Cancer in the COVID-19 pandemic

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The SARS-CoV-2 disease (COVID-19) pandemic has meant that millions of people around the world have been in social isolation or preventive quarantine. More than 33.7 million cases have been confirmed, with approximately 1,010,381 fatalities, according to recent data from Johns Hopkins University. To date in Colombia (September 30), 829,679 cases have been reported (with a significant peak of 5,637 new cases in the last day), along with 25,998 deaths (1). In Italy, data from published studies estimated that approximately 20% of patients with COVID-19 had cancer (2). A retrospective cohort study in the United States with the largest sample to date of 928 adult patients with active or prior cancer and severe acute respiratory syndrome due to COVID-19, recruited in the United States, Canada and Spain *[Cancer Consortium (CCC19)]* between March 17 and April 16, 2020, showed that the median age was 66 years, 30% were over the age of 75, and of these, 50% were male. The most prevalent cancers were breast cancer (191 [21%]) and prostate cancer (152 [16%]). A total of 366 patients (39%) were being actively treated, of whom only 121 (13%) died. In the logistic regression, the independent factors associated with increased 30-day mortality were: advanced age (per 10 years; partially adjusted odds ratio 1.84, 95% CI 1.53–2.21), male sex (1.63, 1.07–2.48), smoking (ex-smoker vs. never smoked: 1.60, 1.03–2.47), number of comorbidities (two versus none: 4.50, 1.33–15.28), *Eastern Cooperative Oncology Group* performance status score greater than or equal to 2 (score of 2 vs 0 or 1:3. 89, 2.11–7.18), active cancer (progressive vs. remission: 5.20, 2.77-9.77), and treatment with azithromycin plus hydroxychloroquine (versus treatment with none: 2.93, 1.79– 4.79). Race and ethnicity, obesity, type of cancer and cancer treatment, and recent surgery were not associated with a greater mortality rate (3).

The most complete meta-analysis at the time of this writing gathered data from 32 studies with 46,499 COVID-19 patients (1,776 patients with cancer) from Asia, Europe and the United States and measured the effect of cancer on important clinical results such as mortality rate and the need for admission to an Intensive Care Unit (ICU). The authors found that older patients with cancer may not have a greater risk of death, even during COVID-19 infection. The findings of this study are important and encourage ongoing research to reach objective conclusions which can guide public health policies in the protection of the cancer patient population (4).

While the research matures, patients with cancer must be considered to be highly vulnerable to any type of infection, due to their immunosuppression secondary to their underlying disease, with a greater risk of developing COVID-19 severe acute respiratory syndrome, being admitted to the ICU and even dying as a consequence of this fatal infection (3). Likewise, patients with cancer could be affected by treatment delays due to the difficulty in receiving essential treatment promptly or may face a lack of supplies or medications during the global health emergency (5).

Although the evidence is limited, scientific societies such as the *American Association of Clinical Oncology (ASCO), European Society for Blood and Marrow Transplantation (EBMT), American Society for Transplantation and Cellular Therapy (ASTCT), and, in our country, the Asociación Colombiana de Oncología y Hematología [Colombian Association of Oncology and Hematology] (ACHO) have published recommendations for how to modify clinical practice in the care, treatment and follow up of patients with cancer during these exceptional circumstances, seeking to reduce unnecessary hospital visits and consider options such as telemedicine platforms, to mention a few, as protection measures for patients and/or their families (6). Now, new technologies like*

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tele-oncology have proven to be an efficient alternative for follow up and supervision of chemotherapy and radiation therapy regimens, an educational tool for patients and/or their caregivers and a tool for the oncology clinicians in their continuing education, research, and interdisciplinary collaboration between experts (7).

Although, for now, it is impossible to know the real impact of the pandemic on cancer in our country, a high mortality could be associated with the already known general risk factors as well as with specific risk factors for patients with cancer. Therefore, a national study led by ACHO is being carried out to provide insight into the behavior, characteristics and outcomes in our cancer patients during the COVID-19 pandemic. For now, the oncology services will continue to adapt and learn from the experiences of countries highly affected by this infection, to continue ensuring the best patient care, in the sense of not forgetting any of them.

Referencias

1. **OPS**. Reporte de Situación No 151-30 de septiembre de 2020. https://www.paho.org/es/documentos/reporte-situacion-covid-19-colombia-no-151-30-septiembrede-2020 [Internet]. 2020;1(151):1–9.
2. **Onder G, Rezza G, Brusaferro S.** Case-fatality rate and characteristics of patients dying in relation to COVID-19 in Italy. *JAMA*. 2020, doi: 10.1001/jama.2020.4683.
3. **Kuderer NM, Choueiri TK, Shah DP, Shyr Y, Rubinstein SM, Rivera DR, et al.** Clinical impact of COVID-19 on patients with cancer (CCC19): a cohort study. *Lancet* 2020;6736(20):1–13.
4. **Giannakoulis VG., Papoutsi E.1, Siempo EI.** Effect of Cancer on Clinical Outcomes of Patients With COVID-19: A Meta-Analysis of Patient Data. *JCO Glob Oncol*. 2020 junio; 6: 799-808
5. **Yu J, Ouyang W, Chua ML, Xie C.** SARS-CoV-2 transmission in patients with cancer at a tertiary care hospital in Wuhan, China. *JAMA Oncol*. 2020
6. **Hematolog CDE.** Recomendaciones ACHO para el manejo de estado de Pandemia SARS - COV 19 Recomendaciones para los Servicios de salud que atienden pacientes hematológicos y / o con Cáncer . Recomendaciones para los especialistas en el manejo de los pacientes con Cáncer y enfermedades Hematólogicas . Siempre tener en cuenta que : 2020;(123).
7. **Sirintrapun S.J., Lopez A.M.** Telemedicine in cancer care. *Am. Soc. Clin. Oncol.* Educ. Book. 2018;38:540–545.