COVICA – A registry for cancer patients with SARS-CoV-2 Infection in Schleswig-Holstein

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Background

- Cancer patients represent a special risk population in the context of the SARS-CoV-2 pandemic.
- The cancer itself or its therapy often causes profound and long-lasting immunosuppression.
- For therapy decisions, the risk of a (severe) SARS-CoV-2 infection must be compared to the risk of postponing and suspending cancer therapy.
- The COVICA-Study, funded by the Covid-19 Research Initiative Schleswig-Holstein will answer the following questions:

Aim of the Study

Questions to be answered:

- What impact does the SARS-CoV2 pandemic have on guideline-based oncological therapy?
- Does the SARS-CoV-2 pandemic cause treatment interruptions and delays?
- How do systemic therapies affect SARS-CoV-2 infection?
- What impact does SARS-CoV-2 infection have on the quality of life of cancer patients?

Methods- General

- Implementation of a register in Schleswig-Holstein to collect medical data from cancer patients with a SARS-CoV-2 infection over time
- Collection of patient related outcome measurements (PROMS) and patient related experience measurements (PREMs) via questionnaire,
- Follow-up after 6 and 12 months

Methods – Recruitment

Recruitment was carried out via

- The University Hospital Schleswig-Holstein
- General practitioners (information via a distribution list of the UCCSH)
- Cooperation with the COVIDOM-Study (a population study on the long-term consequences of SARS-CoV-2 infection or COVID-19 disease, carried out in SH, among other places)

Methods - Inclusion and Exclusion criteria

- Inclusion criteria
  - Age 18 and above
  - Patients who have had a cancer in the past 5 years and have a confirmed SARS-CoV-2 infection.

- Exclusion criteria:
  - recurrence-free follow-up > 5 years after first diagnosis of a malignancy
  - ICD-10 C.44 (e.g. basal cell carcinoma)
  - D-codes (in situ tumours)

Results - Recruitment

Registration period: March 2020 until May 2022

Registered patients N=91

Already deceased at registration: N=24

Questionnaire response rate: 86.6% (58/67)

Recruitment place	Overall (N=91)	Death (N=43)	SARS-CoV2-related* death (N=20)
UKSH Kiel	17 (18.7%)	9 (52.9%)	6 (66.7%)
UKSH Lübeck	62 (68.1%)	31 (50.0%)	14 (45.2%)
COVIDOM	6 (6.6%)	0 (0%)	-
General practitioner	5 (5.5%)	2 (40.0%)	0 (0%)
unknown	1 (1.1%)	1 (100%)	0 (0%)

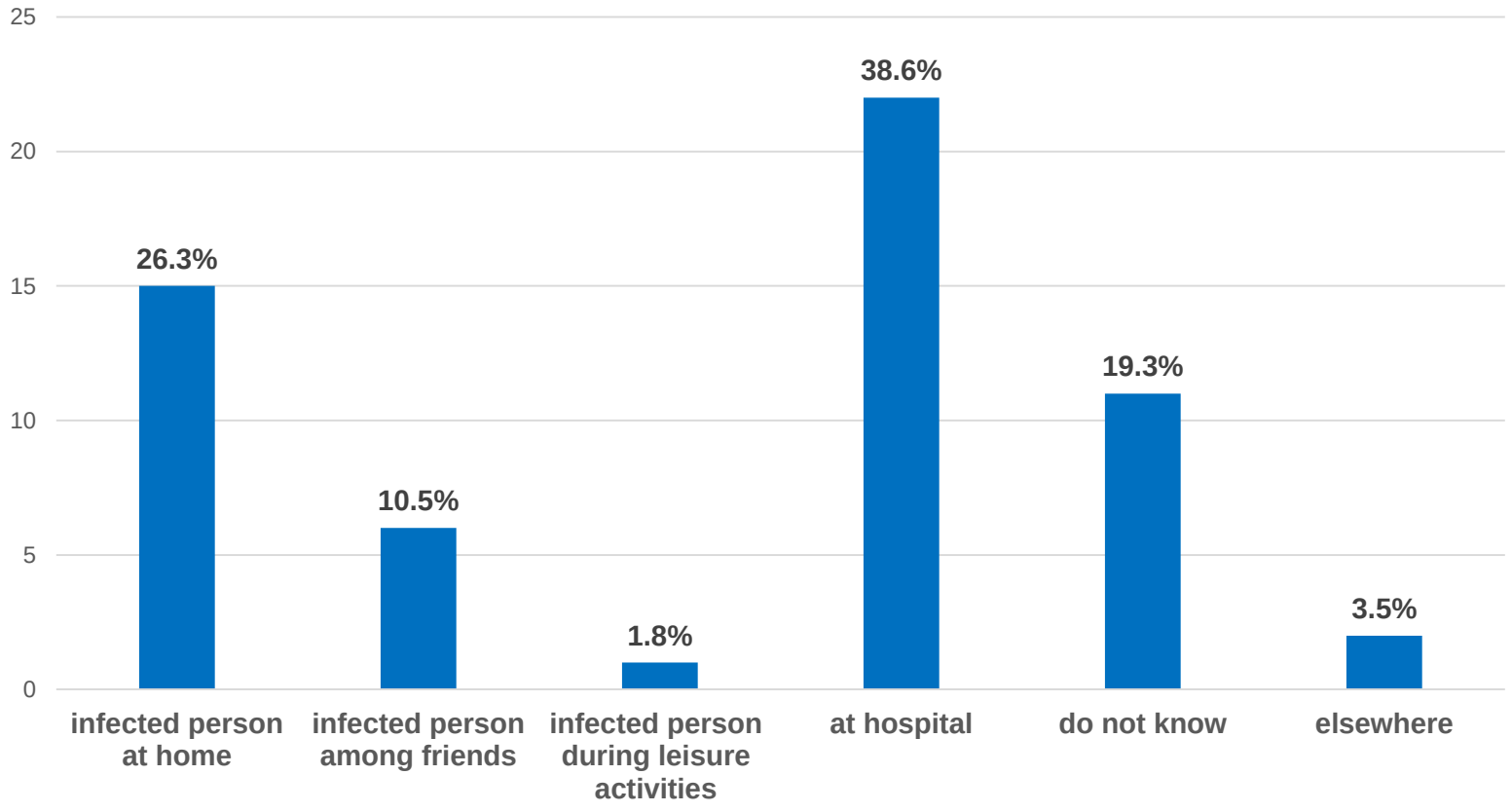
*Cause of death alone or among others in death certificate

Results - Studypopulation

	Overall (N=91)	Death (N=43)	SARS-Cov2-related death (N=20)
Sex			
• female	32 (35,6%)	12 (41.4%)	3 (25.0%)
• male	58 (64,4%)	30 (56.6%)	17 (56.7%)
Age at Covid diagnosis (median, range)	65 (19-84)	69 (19-83)	70.5 (50-83)
Cancer treatment	61 (67.0%)	30 (49.2%)	13 (43.3%)
Change in treatment	44 (72.1%)	13 (29.5%)	13 (100%)
Global health status (EORTC-30)	**N=48**	**N=12**	**N=3**
Median (range)	58.0 (0-100)	41.7 (0-66.7)	41.7 (0-66.7)

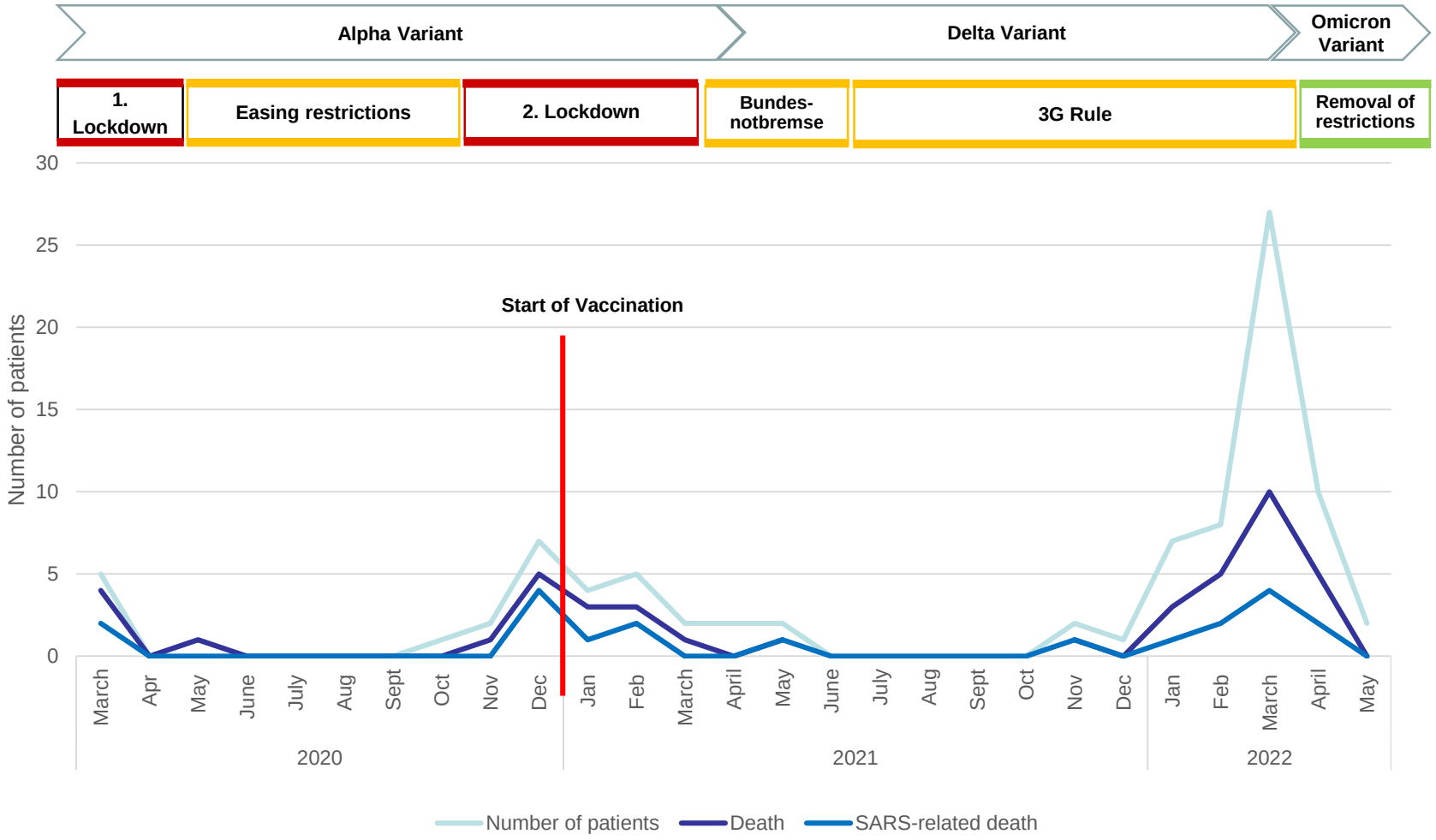
Cancer diagnosis	Overall (N=91)	Death (N=43)	SARS-Cov2-related death (N=20)
Blood/ lymphatic tissue	35 (39,8%)	15 (42.9%)	6 (40.0%)
Digestive organs	16 (18,2%)	8 (50.0%)	4 (50.0%)
Respiratory organs	9 (10,2%)	6 (66.7%)	2 (33.3%)
Lip, oral cavity, pharynx	4 (4,5%)	2 (50.0%)	1 (50.0%)
Melanom, Skin cancer	3 (3,4%)	1 (33.3)	0 (0%)
Mammary gland	3 (3,4%)	2 (66.7%)	1 (50.0%)
Male genital organs	3 (3,4%)	1 (33.3%)	1 (100%)
Female genital organs	3 (3,4%)	0 (0%)	
Urinary organs	3 (3,4%)	3 (100%)	2 (66.7%)
Mesothelial and soft tissues	2 (2,3%)	2 (100%)	1 (50.0%)
Eye, brain and other CNS parts	2 (2,3%)	2 (100%)	1 (50.0%)
Thyroid gland/other Endocrine glands	1 (1,1%)	0 (0%)	-
Bones/articular cartilage	1 (1,1%)	0 (0%)	-
Secondary tumours	3 (3,4%)	1 (33.3%)	1 (100%)

Results – Place of Infection (n=57)



elsewhere: public authority (N=1), supermarket (N=1),

Course of time of registered patients



Conclusion

- In the observation period March 2020 until May 2022 only a relatively small number of cancer patients with a SARS-CoV2 infection could be identified with an increase in March 2022 accompanied by loosenings and the Omnicron variant
- The small number we found may have the following reasons:
  - Weaknesses of the recruiting methods (e.g. the willingness to cooperate of the general practitioners, self-reporting in COVIDOM)
  - Cancer patients protect themselves particularly well to avoid additional infection
  - Cancer patients do not have a higher risk of infection than the general population
- In the UKSH, 8,000 cancer patients are treated annually, of which 0.5% were infected. SARS-CoV2 seems not to be a problem in cancer patients.

Thank you for your attention!