

# Patients who lived longer with cancer at greater risk of severe COVID-19 infection

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Cancer patients diagnosed more than 24 months ago are more likely to have a severe COVID-19 infection, research has found. Cancer patients of Asian ethnicity or who were receiving palliative treatment for cancer were also at a higher risk of death from COVID-19.

The research published today in *Frontiers in Oncology* by researchers at King's College London and Guy's and St Thomas' Foundation Trust, and supported by the NIHR Guy's and St Thomas' BRC, examined the relationship between cancer and COVID-19.

There are limited studies investigating cancer patients and COVID-19, with small sample sizes that have yet to distinguish between the effects of age, cancer, and other comorbidities on COVID-19 in the cancer population. It can be difficult to diagnose COVID-19 in cancer patients as symptoms can look similar to cancer symptoms and adverse effects of cancer treatments. This can result in a delayed or missed COVID-19 diagnosis, which could lead to severe infection or higher death rates.

The study analysed the outcomes of 156 cancer patients with confirmed COVID-19 diagnosis between 29 February and 12 May 2020. 82% of patients had presented with mild or moderate COVID-19 infection and 18% with severe disease at Guy's Cancer Centre, at Guy's and St Thomas' in London. Advanced statistical methods were employed to identify which demographic and/or clinical characteristics were associated with COVID-19 severity or death.

Patient follow ups conducted 37 days later found 22% of patients from the cohort had died from COVID-19 infection. Patients with Asian ethnicity, palliative treatment, or a diagnosis of cancer more than 24 months before onset of COVID-19 symptoms were at higher risk of dying. Patients who presented with dyspnoea (shortness of breath) or high CRP levels (common blood marker of inflammation) were also at higher risk of dying from COVID-19.

Severe COVID-19 infection was associated with presenting with fever, dyspnoea, gastro-intestinal symptoms or a diagnosis of cancer more than 24 months previously.

Most patients in the cohort were male, from a lower socio-economic background; half were White, 22% Black and 4% Asian. Hypertension was the most reported comorbidity followed by diabetes, renal impairment and cardiovascular disease.

The most common tumour types were urological/gynaecological (29%), haematological (18%), and breast (15%). When classified according to COVID-19 severity, the largest proportion of cancers were haematological (36%), while 40% of patients had stage IV cancer and 46% of patients were diagnosed with malignancy in the last 12 months. Benign lung conditions were more commonly reported for those who presented with severe COVID-19.

Dr. Mieke Van Hemelrijck, from King's College London, said: "Large studies with detailed information on COVID-19 safety measures and oncological care are urgently warranted to explore the intersection of COVID-19 and cancer in terms of clinical outcomes, so as to inform oncological care during this outbreak and potential future pandemics. Our findings provide a first insight into possible effects of cancer and its treatments on COVID-19 outcomes."

Dr. Saoirse Dolly, Consultant Medical Oncologist, Guy's and St Thomas' and King's College Hospital, said: "We report the first large UK single Centre analysis. Over 11 weeks, 1507 cancer patients were PCR tested for COVID-19. 156 (10%) were positive for COVID-19 infection and 18% developed severe infection and 34 patients had sadly died (22%). Age, gender, ethnicity or cancer treatment were not associated with severity of COVID-19 infection. With median of 37 days follow-up, Asian ethnicity, being on palliative treatment or having [cancer](#) for more than 2 years was positively associated with COVID-19 related death.

"This real-world observation provides valuable insights into our [cancer patients](#) during the COVID pandemic. The data needs to be validated in larger series with longer follow-up of patients to provide more definitive guidance on the management of oncology patients through the COVID-19 outbreak."

Provided by King's College London

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