

ABSTRACT

Background: The pandemic has presented professional and personal challenges for the MO workforce. CAMO sought to examine the temporal

surveys were conducted in 2020 – from Mar 30th to April 4th (S1), May 6th to May 15th (S2) and Dec Royal College of Physicians and Surgeons directory (n=618). Participation was voluntary with no isation. Descriptive analyses with frequency tions are reported.

5 years. Concerns regarding PPE access and C19 ersonal risk decreased over time. A high rate of demedicine was observed in S1 but this notably ecreased by S3, despite the 2nd wave. A similar creasing trend was observed in the proportion of ered chemotherapy plans due to C19. Similar diagnoses and oncologist burnout as the top 2 post-pandemic challenges, and 87% believed their

Conclusions: As the pandemic continues, positive decreasing, and chemotherapy plans remained unchanged for most patients. Concerns regarding Iness, mitigate burnout and manage MO kload are needed.

DISCLOSURE STATEMENT

The authors have no conflicts to declare

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1606P - Impact of COVID-19 (SARS-CoV-2, C19) on Medical Oncologists (MOs) and cancer care: a Canadian Association of Medical Oncologists (CAMO) survey study

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INTRODUCTION

On March 11th, 2020, the World Health Organization (WHO) declared the rapidly spreading novel COVID-19 (SARS-CoV-2, C19) coronavirus pandemic. At that time, 118 countries had reported 118,000 cases of COVID-19. As of August 2021, over 214 million cases of COVID-19 have been reported worldwide

This pandemic has presented unprecedented professional and personal challenges for the oncology community as we endeavour to continue to manage our patients with cancer while recognizing their high-risk of COVID-19 infection and associated severe illness. Cancer care in Canada is accessed through a universal, publicly-funded healthcare system with oncology care delivered under the governance of individual provinces.

The Canadian Association of Medical Oncologists (CAMO) is the national specialty society of the Royal College of Physicians and Surgeons of Canada. We conducted serial on-line surveys in order to better understand the impact of the pandemic among the medical oncology community in Canada.

METHODS

An invitation to participate in the survey was circulated by email to practising medical oncologists across Canada through the CAMO membership (n= 323) as well as to provincial practice groups within the authors' network in order to extend the reach of the survey. The surveys were distributed over a study period of May 2020 to December 2020. Analyses are descriptive with frequency distributions reported. No formal statistical analyses were planned.



RESULTS

A total of 440 responses were received across the 3 surveys, representing an estimated 25% response rate for each survey.

Table 1: Baseline Characteristics





COVID Testing Practices

- Testing practices::
- Testing symptomatic patients only 52% (Survey 2 76%) Testing patients prior to any new systemic regimen (pre cycle 1) - 26% (11%) Testing patients prior to every cycle of systemic therapy – 7% (5%)
- Number of patients in your practice who tested positive for COVID-19: Median 1, Average 1.9, Range: 0 – 20
- · Among patients who tested positive: Cancer treatment delayed or discontinued: 17% . Hospitalized due to COVID-19: 17% Died due to COVID-19: 13%
- Did not affect their cancer care: 52%

experienced the following:

Feeling depressed or hopeless

Little interest or pleasure in

80%

60%

40%

20%

0%

RESULTS



Table 3: Risk of COVID Exposure



Personal Wellness



 Over the course of the pandemic in 2020, Canadian medical oncologists reported; . Increased COVID testing

CONCLUSIONS

- o Decreased utilization of telemedicine
- . Sustained levels of nervousness/anxiety
- . Increasing concern regarding personal wellness

Maintaining personal mental and physical wellness remained a high concern

Delayed cancer diagnoses and oncologist burnout represent the top post-COVID

· Majority (87%) believe their workload will increase post-COVID