

1611P Health-related quality of life, vaccine uptake and immune response among cancer patients undergoing treatment during the COVID-19 pandemic

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Background: Cancer patients are at increased risk of severe COVID-19 illness because of their systemic immunosuppressive state. The potential effects of cancer and/or anticancer treatments on COVID-19 vaccine response, adverse events and progression are unknown. Moreover, the impacts of financial, familial and societal stressors during the pandemic on health-related quality of life are unclear. To address these concerns, we report data from the ongoing U.S. NCI-funded SeroNet COVID-19 Risk Associations and Longitudinal Evaluation Study (CORALE) at a large health care system in Los Angeles.

Methods: Cancer patients are invited to complete questionnaires, donate blood specimens and engage in long-term follow-up with repeat questionnaires and bio-sampling. Patient-reported outcomes are assessed at baseline, post-vaccination, 6, 12 and 24 months. Clinical information on cancer type, stage, treatment, dates, medications and outcomes (adverse events, SARS-CoV-2 infection, COVID-19 vaccination and cancer-related outcomes) are extracted from electronic medical records.

Results: From December 2019-May 2020, we enrolled 317 patients with malignancies or hematologic disorders (70.0% response rate). The median age was 63 (interquartile range (IQR)=54-73) years, 47% were women, 30% self-identified as non-White minorities and 18% were unable to work due to health status. 3% were known to be infected with SARS-CoV-2. An overall COVID-19 vaccine acceptance rate of 80% was reported. Among unvaccinated patients, women expressed more hesitancy than men ($p=0.045$). Concerns about adverse events (56%), rushed vaccine development (44%), and insufficient knowledge (44%) were reported. Self-reported symptoms after the first dose included injection site pain (21%) and fatigue (11%). We observed low levels of depression and high emotional support. Enrollment is ongoing.

Conclusions: Individuals with cancer are a complex and extremely diverse population with a multitude of considerations for both immediate clinical care and long-term survivorship. Updated results including findings on antibody response to vaccination across cancer types/treatment protocols will be presented.

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1612P The impact of COVID-19 pandemic on distress level in cancer patients, a cross-sectional multicentric study

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Background: The pandemic of coronavirus disease 2019 (COVID-19) was declared in March 2020. The first wave of the pandemic was marked by strict epidemiological measures: lockdown, social distancing, and self isolation. Cancer patients receiving systemic oncology treatments were considered a high-risk population regarding COVID-19. These new circumstances posed possible obstacles for the treatment continuation, which in turn potentially led to an increase in distress. This study aimed to examine the impact of COVID-19 outbreak on a distress level among cancer patients.

Methods: A total of 728 cancer patients, in 9 oncology centers, were approached to participate in the study. The study questionnaire with disease and sociodemographic characteristics was completed by 422 patients. Patients were stratified by cancer type: breast, gastrointestinal (colon, gastric, pancreatic), and other cancer types (lung, prostate, ovarian); and by disease stage, early or metastatic. All patients had to have an ongoing active oncology treatment which required regular visits to outpatient clinics or inpatient oncology departments. Distress level was measured using the Distress Thermometer with a cut-off value of 4.

Results: There were 201 (47%) patients with breast cancer, 130 (32%) patients with gastrointestinal cancer (colon, pancreatic and gastric cancer), and 92 (21%) patients with other types of cancer (lung, prostate, ovarian). A total of 192 (46%) patients had early disease stage while 230 (54%) patients had advanced disease, respectively. A high distress level was reported in 189 (44.8%) of all patients. The breast cancer

patients had significantly higher levels of distress when comparing with other types of cancer. There was no significant difference in distress level regarding disease stage.

Conclusions: Almost every second cancer patient with ongoing active oncology treatment was highly distressed during the first wave of the COVID-19 pandemic, regardless of the disease stage. Breast cancer patients tend to have higher levels of distress when comparing with other cancer types. When evaluating distress during a pandemic one should take into account the possible impact of various aspects of COVID-19 disease and pandemic on a distress level in cancer patients.

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1613P What are the barriers to routine clinical use of teleconsultation in oncology? A retrospective study on patient's and their physician's satisfaction with 603 video teleconsultations

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Background: Although video teleconsultations (TCs) have shown benefits for clinical follow up in oncology, its development appears very delayed in routine practice. The COVID pandemic has required French physicians to use them, mostly during the first lockdown period. This study aims to identify barriers to TCs development by assessing patient's and physician's satisfaction regarding this experience.

Methods: Patients who took part in at least one TC during the 7 weeks of strict confinement (from March 7 to May 11, 2020) were asked via email to complete a questionnaire of close-ended questions (5 points Likert scale) with the possibility of additional comments. Their answers were anonymized and gathered via Sphinx, a secured statistical analysis software. A second questionnaire was sent to each physician who conducted these TCs. We then aimed to analyze each patient and physician characteristics and comments, according to their degree of overall satisfaction.

Results: 531 patients and 35 physicians (oncologists, surgeons, anesthetists, radiotherapists) used TCs; 307 patients (57.8%) and 31(88.5%) physicians completed the survey. Patient's average age was 59. 140 (46.7%) of them lived in a rural area and 193 (64.3%) lived more than one hour away from their cancer center; 66.9% of them were overall satisfied. Unsatisfied patients (12.1%) had the same characteristics as the overall population. Apart from the lack of clinical examination, the main complaints of this group of patients were about altered communication with their physician (44.4% vs 22%), troubles with technical set up (38.9% vs 13.5%) leading to 50% of consultations by phone. Average satisfaction rate among physician was 80.7%. They mainly reported altered relationship with their patient, mostly during tough announcements. Preferred indications were surveillance consultation and treatment monitoring.

Conclusions: This study shows high rate of overall satisfaction, from both patients and physicians. TCs seem to provide a suitable alternative to standard in-person consultations, therefore improvements are needed to optimize this technique.

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