

EVALUATION OF COVID MORTALITY DURING HOSPITAL ADMISSION IN PATIENTS RECEIVING ONCOLOGIC TREATMENT.

E. SERRAMONTMANY¹, I. CARDONA-PASCUAL¹, P. GARCIA ORTEGA¹, M. CARRERAS SOLER¹, M.Q. GORGAS TORNER¹, I. CIDONCHA MUÑOZ¹, E. FELIP FONT².

¹VALL D'HEBRON UNIVERSITY HOSPITAL, PHARMACY SERVICE, BARCELONA, SPAIN.

²VALL D'HEBRON UNIVERSITY HOSPITAL, ONCOLOGY SERVICE, BARCELONA, SPAIN.

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Background and importance:

Literature describes similar mortality in the general COVID-19 patients and those receiving cancer therapies. However, cancer treatments are a heterogeneous group.

Aim and objectives:

To evaluate how different cancer treatments can affect to COVID-19 mortality in patients requiring hospital admission.

Materials and methods:

Retrospective observational analysis conducted from March 2020 to February 2021 in a tertiary hospital.

Data recorded:

- ✓ Bio-demographic data (sex, age)
- ✓ Clinical data (type of cancer, ECOG, comorbidities)

All adult oncologic patients admitted for COVID-19, who had received anticancer drugs at least 6 weeks prior to hospital admission, were included.

Patients were classified according to type of treatment: Chemotherapy, immunotherapy, hormonal therapies, or targeted-treatment.

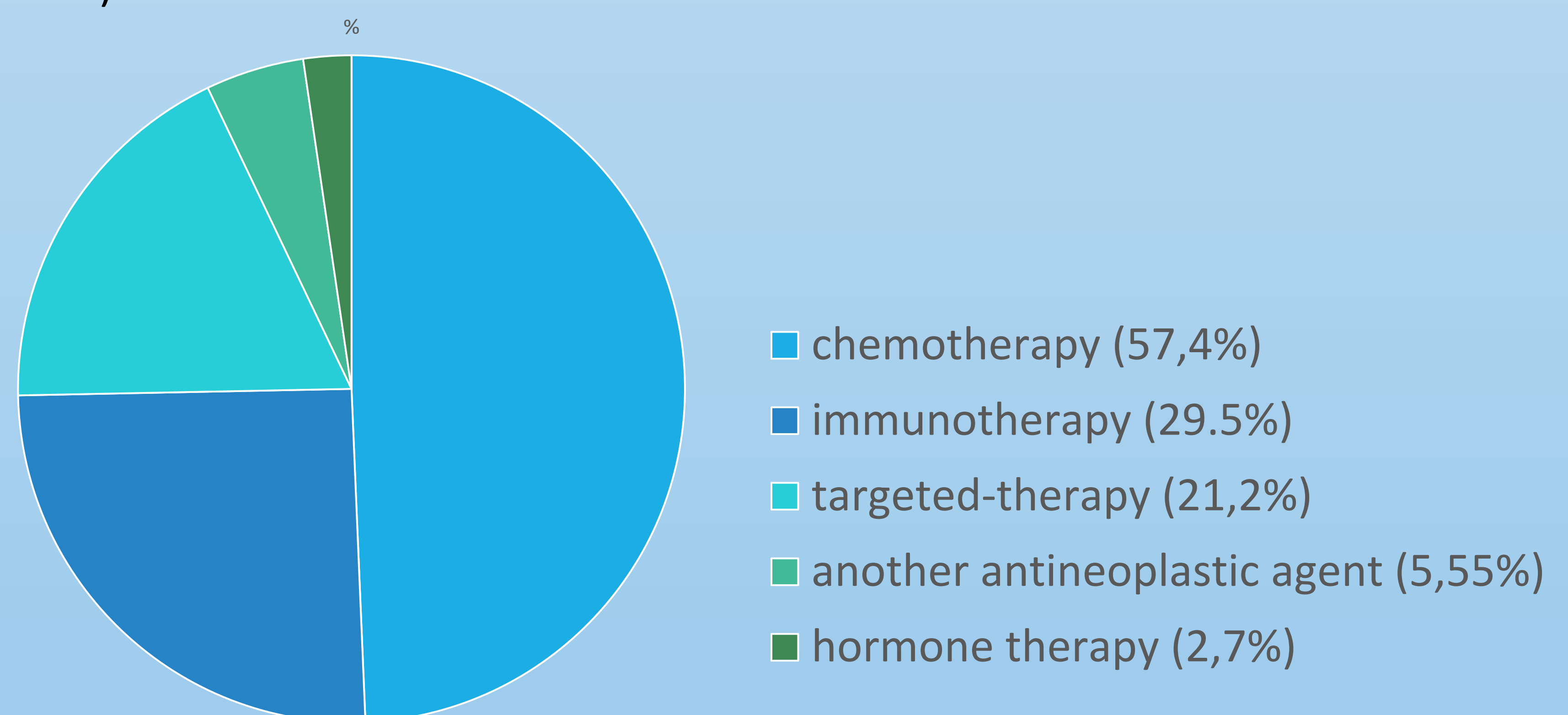
Results:

Out of 5,633 cancer patients treated at our center, 108 (1.9%) met the inclusion criteria and were included.

59 (54.6%) were men, median age 64 years (21-96), 50 (46.3%) had ECOG 0 or 1.

□ Half of patients with lymphoid neoplasms (n = 22, 20.3%) received chemotherapy (13; 59.1%) or immunotherapy (11; 50%).

□ Of 20 (18.5%) patients with gastrointestinal, 13 (12.0%) with lung and 12 (11.1%) with head and neck cancer, respectively 14 (70%), 9 (69.2%) and 10 (83.3%) had received chemotherapy.



❖ Morality rate for all patients admitted to hospital with moderate-severe COVID was 10.4%, while patients included in our study had higher mortality (n=38; 35.1%).

❖ Higher mortality was associated with immunotherapy (40.6 %) and targeted-therapy (43.4%). Chemotherapy was less related with mortality (28.5%).

❖ Anti-CD20 was the mechanism of action most related with mortality (n=10; mortality: 60%).

Conclusion and relevance:

Although some evidence suggests that recent exposure to systemic anticancer therapy does not increase COVID-19 mortality, our results show that in subgroup of moderate-severe hospitalized patients, cancer treatment does increase COVID-19 mortality.

Immunotherapy and targeted-therapy could be more related to higher mortality rates than chemotherapy group. Specifically, anti-CD20 have significantly higher mortality than other drugs.