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Impact of the COVID-19 pandemic on management of medical cancer treatments and psychological consequences for the patient

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Background: Treated cancer patients (pts) are at high risk to develop severe COVID-19 evolution and guidelines proposed some preventive medical oncologic treatments (tt) adjustments. Pts had to face with this unprecedented situation, as caregivers forced to suddenly adjust their practices. We assessed the pandemic-induced therapeutic modifications of pts cancer tt and the psychological impact on pts and caregivers.

Methods: This prospective French study was initiated among pts with solid/hematologic receiving a medical tt during the lockdown in outpatient departments of 2 cancer centers. Tt modifications were collected from medical records. Perceived and post-traumatic stress (PSS, IES-R), sleep (ISI), quality of life QoL (Fact-G) and cognitive complaint (Fact-Cog) were reported at baseline (during the lockdown) and will be collected at 3 and 6 months. PSS and professional burnout/self-efficacy (MBI, GSES) were also reported by caregivers.

Results: Baseline clinical data are available for 621 pts and questionnaires for 575 pts (93%) and 73 caregivers. Pts and caregivers median ages were 64 [24-89] and 40 [22-63], 69% and 81% women. Caregivers were mainly nurses (48%) and oncologists (30%). 98% of pts had solid tumors, 59% with metastatic disease and 47% de novo treated. Main pts included chemotherapy (72%), immunotherapy (31%) and targeted therapy (13%), 37% starting during the lockdown. 27% of pts had tt modifications including 30% adapted monitoring (mainly phone-consultation), 15% tt interruptions, 32% postponed tt, 19% administration rhythm modifications, more frequently among lung cancer, tt initiated before lockdown, immunotherapy and targeted therapy. Severe perceived stress, post-traumatic stress and insomnia were observed in 6%, 21% and 24% of pts. More pts with tt modifications presented severe post-traumatic stress (27% vs 19%, p=0.05). Tt modifications did not impact on QoL/cognition. Perceived stress score was higher among caregivers than pts (p=0.035) but 2/3 reported professional accomplishment and self efficacy.

Conclusions: Lockdown due to COVID-19 induced tt modification in 1/4 of pts with a majorized post-traumatic stress. Despite a high level of stress, caregivers coped with the situation.

Clinical trial identification: NCT04366154, registered on 2020, April, 16th.

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