Risk of COVID-19 for patients with cancer

The outbreak of coronavirus disease 2019 (COVID-19) is of international concern. We appreciated the Comment from Wenhua Liang and colleagues[1] published in *The Lancet Oncology* on Feb 14, 2020, which, to the best of our knowledge, was the first to focus on COVID-19 infection in patients with cancer.

The authors concluded by use of epidemiological statistics that because the proportion of patients with cancer histories was higher in a cohort with COVID-19 than in the population in China, patients with cancer were more likely to develop COVID-19. They found 18 COVID-19 patients with cancer histories among 1590 COVID-19 patients from 575 hospitals in 31 provincial regions. Of these 16 patients (two of the 18 patients had unknown treatment status), only four had undergone surgery or chemotherapy within the previous month; 12 had recovered from initial cancer treatments (eg, surgery or chemotherapy) and had no obvious immunosuppression. We therefore do not think the COVID-19 infections in the 12 survivors of previous cancers were associated with their cancers. COVID-19 is a highly contagious infection to which everyone, to our knowledge, is susceptible; the most important morbidity factor is exposure to an infection source.[2]

Furthermore, although the authors indicate that patients with cancer had worse outcomes from COVID-19, they also reported the median age of these patients (63·1 years) to be significantly higher than for those without cancer (48·7 years), suggesting that older age is associated with worse COVID-19 outcomes.[3]

In this COVID-19 outbreak, the major risk for patients with cancer is the inability to receive necessary medical services (both in terms of getting to hospital and provision of normal medical care once there) because of the outbreak. Since January, 2020, more than 30 000 medical workers have gone to Wuhan to help manage patients, prevent the spread of COVID-19, and contain the outbreak, which has affected medical services outside Wuhan because there are now fewer doctors in those regions. Patients are also advised not to visit hospitals because of infection risk. Consequently, some clinical trials are being delayed; enforced quarantine, as is widely the case in Wuhan, complicates hospital attendance for repeat appointments and continuity in care, and when severe complications or emergencies occur in patients with advanced cancers, treatment delays or unavailability are possible concerns. Adverse effects among patients who receive immune checkpoint inhibitors (such as for severe myocarditis and pneumonitis)[4] are more challenging to diagnose and might not be treated promptly, which might affect their survival.

During this epidemic, in addition to better protection, patients with cancer need online medical counselling and appropriate identification and treatment of critical cases. In endemic areas outside Wuhan, decisions on whether or not to postpone cancer treatment need to made on a patient-by-patient basis and according to the risk to the patient and the prevailing situation because delays could lead to tumour progression and ultimately poorer outcomes.

We declare no competing interests.

*Hanping Wang, *Li Zhang*
zhanglipumch1026@sina.com

Department of Respiratory Medicine, Peking Union Medical College Hospital, Peking Union Medical College and Chinese Academy of Medical Sciences, 100730 Beijing, China

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