

The GCO-002 CACOV1D-19 cohort: a French nationwide multicenter study of COVID-19 infected cancer patients and consequences on cancer management

Astrid Lièvre, Anthony Turpin, Isabelle Ray-Coquard, Karine Le Malicot, Juliette Thariat, Guido Ahle, Romain Mathieu, Virginie Sebbagh, Didier Debieuvre, Anthony Canellas, Marie-Line Garcia-Larnicol, Raphael Colle, Anne-Claire Hardy-Bessard, Laura Mansi, Jean Bourhis, Philippe Gorphe, Renata Ursu, Ahmed Idbaih, Gérard Zalcman, Olivier Bouché

Presented by Professor Astrid Lièvre,
Department of gastroenterology, University Hospital Pontchaillou, Rennes 1 University; Rennes, France



DISCLOSURE INFORMATION

- **Grants** : Bayer Lilly, Merck and Novartis
- **Personal fees**: AAA, Amgen, Bayer, Bristol-Myers Squibb, Celgene, HalioDx, Incyte, Ipsen, Lilly, Merck, Novartis, Pierre Fabre, Roche, Sandoz, Sanofi and Servier
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PATIENTS AND METHODS

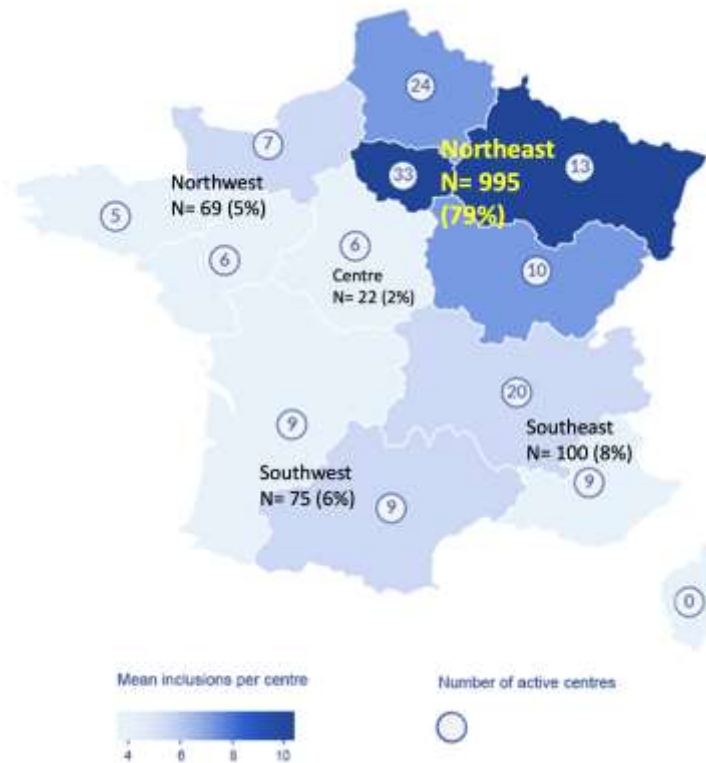
- **The GCO-002 CACOV-19 study** (NCT04397575): a French nationwide retro-prospective cohort of COVID-19 patients with solid tumors
- Cohort set up on April 4, 2020 by the Groupes Coopérateurs en Oncologie (GCO), a French consortium of academic cooperative groups in oncology
- Patients with solid tumours and COVID-19 diagnosed between **March 1 and June 11, 2020** were analysed
- **COVID-19 diagnosis:** confirmation of SARS-CoV-2 infection by RT-PCR on nasopharyngeal swabs and/or imaging consistent with COVID-19 pneumonia on CT-scan or highly suggestive symptoms combined with positive SARS-CoV-2 serology
- **Primary endpoint:** all-cause mortality
- **Secondary endpoints:**
 - COVID-19 severity = admission to an ICU and/or mechanical ventilation and/or death
 - impact of COVID-19 on cancer treatment

PATIENT CHARACTERISTICS

From April 4 to June 11, 2020: **1,289 pts (153 institutions)** were included

- Median age: 67 years, Male: 62%
- Most common region of residence: Northeast (n = 995, 79%).
- Obesity (BMI \geq 30): n=183 (16%)
- Former/Current smoker: n=574 (52%)
- Comorbidities:
 - \geq 1 comorbidity: n=1,114 (86%), \geq 4 comorbidities: n= 324 (25%)
 - Most common: hypertension 46%, diabetes 21% and COPD 12%
- ECOG PS 0-1: n=547 (59%)

Geographic distribution of cancer patients with COVID-19 and participating institutions



TUMOUR CHARACTERISTICS AND OUTCOME

Cancer Type	
Digestive	470 (36%)
Thoracic	311 (24%)
Gynaecological	252 (20%)
Breast Cancer	173 (68.7%)
Other gynaecological	79 (31.3%)
Head and neck	104 (8%)
Central nervous system	65 (5%)
Genitourinary	65 (5%)
Dermatological	14 (1%)
Others	6 (<1%)

Metastatic stage: n= 758 (59%)

Anticancer treatment during 3 months before COVID-19 diagnosis	
Systemic therapy	755 (59%)
cytotoxic chemotherapy	577 (45%)
immunotherapy	110 (8%)
targeted therapy	181 (14%)
hormone therapy	57 (4%)
local therapy	
radiotherapy	133 (10%)
surgery	56 (4%)

Median follow-up from COVID-19 diagnosis: 34 days

COVID-19 COMPLICATIONS	
Admission to hospital ¹	734 (65%)
Admission to ICU ¹	110 (10%)
O2 requirement ²	412 (42%)
Mechanical ventilation ²	49 (5%)
Death ³	370 (29%)
COVID-19 severity = O2 or ICU admission or death	424 (33%)

¹ excludes 164 cases ² excludes 300 cases with missing data

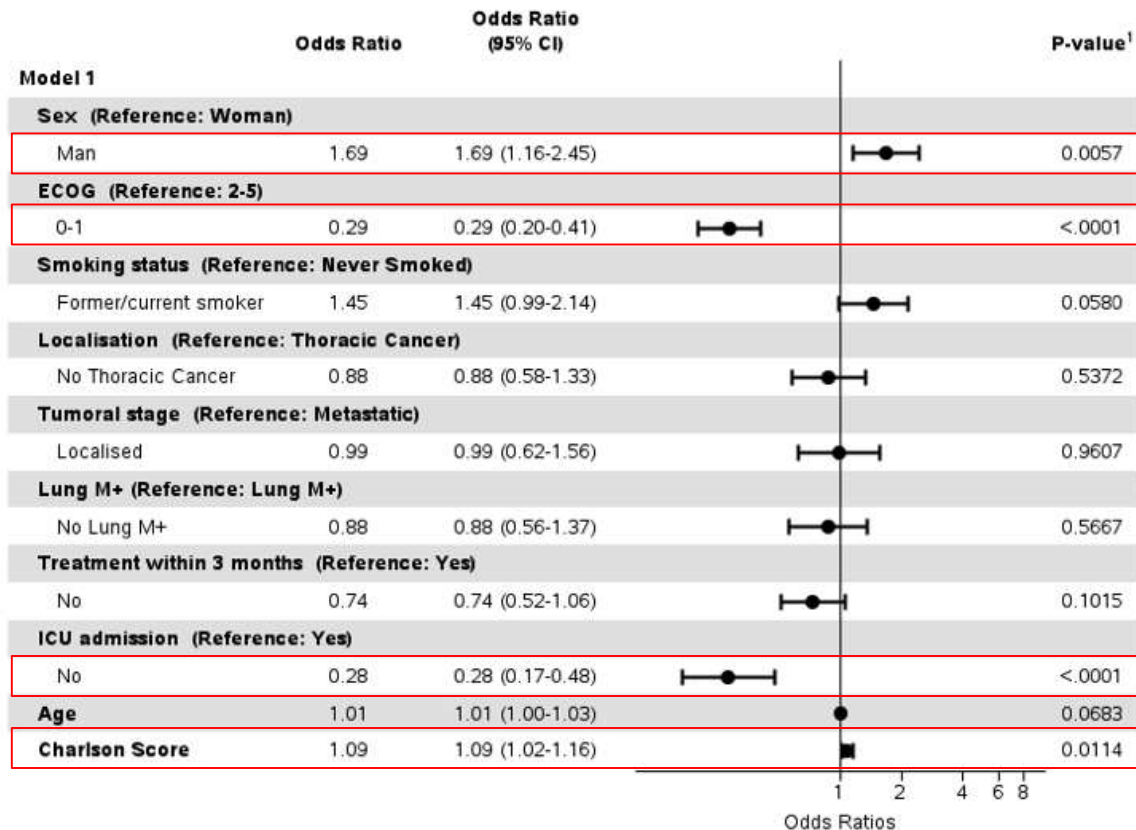
³ After a median of 10 days

The systemic anticancer treatment was interrupted or stopped following COVID-19 diagnosis in 431 (39%) pts

RISK FACTORS FOR ALL-CAUSE MORTALITY

- Multivariate analysis

After adjustment for age, sex, ECOG PS, uCCI, smoking status, tumour stage & location, lung metas, cytotoxic chemo ≤ 3 months and admission to ICU

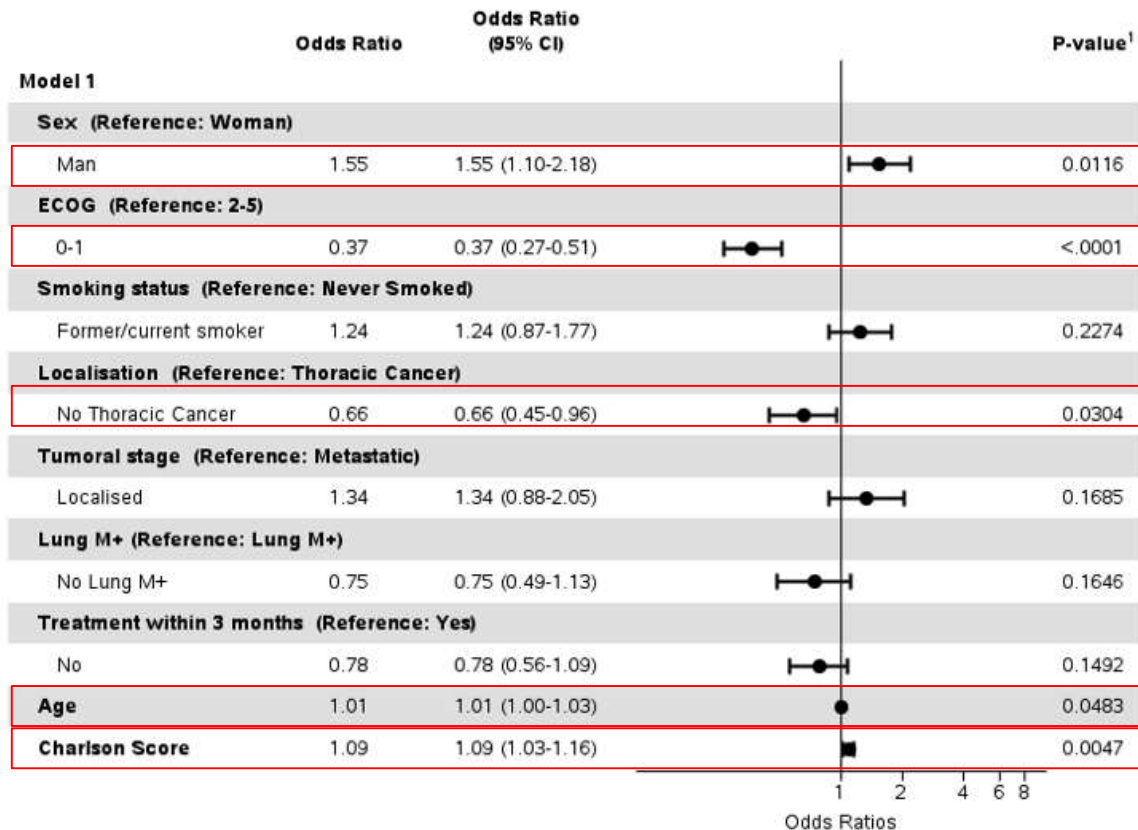


¹Covariate Wald p-value;

RISK FACTORS FOR COVID-19 SEVERITY

- Multivariate analysis

After adjustment for age, sex, ECOG PS, uCCI, smoking status, tumour stage & location, lung metas and cytotoxic chemo ≤ 3 months



¹Covariate Wald p-value;

CONCLUSION AND PERSPECTIVES

- Mortality in cancer patients with COVID-19 is high and is associated with general characteristics of patients
- Age and thoracic tumours were also independent factors of COVID-19 severity
- We found no deleterious effects of recent cytotoxic chemotherapy or other anticancer treatments, which suggests that cytotoxics should be continued in SARS-CoV-2-negative patients during the pandemic, without significantly endangering the patients
- In almost 40% of patients, the systemic anticancer therapy was interrupted or stopped after COVID-19 diagnosis. The impact of these interruptions on cancer evolution will have to be evaluated in the future.