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COVID-19 and cancer: First report of the ESMO international, registry-based, cohort study (ESMO CoCARE)

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Background

At the height of the first wave of the SARS-COV-2 pandemic, ESMO mobilized to accelerate research for the understanding of COVID-19 in cancer patients (pts). ESMO CoCARE is an international collaborative registry-based, cohort study, gathering real-world data and information from healthcare professionals about the natural history, treatment and outcomes of COVID-19 in cancer pts.

Methods

ESMO CoCARE captures information on pts with any solid or hematologic malignancy (including cancer survivors free of disease for ≥ 5 years) presenting with a COVID-19 diagnosis in any of the participating centers. Data collected since 06/2020 include demographics, cancer characteristics and status, co-morbidities, COVID-19 clinical features, course, management and outcome. Factors influencing COVID-19 severity (hospitalization +/- ICU support needed) and recovery are investigated using multivariable logistic regression with backward elimination method. The study is ongoing.

Results

The current analysis includes 1551 registered pts (19 countries; 87% pts from 23 European centers, 7% and 6% pts from 5 Northern African and 7 Asian centers), with COVID-19 diagnosis as of 11/03/2021. Median age was 64 years, with the majority female (52%), cancer stage III/IV (58%), and on active cancer treatment (60%). 65% had severe COVID-19 requiring hospitalization, with 11% receiving intensive care. In multivariable analysis, in addition to demographics (male gender, older age, other ethnicity than Caucasian, lower BMI), co-morbidities and symptomatic COVID-19, severe disease was associated to higher ECOG PS (Odds Ratio (OR)_{2 vs 0}=5.9, OR_{1 vs 0}=2.1), hematological malignancies (OR_{hemvs solid}=2.0), and active/progressive cancer status (OR_{progressivevs no evidence of disease}=1.6). 98% of pts with mild disease recovered, as opposed to only 70% of those with severe disease. Cancer stage was an additional prognostic factor for recovery (OR_{I/II vs IV}=3.4).

Conclusions

Demographic characteristics, type and status of cancer, and symptomatology of COVID-19 increase the probability of severe disease, while advanced cancer stage is also associated with the risk of death.

Legal entity responsible for the study

Institut Curie, Paris, France.

Funding

Disclosure

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