

Systemic anticancer treatment not tied to higher COVID-19 mortality

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Cancer patients actively receiving systemic anticancer treatment (SACT)

who become infected with COVID-19 do not experience higher COVID-19 mortality, according to a study published online Feb. 21 in *JAMA Network Open*.

Csilla Várnai, Ph.D., from the University of Birmingham in the United Kingdom, and colleagues evaluated whether SACTs are associated with COVID-19 [mortality](#). The analysis included 2,515 adult patients with an active cancer and a clinical diagnosis of COVID-19 (March 18 to Aug. 1, 2020).

The researchers found that the mortality rate was 38%, with an association between higher mortality in patients with hematological malignant neoplasms irrespective of recent SACT, particularly in those with acute leukemias or [myelodysplastic syndrome](#) (odds ratio [OR], 2.16) and myeloma or plasmacytoma (OR, 1.53). There was also significantly higher COVID-19-related mortality associated with [lung cancer](#) (OR, 1.58). When adjusting for age, sex, and comorbidities, there was no association observed between higher mortality and receiving chemotherapy in the four weeks before COVID-19 diagnosis. Lower mortality was associated with receiving immunotherapy in the four weeks before COVID-19 diagnosis (immunotherapy versus no cancer therapy: OR, 0.52).

"In this study, while patients with cancer had poorer COVID-19 outcomes than other individuals with COVID-19, such difference in outcome may be associated with age, sex, comorbidities, and cancer subtype rather than anticancer treatments," the authors write.

More information: Csilla Várnai et al, Mortality Among Adults With Cancer Undergoing Chemotherapy or Immunotherapy and Infected With COVID-19, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.0130](#)

Several authors disclosed financial ties to the pharmaceutical industry.

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