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### 1719P Clinical characteristics and 28-day mortality among patients with solid cancers and COVID-19 in a tertiary hospital

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**Background:** The impact of coronavirus disease 2019 (COVID-19) on cancer patients is still unknown. We aimed to describe the clinical characteristics and 28-day mortality among patients with solid cancers (SC) and COVID-19.

**Methods:** This single-center retrospective study included all adult patients with SC and RT-PCR confirmed COVID-19 between March 12, 2020 and April 30, 2020. Both oncological and COVID-19-related clinical data were collected. COVID-19 severity was defined according to Chinese CDC criteria. In-hospital and 28-day mortality were estimated. Multivariate analysis was adjusted for age, sex and COVID-19 severity.

**Results:** We included 58 (2.7%) of 2130 patients with COVID-19 diagnosed in our hospital; 37 (63.8%) were males. Median age was 68.5 years (IQR, 61-75). Main comorbidities were hypertension (28 [48.3%]) and overweight/obesity (23 [39.7%]). Most common SC were prostate (12 [20.7%]), lung (10 [17.2%]) and breast (10 [17.2%]). Overall, 48 (82.8%) patients had previous ECOG PS of 0-1; 26 (44.8%) were stage IV and 32 (57.1%) were undergoing cancer treatment. Fifty-six (96.5%) patients were admitted. Most frequent COVID-19 symptoms were fever (40 [69.0%]), cough (35 [62.5%]) and dyspnea (27 [48.2%]). Hydroxychloroquine and azithromycin were used in 40 (69.0%) and 38 (65.5%) patients, respectively; only 3 (5.2%) patients received tocilizumab. Eighteen patients (32.1%) had severe/critical COVID-19. Major complications were respiratory failure (33 [57.9%]), sepsis (14 [24.6%]) and acute kidney injury (13 [22.4%]). Four (6.9%) patients were admitted to ICU. In-hospital and 28-day mortality were 17.2% (10/58) and 24.1% (14/58), respectively. In the multivariate analysis, only dyspnea at diagnosis (hazard ratio [HR]: 6.71, 95% CI 1.40-32.25,  $p=0.017$ ) and ECOG PS of 2-3 (HR: 4.17; 95% CI: 1.13-15.30,  $p=0.031$ ) were independent risk factors for 28-day mortality.

**Conclusions:** In our patients with SC and COVID-19, 32.1% had a severe/critical disease and 24.1% died within 28 days from diagnosis. Dyspnea at diagnosis and previous ECOG PS of 2-3 were the major predictors for 28-day mortality. Cancer treatment and stage were not associated with mortality.

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### 1720P How do oncological patients perceive the COVID-19 pandemic? Experience from CHU Liège in Belgium

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**Background:** No data concerning systemic oncological treatments' safety during COVID-19 outbreak were available in Belgium. The aim of this study is to analyse patients' perception of both the risk of infection and the need for change in clinical practice in oncology.

**Methods:** A 12-items questionnaire using the Likert scale for 11 of these questions concerning the patients' perception of COVID-19 was distributed to patients admitted for systemic therapy of solid tumours in our day-care unit between April 14<sup>th</sup> and 30<sup>th</sup>, 2020 (4-6 weeks after lockdown in Belgium).

**Results:** 237 patients were included in our research project after signing an informed consent. Median age was 63 years-old (range 26-90). Most patients suffered from lung (n=59), breast (n=54), gastrointestinal (n=47), gynaecological (n=34) or urological (n=16) cancers or melanoma (n=15). 87 patients received (neo)adjuvant treatments, 150 patients were treated for metastatic disease. Patients received chemotherapy (n=106), immunotherapy (n=60), targeted therapy (n=36) or combinations (n=35). The patients who estimated their risk of dying because of COVID-19 infections as <0.1%, 1%, 10%, 20%, 50% or 100% were respectively 9.7%, 15.2%, 13.5%, 6.3%, 32.4%, 11.4% (no opinion: 10.8%). Most patients agreed (21.5%) or strongly agreed (64.6%) that it is important for them to receive the best cancer treatment available even if this may increase the infection risk. Very few patients agreed (1.3%) or strongly agreed (2.5%) that they were considering stopping the

ongoing therapy because of the COVID-19 outbreak. Most patients agreed (33.8%) or strongly agreed (49.4%) that the institution was doing everything possible for risk reduction of contamination while receiving the therapy in the day-care unit.

**Conclusions:** Although patients evaluated the risk of dying due to COVID-19 infection as extremely high, they are still asking for the best oncological care available. The majority recognize the effort of the institution in minimizing infectious risk. Additional analyses will be reported at time of presentation. Questionnaires will be repeated 3 months after the peak of the COVID-19 outbreak.

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### 1721P Prolonged positive SARS-CoV-2 RT-PCR in cancer outpatients requires specific reorganization of cancer centres

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**Background:** Patients with cancer are more susceptible to infection because of immunosuppressive treatment given to cure cancer. Several guidelines published at the beginning of the COVID-19 pandemic recommend delaying systemic anticancer treatment until complete resolution of COVID-19 symptoms. In addition, it is important to segregate patients with cancer from patients with COVID-19 to avoid transmission. Nevertheless, some patients will present both diseases, and the duration of eviction from cancer units and delay of cancer treatment after COVID-19 remains unclear. Notably the duration of viral excretion after COVID-19 is a concern in immunosuppressed patients.

**Methods:** We tested all patients with a confirmed initial diagnosis of COVID-19 who needed to receive cancer or immunosuppressive treatment for a solid tumour, haematological or inflammatory disease in our centre from April 1st to May 15th 2020. We have repeated SARS-CoV2 RT-PCR until negative viral shedding.

**Results:** We tested 49 consecutive patients: 53% had solid tumours, 37% haematological disease and 10% inflammatory disease. 59% were under 65 years. Overall, 82% of patients had a positive RT-PCR from day 14 to 20 after the initial diagnosis of COVID-19 infection, 60% from day 21 to 27 and 30% from day 28 to 34. Only 4/37 patients evaluated remained with a positive RT-PCR after day 35. No predictive factors were associated with a positive RT-PCR but our results suggest that patients treated for inflammatory disease had a shorter duration of positive RT-PCR. 18 patients had their treatment delayed according to guideline recommendations and 17 patients received their treatment in a dedicated COVID-19 outpatient unit. No symptomatic COVID-19 recurrence was observed during follow-up in patients who had received chemotherapy despite persistent positive RT-PCR.

**Conclusions:** We report here the first assessment of SARS-CoV2 RT-PCR kinetic in cancer patients. A prolonged viral excretion is observed in patients treated for cancer. A systematic retest is needed after day 14 if RT-PCR remains positive. A specific unit dedicated to outpatients with persistent positive RT-PCR allows urgent anticancer treatment and avoids the risk of viral exposure for other immunodepressed patients.

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