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1572P The impact of COVID-19 pandemic on Spanish genitourinary (GU) cancer patients: SOGUG-COVID-19 study

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Background: The COVID-19 pandemic is a huge health problem in all countries. To know how COVID-19 infection affected GU cancer patients in Spain, an ambispective clinical registry was elaborated to get clinical information about cancer, its treatment, and the evolution of COVID-19 infection.

Methods: From November 2020 to April 2021, 369 patients (pts) with PCR, antigen or antibody documented SARS-CoV2 infection who were diagnosed or/and treated for a GU tumor, were evaluated in 32 Spanish hospitals. Data were collected in a unitary database with information about cancer diagnosis, treatment, COVID-19 symptoms and outcome.

Results: Median age was 68.4 y (range 17-100), 322 pts (87.3%) were male. Tumor origin was kidney in 82 pts (22.7%), urothelial in 110 (29.8%), prostate 198 (40.7%), testis in 17 (4.6%) and other in 5 (1.4%). 216 (58.5%) pts were receiving active treatment at the moment of the infection: 20 neo/adjuvant treatment and 196 metastatic/palliative treatment. 81 pts (22%) were receiving immuno-oncology (IO), 69 (18.7%) chemotherapy (CT), 36 (9.8%) tyrosine kinase inhibitors (TKI), 67 (18.2%) new anti-androgen therapy, and 101 (27.4%) were on steroids. Most frequent symptoms of COVID-19 were: cough in 138 pts (37.4%), with a median duration of 6.6 days; fever 176 (47.7%), median duration 5.76 days; dyspnea 119 (32.2%), asthenia 82 (22.2%), diarrhea 44 (11.9%) and myalgia 36 (9.8%). Laboratory abnormalities were common, 166 pts (45%) had lymphopenia and 137 (37.1%) D-dimer elevation. 153 (41.5%) presented pneumonia and 119 (32.3%) had patchy pulmonary infiltrates. 132 patients had to be hospitalized (35.8%) and 55 (14.9%) died. The presence of radiological findings, hospitalization and mortality were not related to sex or treatment with IO, CT, TKI or corticosteroids. Median age of pts with radiological pneumonia (72 vs 65.8; p<0.0001), patchy infiltrates (71.4 vs 76; p=0.002), admitted to the ICU (75 vs. 67; p<0,0001) and died (76.1 vs 67.77; p<0,0001) was higher.

Conclusions: Mortality secondary to COVID-19 was higher in GU cancer patients than that described in the general population. As described in other settings, age was the most important risk factor for COVID-19 severe outcomes regardless of tumor type or treatment.

Clinical trial identification: NCT04578132.

Legal entity responsible for the study: Spanish Oncology GenitoUrinary Group (SOGUG).

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1573P First wave mortality data versus full pandemic period from the COVID-CANCER HUIL study

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Background: Cancer patients are one of the most affected by the current pandemic caused by SARS-CoV-2. Social inequalities influence the incidence rate of this disease, as we have seen in the high incidence in our center. In our study, we asked whether the last covid-19 treatment advances, the capacity for restructuring the health centers and their non-saturation, influences the cancer patients outcomes.

Methods: Retrospective review of 189 cancer patients diagnosed in our center with COVID-19 from March 5, 2020 to February 28, 2021. Study data was collected and managed using REDCap.

We compared COVID-19 diagnoses in first-wave cancer patients versus the full pandemic period until data cut-off, as well as patient characteristics and mortality rates.

Results: Mortality rate: 55/189 patients during the entire pandemic period vs 40/85 patients in the first wave (p = 0.03). Median age: 72 years (34-95) vs 76 (34-94), 125/189 men in all the period vs 50/85 (p = 0.2). Most frequent histologies: lung cancer (72/189 vs 22/85, p = 0.07), colorectal (31/189 vs 19/85, p = 0.23), breast (24/189 vs 10/85, p = 0.82). Staging: 113/189 metastatic disease at diagnosis of infection vs 32/85 in first wave (p <0.001).

During the 2 subsequent waves in our center, where 104 more patients have been detected, mortality has dropped significantly: from the initial 47% to 14.4% in the rest of the period (40/85 vs 15/104, p <0.001), despite having more metastatic involvement in infected patients.

Conclusions: In our center, one of the worst hit by the coronavirus crisis in Spain, with a supersaturation of almost 250% in the middle of the first wave, we have verified how the knowledge of the behavior of this disease, improvements in its treatment and a multidisciplinary management in Oncology ward have led to a significant decrease in mortality, going from almost 50% in the first wave to less than 15%, despite having suffered the disease during the two subsequent waves a greater number of patients with metastatic disease.

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1574P Mortality of 1,636 COVID-19 cancer patients (pts) and associated prognostic factors

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Background: We assessed mortality risk by COVID-19 (C19) infection among treated cancer patients (pts) and the impact of anti-cancer treatment (tx) on mortality.

Methods: Optum de-identified Electronic Health Record dataset (2021-01-07 release) were used to find cancer pts with a C19 positive (ICD-9/10-CM codes U071/U072 or positive test result) or negative (negative test and no positive test at any time after the first negative result) status on the first test/diagnosis date (ie the "index date"). Pts with <1 year database history, with no tx 0-90 days before index, <18 years old, with implausible death dates, and with index dates outside of 02/2020 - 11/2020 were excluded. C19 positive and negative pts were exact-matched on cancer type, then 1:1 nearest-neighbor matched on propensity scores (variables in table). Missing values were imputed (n = 5), and outcomes were evaluated by multivariable logistic regression, including interaction terms between tx and C19 positivity.

Results: We identified 21,060 pts, of whom 1,636 (7.8%) were positive for C19 and 19,424 (92.2%) negative. Among 1,636 matched pairs of positive/negative C19 pts, the odds ratio (OR) of 30-day mortality comparing C19 positive vs negative patients was 2.14 (95% CI: 0.71 - 6.52). Among the strongest predictors of 30-day mortality were age 75+ (OR = 5.42, 95% CI: 2.21 - 13.28), inpatient C19 testing/diagnosis (OR = 4.78, 95% CI: 3.04, 7.53), CCI of 3+ (OR = 2.24, 95% CI: 1.30 - 3.89), and metastatic disease (OR = 1.80, 95% CI 1.21 - 2.68). Anti-cancer therapies do not appear to modulate risk of death due to C19. Beyond 30-day mortality, matched mortality rate ratios (MRRs) suggested increased risk for C19 positive patients (MRR = 1.85, 95% CI: 1.26 - 2.44).

Table: 1574P Select OR and 95% CIs for 30-day mortality

	OR	95% CI, lower	95% CI, upper	p
Anti-cancer tx				
Chemotherapy	2.10	0.98	4.52	0.06
Hormone	0.75	0.27	2.09	0.57
Immunotherapy	1.56	0.56	4.39	0.39
Targeted biologic	1.58	0.49	5.07	0.41
Targeted small molecule	2.00	0.74	5.44	0.16
C19 positive	2.14	0.71	6.52	0.18
Interactions with C19				
Chemotherapy	0.81	0.31	2.15	0.67
Immunotherapy	0.45	0.14	1.52	0.20
Hormone therapy	1.58	0.46	5.36	0.46
Targeted biologic	0.49	0.13	1.77	0.26
Targeted nonbiologic	1.42	0.46	4.39	0.54

- Not shown (statistical significance*): (intercept)*, age*, CCI*, index month*, insurance, metastasis*, obesity, region, setting*, sex, smoking status, years since first cancer diagnosis

Conclusions: C19 showed a trend towards increased 30-day mortality risk (not statistically significant), and increased overall mortality risk. Specific tx did not appear to modulate 30-day mortality due to C19.

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