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Epidemiological analysis of SARS-CoV-2 virus infection in patients with solid tumors: The experience of Infanta Sofia University Hospital (HUIS)

C. Gómez Rappos1, S. Falagán1, C. Andreu-Vázquez1, J.J. Thuisard1, C. González Fernández1, A. A. Ayerza1, A.M. Jiménez Gordo1, M. López Gómez1, M. Merino Salvador2, C. Sandoval1, M. Sereno Moyano1, F. Zambrana1, S. Roa Franco1, C. Martín Domínguez1, J. Moreno Rubio1, E. Casado1

1Medical Oncology, Infanta Sofia University Hospital, Infanta Sofia and Henares Hospitals Foundation for Biomedical Research and Innovation (FIIB HUIS HHEN), San Sebastian De Los Reyes, Madrid, Spain; 2Department of Oncology, Medical Centre, Medical University of Warsaw, Warsaw, Poland; 5Oncological Surgery, Hospital Olsztyn, Poland; 6Department of Soft Tissue/Bone Sarcoma and Melanoma, Maria Hospitals Foundation for Biomedical Research and Innovation (FIIB HUIS HHEN), Madrid Spain, San Sebastián De Los Reyes, Madrid, Spain; 8Precision Oncology Laboratory, Infanta Sofia University Hospital, Infanta Sofia and Henares Hospitals Foundation for Biomedical Research and Innovation (FIIB HUIS HHEN), Madrid, Spain

Background: The global SARS-CoV-2 outbreak has significantly affected hospital assistance to cancer patients. Diagnostic and treatment paradigms have been challenged with an urgent need for patient protection. In the absence of data to balance clinical decisions we aimed to analyze HUIS experience during the peak of the outbreak.

Methods: Cancer pts attended at HUIS since February 24th to April 24th were collected. Clinical management was adapted according to evolving international consensus. All PCR+ COVID-19 pts have been included in a database. Oncological and COVID-19 diseases characteristics as well as cancer management have been collected.

The main objective of this analysis was to know the risk of SARS-CoV-2 infection, hospitalization rate and mortality of cancer patients in our center during the outbreak and to identify potential predictive factors.

Results: Overall, 853 cancer pts had been attended at our department during this period of time. Twenty-six pts (3.05%) were hospitalized with confirmed COVID-19 diagnosis. Underlying solid tumors were the following: breast (256, 30.01%), GI (312, 36.8%), lung (100, 11.72%) and others (185, 21.47%). 322 pts (37.75%) had metastatic cancer and 531 (62.25%) had early stage diseases. 395 pts (46.31%) were treated with diagnostic procedures, type and length of treatments, number of hospital visits, etc.

Conclusions: COVID-19 hospitalization rate was 3.05%, and mortality rate was 32.20%. Adequate testing and protective measures are mandatory to warrant an optimal management of cancer pts during the global SARS-CoV-2 outbreak.

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Coronavirus or cancer: What are oncological patients most afraid of?

D.S. Sigorski1, P. Sobczuk2, K. Kuć1, M. Osmola1, A. Walerzak1, T. Cisewski1, S. Kopeć1, K. Hryn1, P. Rutkowski3, R. Stec1, Ł. Bodnar1

1Department of Oncology, Collegium Medicum, University of Warmia and Mazury, Olsztyn, Poland; 2Department of Soft Tissue/Bone Sarcoma and Melanoma, Maria Skłodowska-Curie National Research Institute of Oncology, Warsaw, Poland; 3Department of Internal Medicine, St. Padre Pio, Preþmyśl, Poland; 4Department of Hematology, Oncology and Internal Medicine, University Clinical Centre, Medical University of Warsaw, Warsaw, Poland; 5Oncological Surgery, Hospital with Oncology Center MSW, Olsztyn, Poland; 6Department of Oncology, Medical University of Warsaw, Warsaw, Poland

Background: The diagnosis and treatment of cancer are associated with anxiety of death and cancer recurrence. The outbreak of SARS-CoV-2 pandemic has caused fear and anxiety among cancer patients. Incidence of severe and even fatal complications during SARS-CoV-2 infection is greater in the cancer patients, therefore recommendations of oncological therapy have changed. The aim of the study was the anxiety level analysis among oncology patients during SARS-CoV-2 pandemic in correlation with mental adjustment to cancer.

Methods: 306 patients, ≥18-years of age with histologically confirmed cancer and concurrently receiving systemic treatment were enrolled in 4 Oncological Centers in Poland. The most common types of cancer were breast cancer (n=84), colorectal cancer (n=55) and melanoma (n=25). The level of cancer-related anxiety (CRA) and Social Readjustment Anxiety (SRA) was measured in numerical (0-10) scale and validated Fear of COVID-19 Scale. The degree of adaptation to cancer was evaluated with the Mini-Mental Adjustment to Cancer scale (Mini-MAC). The study was performed on May 11-15th, 2020. Non-parametric tests and Spearman correlations were used for statistical analyses. Descriptive statistics are presented as median and interquartile range. The study was approved by the ethics committee.

Results: The median of CRA [6; 5-10] was higher than SRA anxiety [5; 3-8; p=0.025]. The numerical and Fear of the COVID-19 scales were highly comparable (r=0.741; p<0.001). Gender (p=0.001) and tumor type (p=0.025) were significantly associated with SRA. The anxiety was higher in women (8; 5-10) than in men (5; 4-8) Patients with breast cancer had the highest SRA, while those with lung cancer had the lowest. Patients with high destructive attitude in Mini-MAC had higher SRA than with low attitude (p<0.001).

Conclusions: The level of CRA was higher than SRA among oncological patients during SARS-CoV-2 pandemic. Women with breast cancer and patients with destructive attitude should be provided with increased psychological care. Despite changes in the functioning of oncological healthcare, continuity of care should be maintained.

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Cancer patients infected with COVID-19 at La Princesa Hospital: Real-world data study

P. Toquero Diez, B. Vera Cea, A. Garrido Garcia, E.R. Méndez Carrascosa, D. Bañon Torres, R. Colomer Bosch, N. Romero Loaorden, B. Hernández

Medical Oncology Department, Hospital Universitario de La Princesa, Madrid, Spain

Background: The COVID-19 pandemic has meant a change in health care worldwide, and cancer patients are a particularly vulnerable population with their own clinical and therapeutic characteristics. Due to the lack of new evidence on what the best approach should be in the context of the current pandemic, it is essential to go further in the knowledge of the characteristics of this infection in cancer patients and its outcomes.

Methods: From March 1 to April 30, 2020, we collected and analysed data of 1202 cancer patients who were under active treatment or follow-up at the Medical Oncology Department of La Princesa Hospital and had a COVID-19 PCR test due to clinical symptoms (216 patients tested).

Results: We detected a total of 50 patients with positive PCR (4.1% of the total number of patients in the period analysed). The mean age at diagnosis of the infection was 69, 52% were women and 16% smokers. The most frequent diagnoses were breast cancer (28%), colon cancer (26%), and lung cancer (14%) (Figure 1). 60% were localized stages, 36% were undergoing chemotherapy and 8% with immunotherapy. Fourteen of the 50 infected patients died (28%), Thirty-seven patients (74%) were breast cancer (28%), colon cancer (26%), and lung cancer (14%) (Figure 1). 60% were localized stages, 36% were undergoing chemotherapy and 8% with immunotherapy.

Conclusions: The aggressiveness of COVID-19 infection in cancer patients is high. In our study, we had an incidence of 4.1%, an admission rate of 74%, an overall mortality rate of 28%, and a hospital mortality rate of 35%. These figures are higher than those described in non-oncological population. Neutropenia did not seem to be a poor prognostic factor among infected patients in our series.

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Practical issues faced by cancer patients during the COVID-19 pandemic in India

A.K. Jotwani1, R. Jain1, R.S. Goud1, R. Rajan2, R. Vaghmare3, T. Poovaiah4

1Clinical Oncology, Onco.com, Hyderabad, India; 2Clinical Oncology, Onco.com, Bangalore, India

Background: India imposed the world’s largest lockdown for over 1.3 billion people in view of the COVID pandemic and this led to a tremendous impact on the treatment of cancer patients. This was due to two main reasons. The first reason was due to restrictions on elective procedures to preserve beds for possible COVID cases and the second was a restriction on private and public transport. Given that the majority of cancer centers are located in bigger towns and cities, patients found it difficult to reach the centers. Onco.com provides telehealth services for cancer patients and we analysed the practical problems faced by the patients during this period.

Methods: We analysed 482 teleconsultation requests placed by patients from different parts of India and recorded issues faced by patients under different categories- stage of cancer, city of residence and preferences around place of treatment (same city or metro city). We also recorded known reasons (if any) for any delay in treatment. All records analysed were deidentified for the purpose of this study.

Results: Of the 482 telehealth requests, we recorded the following findings: with 311 (64%) patients facing the issue of access to a cancer care facility, this was the commonest complaint of cancer patients since transport services were blocked due to the strict lockdown. 92 (19%) patients reported closure or unavailability of the local cancer treatment center. 284 (59%) patients had stage 3 or advanced disease. 58% of patients lived in tier 2 or 3 cities and wanted to travel to bigger cities for treatment but were unable to do so during this period. Doctors advised a postponement of further treatment for 15% (71) of patients owing to a high risk of complications on account of advanced disease or comorbidities.

Conclusions: Most of the problems reported by patients were delays in treatment due to logistical reasons owing to strict lockdown conditions across the country. The second most common problem was a concern for high risk of complications for patients with advanced disease, especially in smaller towns. Most of the patients residing in metro cities continued their treatments with precautions. An analysis of the impact of treatment delays on survival outcomes is necessary to understand the real impact of the COVID crisis on cancer patients.

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