Background: During this COVID-19 pandemic we must face to the increasing emergency presentation of colorectal cancer patients, especially in the referral hospital. Many studies recommended that emergency laparotomy was safe with universal precaution during this pandemic and increasing morbidity-mortality rate. For emergency cases, the gold standard RT-PCR for COVID-19 was not feasible in this scenario, we must depend on rapid test for the screening. The two most common presentation of emergency colorectal cancer patients is large bowel obstruction and intestinal perforation. There were lack of data which already described about the impact of this pandemic on the short term outcome. Study reported the mortality and complication rate of emergency operation are 20-40% respectively.

Methods: This is a prospective study in academic hospital (Moewardi General Hospital, Indonesia) during the COVID-19 pandemic as one of the referral hospitals. The study started from March until June 2020, all patients with emergency laparotomy colorectal cancer patients will be included, the patients whose could not tolerated for emergency operation or found death on table (DOT) will be excluded. The main outcome for this study are post-operative morbidity and 30 days mortality.

Results: During this 3-month period, 35 patients were included on this study, 29 patients had large bowel obstruction due to colorectal cancer and the rest had diffuse peritonitis from intestinal perforation. 15 patients had sepsis condition according to current sepsis guidelines. 1 patient on intestinal perforation has been reported with positive rapid test result. Post-operative pneumonia has been found in 3 patients with intestinal perforation and could not survived during this study, the others of 2 patients had prolonged sepsis. Primary resection can be done on 30 cases with sigmoid colon was the most common site.

Conclusions: Emergency operation during this pandemic for colorectal cancer patients did not increasing the 30 days mortality but has an impact on post-operative pneumonia especially on intestinal perforation. Keywords: COVID-19 pandemic, emergency colorectal cancer, 30 days mortality.

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Radiotherapy palliative and COVID-19: Experience of radiotherapy oncology department of Cancer Center Tiemcen, Algeria

A. Mous
Radiotherapy Oncology, Cancer Center Tiemcen, Tiemcen, Algeria

Background: The first patient infected with the COVID-19 virus in Algeria was reported on February 25, 2020. Radiotherapy departments are potentially exposed like others to the COVID-19 pandemic and this is a crucial issue since cancer patients cannot interrupt their treatment. The objective of this study is to describe the different epidemiological and therapeutic aspects of patients treated with palliative radiotherapy at the time of COVID-19.

Methods: It is a prospective study of the files of 28 patients treated aimed palliative at the radiotherapy department of the cancer center Tiemcen, Algeria since the new guidelines of our department to contain the spread of the pandemic from March 19 to April 30.

Results: They are 19 men and 9 women (sex ratio 2.11) with a median age of 61 years (35-87). 13 patients (46.42%) had brain metastases, six patients (21.42%) had bone metastases, two patients (7.14%) had esophagus, two patients (7.14%) had maxillofacial metastases and five (17.87%) patients had other localizations (lung, thyroid, sarcoma, multiple myeloma and glioblastoma). 30GY protocol was delivered in six (21.42%) patients, 20GY protocol was delivered in 16 (57.14%) patients and 8GY protocol was delivered in five (17.87%) patients. 11 cases (46.15%) of brain metastases were treated with 20GY, five cases (83.33%) of bone metastases were treated with 80GY. No cases were infected with the virus.

Conclusions: Palliative radiotherapy plays a critical role in preventing serious morbidity in cancer patients even in the midst of the current COVID-19 pandemic. The acute phase of the pandemic has led to major changes in radiotherapy treatment strategy, including the use of hypofractionated regimens for palliative radiotherapy, which are preferred to reduce patients’ risk of exposure to COVID-19 and to limit treatment delays. Hypofractionation is one option that could at least partially address these issues.

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Cancer and COVID: Choosing between hammer and anvil

U. Batra, M. Sharma, P. Jain, S. Soni, S. Nathany, N. Bansal
Medical Oncology, Rajiv Gandhi Cancer Institute & Research Center, New Delhi, India

Background: The global Covid Pandemic has changed the world in last 6 months. The medical, social and logistic effects of the pandemic have been enormous. Many countries including India were put in absolute lockdown to prevent the transmission of this deadly virus. Cancer patients were precariously placed with the effect of Covid while if they follow the lockdown, they were at increased risk of disease progression. This is an retrospective study from a tertiary Cancer Institute in Delhi, India which analyses the outcomes of COVID positivity in cancer patients undergoing treatment.

Methods: 35 patients undergoing treatment for various non hematological malignancies and who were detected Covid positive by RT PCR were analysed. The time period was between April 2020 and June 2020.

Results: 35 patients were analysed. 10 patients had NSCLC while 7 patients had ca breast.Remaining all patients had various non hematological malignancies. Out of which 22 patients were managed on OPD basis and 13 patients required hospitalisation. Out of 13 patients, 3 patients required ICU care in view of severe symptoms. 2 patients died of the disease and superimposed Covid infections. Out of these, 1 patient had received chemo in the prior week whilst the other had progressive disease and GI perforation as the cause of the mortality. Chemotherapy was restarted in 15 of these patients while 2 patients also underwent surgery after recovery.

Conclusions: In our dataset, Covid infection was not associated with increased risk of mortality and morbidity in Cancer patients. Large scale collective data are required to confirm these findings. Our data indicates that Oncological treatment should continue as usual in Covid pandemic while taking appropriate precautions.

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