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Do breast cancer patients with COVID-19 have a poor prognosis? Experience in a hospital in Madrid

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Background: Small case series of patients with active cancer and coronavirus infection have been described since the beginning of the pandemic. The patients most affected by this infection are those with lung cancer but it also affects other types of cancer such as breast cancer. We described the characteristics of patients with breast cancer and COVID-19, their associated risk factors, treatment and evolution.

Methods: We reviewed 2216 medical records of all patients admitted to hospitalization with COVID-19 diagnosis between 5 March and 13 May 2020. Study data were collected and managed using RedCap electronic data capture tools. We described breast cancer patients, associated risk factors, mortality and outcome.

Results: We detected 85/2216 patients with cancer with a mortality rate of 47% (40/85). Of all cancer patients, 11% (10/85) had breast cancer. Median age breast cancer patients was 70.5 years old (35-86). Most frequent staging was locally advanced (50%, 5/10) and most of them were on hormone therapy (50%, 5/10). As associated risk factors, 20% (2/10) had heart disease, 50% (5/10) had hypertension, 20% (2/10) were obese, 30% (3/10) were diabetes, 40% (4/10) had dyslipidemia and only 10% (1/10) was smoker. Half the patients 50% (5/10) had bilateral pneumonia, none of them were admitted to the ICU and 20% (2/10) died. All patients were treated with the combination of azithromycin and hydroxychloroquine and 40% (4/10) with lopinavir/ritonavir. Mortality was associated with high LDH levels (1529 vs. 264 U/L, p=0.0002), high PCR levels (159.15 vs. 29 mg/L, p=0.0140), ARDS (1/1 vs. 1/9 without ARDS p=0.114). A possible relation has been found with history of hypertension (2/5 vs. 0/5 without hypertension, p=0.114) and bilateral pneumonia (2/5 vs. 0/5, p=0.114).

Conclusions: COVID-19 appears to have lower mortality in breast cancer patients than in other tumor types. High LDH and PCR levels and ARDS could be related with increased risk of death. Combined treatment in these patients with azithromycin and hydroxychloroquine might be a good option.

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Impact assessment of SARS-CoV-2 testing on cancer patients undergoing immunosuppressive treatment

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Background: On March 11, 2020, COVID-19 was declared a global pandemic. Caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), this infection may have drastically changed during this time and, consequently, cancer patients may exhibit psychological difficulties. The purpose of this study is to assess the intensity of physical and mental distress among cancer patients during this pandemic.

Methods: Oncologists and psychologists participated voluntarily. They were sent an e-learning module summarizing the principles of genetic susceptibility to BC/OC, patient selection, consent, carrier management, and highlighting the importance of cascade testing in relatives. A computerized and adapted version of the Manchester Scoring System was used for patient selection. Only index cases with cancer aged > 30 were included. The oncologist or psychologist provided basic genetic counseling and gave patients an information sheet. A single academic laboratory performed all analyses.

Results: During the 01.2018 — 05.2020 period, MGT was carried out in 244 patients with an average age of 51. PV detection rate in the BRCA1/2, PALB2, and RAD51C/D major genes was 11%. All carriers were subsequently seen by a cancer geneticist. Whenever possible, patients with negative results were discussed at a multidisciplinary meeting involving a geneticist or a genetic counselor. 27 of the reported patients had MGT during the 8-week COVID-19 lockdown.

Conclusions: We report the successful implementation of MGT in France for BC/OC patients. It allowed for immediate testing at their point of care of eligible patients. Results were rapidly returned, and all PV carriers were seen by a cancer geneticist. The PV detection rate was similar to rates observed using traditional testing pathways. Of note, MGT guaranteed continuity of care during the COVID-19 lockdown, when all medical activity considered nonessential, including cancer genetics, was drastically reduced.

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The study of physical and mental distress among cancer patients during the COVID-19 epidemic

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Background: In December 2019, an outbreak of respiratory infection in humans caused by a novel coronavirus was detected. It is characterized by rapid human-to-human transmission leading to a pandemic spread. Cancer care practice paradigms have drastically changed during this time and, consequently, cancer patients may exhibit psychological difficulties. The purpose of this study is to assess the intensity of physical and mental distress among cancer patients during this pandemic.

Methods: We reviewed 2216 medical records of all patients admitted to hospitalization with COVID-19 diagnosis between 5 March and 13 May 2020. Study data were collected and managed using RedCap electronic data capture tools. We described breast cancer patients, associated risk factors, mortality and outcome.

Results: We detected 85/2216 patients with cancer with a mortality rate of 47% (40/85). Of all cancer patients, 11% (10/85) had breast cancer. Median age breast cancer patients was 70.5 years old (35-86). Most frequent staging was locally advanced (50%, 5/10) and most of them were on hormone therapy (50%, 5/10). As associated risk factors, 20% (2/10) had heart disease, 50% (5/10) had hypertension, 20% (2/10) were obese, 30% (3/10) were diabetes, 40% (4/10) had dyslipidemia and only 10% (1/10) was smoker. Half the patients 50% (5/10) had bilateral pneumonia, none of them were admitted to the ICU and 20% (2/10) died. All patients were treated with the combination of azithromycin and hydroxychloroquine and 40% (4/10) with lopinavir/ritonavir. Mortality was associated with high LDH levels (1529 vs. 264 U/L, p=0.0002), high PCR levels (159.15 vs. 29 mg/L, p=0.0140), ARDS (1/1 vs. 1/9 without ARDS p=0.114). A possible relation has been found with history of hypertension (2/5 vs. 0/5 without hypertension, p=0.114) and bilateral pneumonia (2/5 vs. 0/5, p=0.114).

Conclusions: COVID-19 appears to have lower mortality in breast cancer patients than in other tumor types. High LDH and PCR levels and ARDS could be related with increased risk of death. Combined treatment in these patients with azithromycin and hydroxychloroquine might be a good option.

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Methods: 123 cancer patients hospitalised to receive chemotherapy at the oncology centre of the University Hospital of Marrakech were included from 23 March to 15 May 2020. This group consisted of 68 men and 55 women. Regarding the initial location of the cancer, the distribution was as follows: 10 cancers of breast and gynaecological origin, 19 gastrointestinal, 52 head and neck cancers, 5 urological, 28 pulmonary cancers and 9 sarcoma. Twenty patients had a psychiatric history. Of these, 11 had a history of depression. In 5 patients, there was the notion of alcoholism. Four patients had a history of anxiety disorders. The assessment of psychological distress was carried out using 2 scales: 1. Hospital Anxiety and Depression Scale (HADS) 2. the Edmonton Symptom Assessment System Scale (ESAS).

Results: The results of HADS showed 77 (62%) patients and 67 (54%) patients had anxiety and depression, respectively. For both anxiety and depression, the gender difference was not statistically significant (chi-square test, \( P = 0.47 \)). There was no difference between patients with a psychiatric history and those without (\( P = 0.39 \)). For the ESAS, the most expressed symptom was financial distress (4; interquartile range 0-7); whereas all ESAS symptom assessment scores were moderate. The majority of patients expressed their worry about being infected themselves (90%) or their family (85%), and of cancer progression due to delayed treatment (95%).

Conclusions: During the outbreak of COVID-19, the vast majority of cancer patients (more than half) in our study developed anxiety, depression and fear of COVID-19 infection. These results imply that cancer patients followed during the epidemic require serious psychosocial support focused on COVID-19-related fears.

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Table: 1776P

| Hospital stay ≥ 15 days (N = 24) | Hospital stay < 15 days (N = 26) | \( P \)-value |
|----------------------------------|----------------------------------|---------------|
| Age, years*                      | 71.5 (61.5-80)                   | 71.5 (58-84)  | 0.749 |
| Female sex**                     | 14 (58.3)                        | 16 (61.5)     | 1.000 |
| Prior treatment**                | 15 (62.5)                        | 17 (65.4)     | 1.000 |
| Concomitant drugs*               | 7 (4-12)                         | 5.5 (3-8)     | 0.267 |
| Potential DDI*                   | 4 (0.5-6.5)                      | 1.5 (0-6)     | 0.231 |
| Major DDI*                       | 1.5 (0-1.5)                      | 1 (0-1)       | 0.039 |

* median (Q1-Q3). **n (%)