Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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LBA71 Systemic cancer treatment-related outcomes in patients with SARS-CoV-2 infection: A CCC19 registry analysis

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Background: SARS-CoV-2 is associated with diverse clinical presentations ranging from asymptomatic infection to lethal complications. Small studies have suggested inferior outcomes in patients (pts) on active cancer treatment. This finding was not independently validated in our prior report on 928 pts, which included treatments administered within 4 weeks of COVID-19 diagnosis. Here, we examine outcomes related to systemic cancer treatment within one year of lab-confirmed SARS-CoV-2 infection in an expanded cohort.

Methods: The COVID-19 and Cancer Consortium (CCC19) registry (NCT04354701) was queried for pts ever receiving systemic treatment. Treatment type, cancer type, stage, and COVID-19 outcomes were examined. Pts were stratified by time from last treatment administration: <2 wk, 2-4 wk, 1-3 mo, or 3-12 mo. Standardized incidence ratios (SIR) of mortality by treatment type and timing were calculated.

Results: As of 31 July 2020, we analyzed 3920 pts; 42% received systemic anti-cancer treatment within 12 mo (Table). 159 distinct medications were administered. The highest rate of COVID-19-associated complications were observed in pts treated within 1-3 months prior to COVID-19; all-cause mortality in this group was 26%. 30-day mortality by most recent treatment type was 20% for chemotherapy, 18% for immunotherapy, 17% for chemoradiotherapy, 29% for chemoimmunotherapy, 20% for targeted therapy, and 11% for endocrine therapy. SIR of mortality was highest for chemoimmunotherapy or chemotherapy <2 wks, and lowest for endocrine treatments. A high SIR was also found for targeted agents within 3-12 mo. Pts untreated in the year prior to COVID-19 diagnosis had a mortality of 14%.

Conclusions: 30-day mortality was highest amongst cancer pts treated 1-3 months prior to COVID-19 diagnosis and those treated with chemoimmunotherapy. Except for endocrine therapy, mortality for subgroups was numerically higher than in pts untreated within a year prior to COVID-19 diagnosis.

Table: LBA71

	Most recent treatment before COVID-19			
	<2 wk	2-4 wk	1-3 mo	3-12 mo
Total, n	**915**	**298**	**230**	**143**
Total deaths, %	**16**	**16**	**26**	**17**
Treatment Type, %				
Chemo	30	46	44	45
Immuno (IO)	7	18	8	10
Chemo-IO	2	6	4	*
Targeted	39	32	35	25
Endocrine	32	13	19	14
Cancer Type, %				
Solid tumor	63	68	63	59
Hematologic	26	18	24	25
Complications, %				
Hospitalized	54	54	61	57
O2 required	41	43	45	41
ICU	14	16	17	13
Mech. ventilation	10	11	13	10
SIR Mortality (95% CI)				
Chemo	**1.31 (1.00-1.69)**	1.18 (0.77-1.73)	0.92 (0.59-1.36)	0.92 (0.44-1.69)
IO	1.03 (0.51-1.85)	1.02 (0.46-1.93)	*	*
Chemo-IO	2.22 (0.95-4.37)	*	*	*
Targeted	0.98 (0.74-1.27)	0.97 (0.54-1.60)	1.41 (0.95-2.03)	**2.15 (1.14-3.68)**
Endocrine	**0.62 (0.42-0.88)**	*	0.73 (0.31-1.43)	*

*Absolute number of pts <5.

Clinical trial identification: NCT04354701.

Legal entity responsible for the study: The COVID-19 and Cancer Consortium (CCC19).

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LBA72 Assessment of clinical and laboratory prognostic factors in patients with cancer and SARS-CoV-2 infection: The COVID-19 and Cancer Consortium (CCC19)

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Background: The impact of clinicopathologic factors, cancer type, stage or therapies on outcomes of pts with COVID19 is not well defined. We systematically and comprehensively identified and assessed factors associated with high mortality (M) in the largest cohort of pts with cancer and COVID-19.

Methods: CCC19 cohort includes pts with active or prior cancer and COVID-19 across US/international sites and collaborates with ESMO-CoCARE. Analysis was limited to lab-confirmed COVID-19. Primary endpoint: all-cause 30-day M. Multivariable logistic regression was used to assess association between 30-day M and *a priori* identified demographic/clinicopathologic risk factors (age, sex, race, region, smoking, obesity, comorbidities, ECOG PS, cancer status, recent [in 3 months] cancer treatment, cancer type, baseline COVID19 severity). Exploratory analysis used separate models adjusted for demographic/clinicopathologic factors to assess associations of lab parameters with 30-day M.

Results: As of 31 July 2020, 4169 pts have been accrued; median follow-up 30 days (IQR 21-70), median age 66 (IQR 56-76), 50% men, 92% from US, breast and prostate cancer were most common; 38% had active cancer, 56% required hospitalization and 16% ICU. In 3830 pts with lab confirmed COVID19, 30-day M was 14% overall and 23% in hospitalized pts. Table shows adjusted [a]OR for overall and hospitalized pts. Age, male sex, smoking, >2 comorbidities, ECOG PS≥1, progressive cancer, hematologic or >1 cancer, and severe baseline COVID19 at presentation were associated with worse 30-day M. In hospitalized pts, high or low ALC, high ANC, low platelets, abnormal creatinine, d-dimer, HS-troponin and CRP were also associated with worse 30-day M.

Table: LBA72

	OVERall (N = 3819)	Hospitalized (N = 2168)
Age	1.6 (1.4-1.6)	1.6 (1.4-1.6)
Male	1.3 (1.0-1.6)	1.3 (1.0-1.6)
Ever Smoker	1.3 (1.0-1.6)	0.8 (0.6-1.0)
>2 Comorbidities	2.0 (1.1-3.6)	1.9 (1.0-3.5)
ECOG PS 1	1.8 (1.3-2.6)	0.6 (0.4-0.8)
ECOG PS >1	3.5 (2.5-5.0)	1.8 (1.3-2.4)
progressIVE CA	2.6 (1.8-3.7)	2.4 (1.7-3.5)
Recent Therapy	1.4 (1.0-1.8)	1.4 (1.0-1.8)
HemE CA	1.4 (1.0-1.8)	1.2 (0.9-1.6)
>1 ca	1.4 (1.0-1.9)	1.2 (0.9-1.7)
Mod C19	5.5 (3.9-7.7)	0.7 (0.4-1.0)
Sev C19	23.4 (16.1-34.1)	4.1 (3.1-5.3)
LABs		
ALC>ULN		2.1 (1.0-4.2)
ALC<LLN		1.4 (1.1-1.9)
ANC>ULN		1.9 (1.4-2.5)
PLT<LLN		1.4 (1.1-1.8)
AB CREATInine		1.5 (1.2-2.0)
AB D-DIMER		2.0 (1.2-3.5)
AB HS-TROP		2.1 (1.3-3.5)
AB CRP		2.1 (1.1-4.2)

*AB=abnormal.