



Session VCTPL09 - COVID-19 and Cancer

- TERAVOLT (Thoracic cancerERs international coVid 19 cOLLaboraTion): First results of a global collaboration to address the impact of COVID-19 in patients with thoracic malignancies

📅 April 28, 2020, 9:15 AM - 9:30 AM

📍 Virtual Meeting: All Session Times Are U.S. EDT

Presenter/Authors

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Abstract

Cancer patients infected with COVID-19 have been shown to be at increased risk of death in some early reports coming from China and also published in several journals. Patients with thoracic malignancies are thought to be at particularly high risk given the number of potential risk factors such as older age, smoking habit, preexisting cardio-pulmonary concomitant comorbidities, in addition to intensive therapies administered to treat their illness. For this reason, the community of physicians around the world treating thoracic malignancies have come together to collect characteristics and outcomes of these patients affected by COVID-19 in a global registry called TERAVOLT (Thoracic cancerERs international coVid 19 cOLLaboraTion). The goals of this consortium are to provide data for guidance to oncology professionals on managing patients with thoracic malignancies while understanding the risk factors for morbidity and mortality from this novel virus. As of April 12, 2020, from 160 institutions from 21 countries on every continent expressed their interest to join TERAVOLT. ESMO, IASLC and ETOP spread and supported the initiative. Here we are going to present the first report from 8 countries with total of 200 patients with COVID-19 and thoracic cancers; Median age was 68 years, 29.5% are females. The most common histology was NSCLC in 75.5% and SCLC in 14.5% of patients and 73.5% of all patients had stage IV disease. Systemic therapies were done in 147 out 200 (73.5%) patients and included 19%, 32.7% and 23.1% of patients on Tyrosine Kinase Inhibitors (TKI) alone, chemotherapy alone and IO alone, respectively, while 13.6% of patients were on a chemotherapy-immunotherapy combination. 152 (76.0%) patients were hospitalized and 66 (33.3%) died, with the majority not being offered intensive care therapy. Univariate analyses revealed that the presence of COPD, was associated with increased risk of hospitalization, and more than one comorbidity with increased risk of hospitalization and death. Tumor type and cancer therapy did not impact survival. At multivariate analysis no factors were associated with risk of death. With an ongoing global pandemic of COVID-19 our data suggest that due to their cancer diagnosis patients with thoracic malignancies are less likely to be admitted to the intensive care unit and are at increased risk of prolonged hospitalization and mortality from COVID-19 infection. With improved cancer therapeutic options and prognosis, physicians need to balance the individual cancer specific mortality and risk of death when treating patients with COVID-19. TERAVOLT will continue to collect data and to provide data in order to identify characteristics associated to a severe COVID-19 able to help societies to create guidelines tailored on individual risk.