

For immediate release

International consortium issues first report on the impact of COVID-19 on cancer patients

Montreal's Segal Cancer Centre is a participant in a multi-centre international effort to learn how and why cancer patients infected with the novel coronavirus experience particularly severe effects

June 1, 2020, MONTREAL - People with cancer sickened by COVID-19 have a crude death rate of 13%, according to the largest series of data released thus far from an international perspective. The data on more than 900 patients, published in *The Lancet*, also revealed cancer-specific factors associated with increased mortality.

The information is the first report from an ongoing international initiative by the COVID-19 and Cancer Consortium (CCC19) to track outcomes within this vulnerable population. The Segal Cancer Centre at the Jewish General Hospital is one of more than 100 institutions participating in the CCC19 registry, which is housed at Vanderbilt University Medical Center.

"People with cancer face a great deal of uncertainty in the era of COVID-19, including whether the balance of risks and benefits in the treatment of cancer has shifted in some fundamental way," said Dr. Jeremy Warner, associate professor of Medicine and Biomedical Informatics at Vanderbilt University, the study's corresponding author. "The death rate for this group of patients as a whole was 13%, more than twice that reported for all patients with COVID-19 (by the Johns Hopkins Center for Systems Science and Engineering). Certain subgroups, such as patients with active (measurable) cancer and those with an impaired performance status, fared much, much worse."

These early data showed no statistical association between 30-day mortality and cancer treatments, suggesting that surgery, adjuvant chemotherapy and maintenance chemotherapy

could continue during the pandemic with “extreme caution.” The study reports that, while older patients and those with major comorbidities are at substantially increased risk of dying from COVID-19, early findings are encouraging for patients without major medical conditions who receive their cancer therapy within four weeks of their infection. However, more data are needed to reliably assess individual higher risk therapies.

One factor associated with increased mortality was an active cancer status, particularly progressive cancer. The mortality risk also increased with the number of comorbidities, such as hypertension or diabetes, particularly with two or more. As is the case with the non-cancer population, mortality increased with age. Mortality was 6% for cancer patients younger than 65, 11% for those 65-74 and 25% for those older than 75. Males also had a higher death rate than females, 17% compared to 9%.

“We joined the Consortium in early March, contributing data on our cancer patients who have contracted COVID-19 infection, and this collaboration continues as the CCC19 grows rapidly and is taking on projects that interrogate the entire database,” said Dr. Gerald Batist, Director of the Segal Cancer Centre. “We have a dual mission: firstly to protect cancer patients from their clearly very increased risk from this infection, and secondly to protect them from the pressures imposed by the coronavirus on the healthcare system, so that their necessary anti-cancer therapies can continue, and cancer screenings remain active. It is a challenge that we address with our colleagues and government authorities while carefully balancing risks and benefits with our patients.”

CCC19 was formed to rapidly collect data as part of an effort to understand the unique effects the novel coronavirus has on people with cancer. It has been a massive effort to accumulate clinically-relevant data on a large number of patients with COVID-19 infection. This initial report defines some of the major risk factors and outcomes for certain patient subsets, and several other CCC19 projects are ongoing to further expand this knowledge with the goal to inform cancer patients and providers.

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