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Background: Since March 2020, a symptomatic survey has been performed at our Center to identify cancer patients (pts) undergoing immunosuppressive treatment (IT). The impact of this intervention was evaluated for a 14-day period. The authors.

Methods: A retrospective analysis of clinical data was performed. Ongoing IT in these pts was temporarily suspended: 9 pts under chemotherapy, 1 under biologic treatment, 1 under IT. All pts received respiratory support and 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, none of them were admitted to the ICU and 20% (2/10) died. All pts 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 = 0.0140), ARDS (1/1 vs. 1/9 without ARDS p = 0.035). 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.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.08.1835

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 remain asymptomatic. The European Society of Medical Oncology and the Portuguese Health Authority recommended both a symptomatic survey and laboratory testing in cancer patients before undergoing IT. The impact of this intervention was evaluated comparing the hospitalization rate of cancer pts due to COVID-19, before and after the introduction of RT-PCR testing. Retrospective analysis of clinical data was performed.

Methods: Since March 2020, a symptomatic survey has been performed at our institution before each hospital visit. From April 6 through May 8, 2020, reverse-transcriptase polymerase chain reaction (RT-PCR) SARS-CoV-2 testing was added on cancer pts undergoing immunosuppressive treatment (IT). The impact of this measure is still unknown. We report our experience in a Portuguese center.

Results: 444 tests were carried out on 244 pts and laboratory SARS-CoV-2 infection was confirmed in 11 (5%). 5 were male, with a median age of 65 years (34-76). Breast and colorectal cancer were prevalent; 2 pts had lung cancer; 6 advanced disease. Ongoing IT in these pts was temporarily suspended: 9 pts under chemotherapy, 1 atezolizumab and 1 rituximab. Only 1 patient was symptomatic (9%) and previously hospitalized. No admission due to COVID-19 was registered in this group. Since March 7, 179 pts were admitted due to COVID-19 at our center: 12 were active cancer pts (6.7%) of which 4 were under IT. 6 of the oncological pts passed away, all of them had advanced diseases, 1 was under IT. Of the dead pts, lung and breast tumors were prevalent. Among all COVID-19 hospitalizations, the prevalence of pts under IT was similar before and after the implementation of the RT-PCR testing (2.2% vs. 2.4%).

Conclusions: We found a significant percentage of active cancer pts diagnosed with asymptomatic COVID-19. Due to the small sample size of COVID-19 pts under IT, it is difficult to evaluate the impact of RT-PCR testing. However, on a long-term analysis, this intervention may reduce the risk of severe complications related to COVID-19 in cancer pts. Health education and dynamic organization are also important measures.

Legal entity responsible for the study: The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.

https://doi.org/10.1016/j.annonc.2020.08.1835