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Background: It is still unclear whether oncological patients harbor a higher risk for an infection with the SARS-CoV-2 and for developing severe forms of COVID-19. Furthermore, it is unclear whether an infection affects essential therapy treatment and if a therapy increases the risk for an infection.
Methods: We tested every patient (n=1286) in 7 different oncology outpatient clinics from 04/15/2020 and 04/26/2020 for COVID-19 infection regardless of whether symptoms were present or not. Virus RNA was extracted using the MGEase extraction kit in combination with SP-960 robots and a RT qPCR was performed.
Results: From 1286 tested patients 40 (3.1%) patients were identified positive. Only two of those (5.0%) had mild symptoms whereas one positive patient (2.5%) was treated stationary with pneumonia. The majority (37/40) was asymptomatic virus-carriers (92.5 %). Noteworth is the fact that 22 (55%) of the positively tested patients were undergoing systemic therapy of which 10 (45.5%) patients received chemotherapy and 4 (18.2%) patients received immunomodulating antibiotics.
Conclusions: A consequent testing for COVID-19 in cancer patients is obligate to identify asymptomatic positive carrier to separate this potential vector group from COVID negative patients since the majority (37/40) of positive patients was asymptomatic virus-carriers (92.5 %). The data we collected contrasts strongly the hypothesis that cancer patients are suspected to be highly vulnerable for SARS-CoV-2 infections. Only a minority (3/40) of positively tested tumor patients showed symptoms. An asymptomatic COVID-19 infection seems to have no impact on the further course of a chemotherapy.
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