

for home administration. Monthly at home laboratory testing and virtual consultations with medical oncologists every 1-3 months were arranged.

**Results:** A total of 52 patients were enrolled during the period of March 2020 – March 2021. All men were White and had ECOG 0/1. The mean age was 71 [±6.3] years. Sixteen (31%) patients had stage IIIB PC and 36 (69%) patients had stage IV disease. Stage IIIB patients were receiving adjuvant ADT with SQ Goserelin Acetate 10.8mg every 8 weeks and bicalutamide 50mg daily for two weeks after definitive local treatment. Thirty-one (86%) patients had hormone sensitive metastatic PC and were receiving SQ Goserelin Acetate 10.8mg (28) every 8 weeks or SQ Leuprolide Acetate 22.5mg every 8 weeks (3) with 2 weeks of Bicalutamide 50mg daily. Five (14%) patients had castration resistant (CR) PC and were receiving SQ Goserelin Acetate 10.8mg every 8 weeks with Enzalutamide 160mg daily. Thirty-three (63%) patients had Gleason's score of 8/9. All patients were compliant with home injections, laboratory tests and virtual physician visits. Thirty-nine (75%) patients administered injections by themselves. Forty-two (80%) patients had PSA reduction >50%. Ten (20%) patients had disease progression and required clinic visits for investigations. Median time to progression was 12 months. Only 1 (2%) patient acquired COVID-19 infection, was hospitalized and died of respiratory failure.

**Conclusions:** At home ADT with appropriate patient/caregiver education and close follow up may be safe for patients with PC during the COVID-19 pandemic.

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### 1633P Why do cancer clinical trials (CT) discontinue prematurely in the era of COVID-19?

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**Background:** The COVID-19 pandemic (C19P) is causing several detrimental effects on cancer care globally. CT are crucial to obtain high quality literature evidence and "poor accrual" is the most common reason for their early discontinuation (ED). At our best knowledge, no data are available on ED of cancer CT after the beginning of C19P.

**Methods:** ClinicalTrials.gov was queried for terminated (T), withdrawn (W) and suspended (S) CT for the following terms: "cancer", "neoplasm", and "tumor". The search was made for all the CT available from the inception to 26<sup>th</sup> February 2021, without any restrictions. The following characteristics were extracted: reason for ED, study type (interventional [In] vs observational), sponsored (yes vs not). ED rate was compared between CT discontinued for C19P or not ( $\chi^2$ );  $p < 0.05$  was set as statistically significant. A multiple linear regression analysis was also conducted to identify independent factors of ED.

**Results:** 9990 CT were identified, but 765 CT were excluded as not related to cancer. Thus, 9225 CT were included (66% was T, 23% was W and 4% was S). Among CT classified as T, W and S, the frequency of In CT was 92%, 88% and 85% respectively, while the frequency of sponsored CT was 46%, 35% and 26% respectively. The most common reasons for ED were: "poor accrual" (29%), "lack of funding" (6%) and "sponsor decision" (5%). No reason for ED was available for 15% of CT. One hundred (1%) CT were discontinued due to C19P (27% was T, 7% was W and 66% was S). Comparing CT discontinued due to C19P with those discontinued due to other reasons, a lower rate of In-CT (73% vs 91%,  $p < 0.05$ ) and sponsored CT (14% vs 42%,  $p < 0.05$ ) was found in the C19P group. At the multiple linear regression analysis, C19P was strongly positively correlated with ED (coefficient 0.59952,  $p < 0.0001$ ) whereas sponsored CT resulted as negatively correlated with ED (coefficient -0.02746,  $p < 0.0001$ ).

**Conclusions:** "Poor accrual" continues to be the main reason for ED of cancer CT, but C19P represents a new additional cause of ED. Sponsored trials showed less risk for ED. Further research is needed to maximize the expected benefit of cancer CT, reducing the anticipated risks.

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### 1634P Communication specifics with cancer patients during the COVID-19 pandemic in Croatia: Can a virtual visit meet the needs of cancer patients?

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**Background:** In this study, we focused on communicating with cancer patients on active treatment during the first lockdown due to the COVID-19 pandemic and the patient's main sources of pandemic information.

**Methods:** In the first wave of the pandemic, during the first lockdown, we conducted an observational study in 8 of the 13 oncology centers in Croatia. The study is based on an anonymous self-report questionnaire designed for this study. It included 422 oncology patients, older than 18 years, who were in active oncology treatment at the time. To study the correlation between the patient's perspective on communicating with medical staff during a pandemic, the preferred type of communication, and the main sources of pandemic information relative to clinical and sociodemographic data, we used univariate descriptive and bivariate analyses.

**Results:** In the first lockdown, our respondents communicated with the oncologist and oncology nurses mostly in-person (77.7% vs. 81%), and with the general practitioner mostly virtually, most often by phone (70.6%). Regardless of the pandemic, the majority of oncology patients (76.1%) prefer to communicate with an oncologist in-person, and most expressed satisfaction with communicating with medical staff during a pandemic. The choice of information sources and type of communication depends on the age, gender, income, education, and the seat of the disease of patients.

**Conclusions:** For most of our respondents, in-person visits were the basic way of communicating with oncologists and oncology nurses. On the other hand, a virtual visit was the basic way to communicate with the general practitioner. As patients stated that, regardless of the pandemic, they prefer to communicate with the oncologist in-person, we can conclude that the virtual visit does not meet the needs of cancer patients who are in active oncology treatment. In our study men showed a tendency to communicate in-person, while women, breast cancer patients, younger people, highly educated people, and people of higher income are more prone to virtual visits and are more inclined to use the Internet as a source of information about a pandemic.

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### 1635P Impact of the COVID-19 pandemic on cancer care in Tunisia: Oncologists' perception

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**Background:** The COVID-19 pandemic was confirmed to have reached Tunisia on March 2nd, 2020, and has therefore disrupted oncology practice ever since. We report the main difficulties encountered by oncologists across the country during the pandemic.

**Methods:** We conducted a national online survey on medical, surgical, and radiation oncologists to investigate their practice changes during the COVID-19 pandemic from March 2020 to January 2021.

**Results:** 136 oncologists responded to the survey (surgical oncologists 35.8%, medical oncologists 37.8%, and radiation oncologists 26.4%); 80% were working in public hospitals. Among oncologists working in the public sector, 59% were asked to join covid-19 units. Five percent stated that their cancer care units were requisitioned for the management of COVID-19 patients and therefore, their patients were referred to other hospitals to pursue their treatment. Moreover, when comparing the number of