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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the vaccination. Here, we evaluated attitude towards and effects of COVID-19 vaccination in patients with breast or gynecological cancer. The aim was to improve counseling of our patients in clinical routine.

Methods: Since March 15th 2021, patients who received one of the approved COVID-19 vaccines were routinely interviewed about immediate (0–2 days) and late side effects (within two weeks after vaccination). Clinical parameters such as current therapy, time interval between therapy administration and vaccination, and changes in the therapy schedule due to the vaccination were documented. Furthermore, the willingness of non-vaccinated patients to be vaccinated was assessed. The collected data were anonymously analyzed as a part of routine quality assurance.

Results: By May 10th 2021, 111 out of 217 (51.1%) interviewed patients had received at least one shot of COVID-19 vaccine and 21 patients both shots. More than half of the vaccinated patients were >55y (60.2%; mean: 60.7y; range 30-92y); 69% with UICC/ FIGO stage III/IV cancer. 74.6% received Comirnaty (BioNTech)/ Pfizer, 18.9% Vaxzevria (AstraZeneca) and 6.5% Covid-19 Vaccine Moderna. After the first shot, 33.3% of the patients described no side effects, 49.1% reported a local reaction (swelling or pain), 23.4% flu-like symptoms, 10.8% headache and 3.6% nausea. 11 patients had symptoms that lasted longer than two days. In 11 cases, COVID-19 vaccination had an impact on delivery of the systemic therapy (n=10 postponements of therapy and n=1 dose reduction). 61.3% of the non-vaccinated patients (in total n=138) were already registered to get vaccinated; 32.8% chose to postpone vaccin- nation for personal reasons; 5% refused vaccination.

Conclusions: Breast and gynecological cancer patients appear to tolerate COVID-19 vaccination well under systemic therapy and only in few cases the vaccination interfered with the treatment schedule. Updated results will be presented at the ESMO Congress.

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1593P COVID-19 vaccine acceptance among Tunisian cancer patients: A cross-sectional study

A. Guertani,1 M. Nersine,1 Y. Berrazega,1 H. Rachdi,1 M. Bohli2, L. Kochbati2, H. Boussen1

1Medical Oncology, Hopital Abderrahmane Mami de Pneumophistiologie, Tunis, Tunisia; 2Radiation Therapy, Hopital Abderrahmane Mami de Pneumo-Phistiologie, Tunis, Tunisia

Background: Since the approval of several COVID-19 vaccines, the vaccination process worldwide was facing several challenges, one of them is vaccine uptake among the population, for instance cancer patients. We aimed to measure the acceptability towards the Covid-19 vaccination in cancer patients and to investigate determinant factors associated with the patient’s choice.

Methods: We conducted a cross-sectional survey with a self-administered questionnaire delivered to 329 cancer patients in 3 oncology cancer centers in Tunisia between February-April 2021. Logistic regression was used to evaluate Odds Ratio predicting patient’s intentions toward the vaccine.

Results: Fifty point four percent (n=166) reported their intent to be vaccinated as soon as the vaccine is available, 28.4% (n=93) reported to definitely refuse the vaccine and 21.2% (n=70) did not make their decision yet. High educational level, history of comorbidities, history of influenza vaccination in the current season and patient’s opinion about the severity of Covid-19 did not predict vaccine resistance. However, patients who think that the vaccine may interfere with treatment efficacy (OR=7.28, 95%CI [2.5-12.32]), or may impact cancer outcome (OR=6.14, 95%CI [2.27-16.71]), were significantly more likely to refuse the vaccine. Patient’s who disagree that the vaccine is a major weapon against the pandemic (OR=6.07, 95%CI [2.34-9.52]) or that it could reduce the virus transmission (OR=7.34, 95%CI [4.22-11.81]) were also significantly more likely to reject the vaccination. Safety concerns were also significant predictive factors (OR=7.9, 95%CI [4.10-11.27]). Confidence level in the authorities played a significant role in patient’s acceptance of the vaccine (OR=2.9, 95%CI [1.47-5.23]), indeed patients who were not registered (OR=5.9, 95%CI [1.58-8.71]) or not informed about the Tunisian national vaccination platform EVAX (OR=5.51, 95%CI [2.1-7.91]) were more likely to be against the vaccine.

Conclusions: Cancer patient’s education about the impact of the vaccine on their disease and on the Covid-19 is needed. Governments should build strategies to gain more population confidence.

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1595P Acceptance of COVID-19 vaccination among cancer patients in an Irish cancer centre

W.J. Mullally, C. Flynn, P. Carr, M.J. Kennedy, D. O’Donnell, M. McCarthy, S.P. Alken, K. Cadoo, S. Sukor, M. Lowery, D.I. Gallagher, C. Grant, F. Kelleher, S. Cuffe

Department of Medical Oncology, St James’s Hospital, Dublin, Ireland

Background: Hospitalised cancer patients have a three times higher risk of death (14%) from COVID-19 than the general public. Vaccination provides an unprecedented opportunity to decrease morbidity & mortality, however, there is a limited data regarding cancer patients’ attitudes towards COVID-19 vaccination.

Methods: An anonymised questionnaire was completed by volunteering cancer patients attending the ambulatory care unit of a large tertiary cancer centre (Feb to April 2021), prior to vaccination rollout in this cohort. It assessed patients’ acceptance and attitudes Toward COVID-19 vaccination. Statistical significance was assessed with Chi-square test (χ2).

Results: There was an 80% response rate (143/179). This included 79 females (55%) with a median age range of 51–60 years. (n = 35/24%). Most (78%) had a good performance status (PS = 0-1) & lung was the most frequent (28%) cancer type. Eight (6%) had previous COVID-19 infection. Among respondents, 128 (90%) intended on getting vaccinated, 12 (8%) were unsure & three (2%) would refuse. Those intent on vaccination were less concerned with side effects, viewed the pandemic as serious & perceived cancer as a cause for more severe infection compared to the rest (Table). All 101 (71%) patients who received the influenza vaccine were intent on COVID vaccination. Almost 20% (n=28) reported that they were more likely to receive the flu vaccine due to the pandemic. Twelve (8%) identified attending their GP as a barrier, with 97% (n=135) willing to attend hospital for vaccination. While this service is free, 69% (n=99) were willing to pay, with nearly 40% (n=57) up to €50.

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

A. Fous1, E. Felip2, O. Exaniz Ulazia3, A. Hernández1, S. España5, M. Rromeo Marin1, T. Morán1, J.G. Molina1, G. Fernandez6, D.J. Pinato6, A.M. Esteve7, R. Mesia8

1Medical Oncology, Catalan Institute of Oncology (ICO Badalona), Hospital Universitario Germans Trias i Pujol, Badalona, Spain; 2Department of Development, Catalan Institute of Oncology (ICO Badalona), Hospital Universitario Germans Trias i Pujol, Badalona, Spain; 3Surgery and Cancer, Imperial College London - Hammersmith Hospital, London, UK; 4Medical Oncology Department, Catalan Institute of Oncology, B-ARGO group, Badalona, Spain

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 seroprevalence at different timepoints (<2, 2-6, >6 months [m] since 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 <3 months after a PCR+), and 8 refused to participate, leaving 52 tested for IgG. Tested and not-tested p were similar according to baseline characteristics, cancer treatment and COVID-19. At the 1st timepoint, 19/23 were IgG+; at the 2nd, 29/33 were IgG+ and 1 patient had 1 inconclusive; at the 3rd timepoint, 18/22 were IgG+ (median time from PCR+ to 3rd timepoint determination was 9.4 m [IQR: 8.5-9.7]). Importantly, 1 p changed from IgG+ (2nd timepoint) to IgG- (3rd timepoint), and 1 inconclusive result (2nd timepoint) changed to negative (3rd timepoint). Potential factors associated to IgG- (>6 m) are shown in the table.

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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1597P Vaccination against SARS-CoV-2 infection in patients with solid tumors: Experience from Institute for Oncology and Radiology of Serbia (IORS)

O.J. Djurmez, M. Calamac, M. Dimitrijevic, K. Serovic, I. Minic, J. Oblakovic-Babic, Z. Tomasievic, I. Bozovic-Spasovic

Medical Oncology Department, Institute for Oncology and Radiology of Serbia, Belgrade, Serbia

Background: Currently over 160 million people worldwide had been infected with 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.

Methods: We evaluated between February and May 2021. 114 patients with solid tumours who were actively been treated at the IORS and have received vaccine against SARS-CoV-2 virus. Demographic data, diagnosis, current therapy and comorbidities were collected from patients’ records. Data about vaccination: first and second dose, type of the vaccine and side effects were collected by questionnaire approved by the Ethics Committee.

Results: 114 patients received the vaccine, 89 (78%) female, 25 (22%) male. Patients’ mean age was 61.3 ± 13.5 years, youngest was 37.8, the oldest was 83.9 years old. 105 of them received both doses of the vaccine. 36 pts (31.6%) had one and 30 (26.3%) had two or more co-morbidities requiring active therapy. 58 patients (50.9%) had had early disease, 56 (49.1%) had metastatic disease. 42 patients (36.8%) was receiving cytotoxic chemotherapy. Out of 114 vaccinated patients, 7 of them (6.1%) had previously COVID-19 infection. One patient had COVID-19 infection 5 days after receiving second dose of vaccine. 81 patients (71.1%) received vaccine made by Sinopharm company, followed by Pfizer-BioNTech vaccine (14 patients, 12.3%), Sputnik V (10 patients, 8.8%) and Oxford/AstraZeneca vaccine (9 patients, 7.9%). 85 of them (74.6%) didn’t have any side effects after receiving the vaccine. 13 patients (11.4%) had 2 or more symptoms. The most common side effect was pain at the injection site of the vaccine and it was present in 12 patients (10.5%). 10 patients (8.8%) reported chills and shivering. Fever was present in 9 patients (7.9%). 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 and active oncology treatment had been vaccinated against SARS-CoV-2 virus without severe side effects. Our study support current guidelines which promote vaccination in oncology patients as priority.

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

M.L.P. de Sousa1, C. Caramujo2, N. Julio3, J. Correia Magalhães2, R. Basto2, T. Fraga2, T. Ferreira Gomes1, I. Páezos1, G. Sousa1

1Oncology Department, Instituto Portugues Oncologia de Coimbra Francisco Gentil E. P. E. (IPO Coimbra), Coimbra, Portugal; 2Medical Oncology Department, Instituto Portugues Oncologia de Coimbra Francisco Gentil E. P. E. (IPO Coimbra), Coimbra, Portugal

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.

Table: 1596P Comparison of determinants for COVID-19 vaccination

| Determinants for vaccination | Yes n (%) | No or 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 relapsed 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 (last treatment) | 3 (75.0%) | 5 (46.5%) |
| 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+ > ≥6 m were older, and more likely to have required hospitalization and oxygen during prior COVID-19 in comparison to p < ≥6 m. 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+ > ≥6 m, suggesting deeper immunosuppression.

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