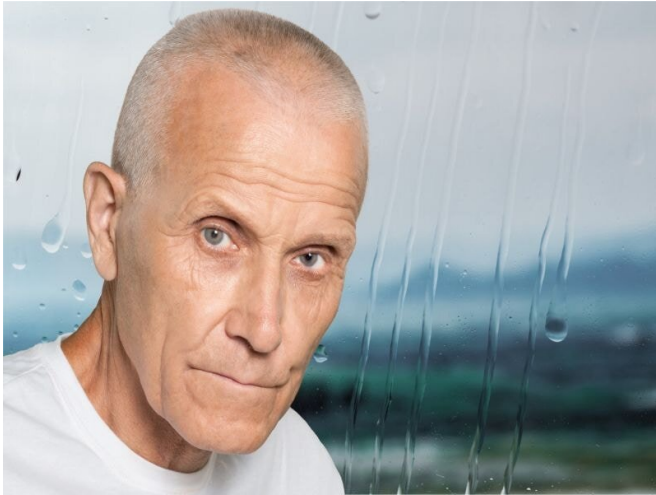


ASCO: Mortality high for cancer patients with COVID-19

2 June 2020



years: partially adjusted odds ratio, 1.84), male sex (1.63), smoking status (former smoker versus never smoked, 1.60), number of comorbidities (two versus none, 4.50), Eastern Cooperative Oncology Group performance status of 2 or higher (2 versus 0 or 1, 3.89), active cancer (progressing versus remission, 5.20), and receipt of azithromycin plus hydroxychloroquine (versus treatment with neither, 2.93). Decreased 30-day all-cause mortality was seen for residence in Canada or the U.S. Midwest versus residence in the U.S. Northeast (0.24 and 0.50, respectively). There were no associations observed between mortality and race and ethnicity, obesity status, cancer type, type of anticancer therapy, or recent surgery.

"This study of patients with cancer and COVID-19 reinforces several important considerations for [clinical care](#), and emphasizes the urgent need for more data," the authors write.

For patients with cancer and COVID-19, mortality is high and is associated with risk factors such as age, male sex, comorbidities, and active cancer, according to a study published online May 28 in *The Lancet* to coincide with ASCO20, a virtual scientific program hosted by the American Society of Clinical Oncology.

Several authors disclosed financial ties to the biopharmaceutical industry.

More information: [Abstract/Full Text](#)
[More Information](#)

Nicole M. Kuderer, M.D., from the Advanced Cancer Research Group in Kirkland, Washington, and colleagues collected deidentified data on patients with active or previous malignancy with confirmed severe acute respiratory syndrome coronavirus 2 infection. Data were collected on baseline clinical conditions, medications, [cancer diagnosis](#) and treatment, and the disease course of COVID-19 for 928 patients.

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The researchers found that 13 percent of patients had died at analysis (May 7, 2020). After partial adjustment, a logistic regression analysis revealed independent factors associated with increased [30-day mortality](#) included increased age (per 10

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