

COVID-19 death rate high for patients with thoracic cancer

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years, being a current or former smoker, receiving treatment with chemotherapy alone, and the presence of any comorbidities (odds ratios [95 percent confidence intervals], 1.88 [1.00 to 3.62], 4.24 [1.70 to 12.95], 2.54 [1.09 to 6.11], and 2.65 [1.09 to 7.46], respectively). Only smoking history was associated with an increased risk for death in a multivariable analysis (odds ratio, 3.18; 95 percent confidence interval, 1.11 to 9.06).

"At this time, it is not clear if intubation and more aggressive care in patients with cancer could improve COVID-19-specific survival, or if such an approach would simply prolong the process of dying," the authors write. "In the absence of clear data, the integration of patients' preferences could provide a benefit, especially in decisions in which uncertainty is high."

Several authors disclosed financial ties to the pharmaceutical industry.

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(HealthDay)—For patients with thoracic cancer, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection is associated with high mortality and low intensive care unit (ICU) admission, according to a study published online June 12 in *The Lancet Oncology*.

Marina Chiara Garassino, M.D., from the Istituto Nazionale dei Tumori in Milan, and colleagues examined the impact of SARS-CoV-2 infection on [patients](#) with thoracic malignancies. Two hundred patients with COVID-19 and thoracic cancers from eight countries were identified between March 26 and April 12, 2020 (81 percent current or former smokers).

The researchers found that 76 percent of patients were hospitalized and 33 percent died. Ten percent of 134 patients who met the criteria for ICU admission were admitted to the ICU; the remaining 121 were hospitalized without ICU admission. A univariate analysis revealed an [increased risk](#) for death in association with being older than 65

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