**Literature Review Summaries & Relevant Notes to Study**

*Effects of COVID-19 on Cancer Patients and Vice Versa*

Lee L, Cazier JB, et al. COVID-19 mortality in patients with cancer on chemotherapy or other anticancer treatments: a prospective cohort study. *Lancet*; published online May 28, 2020. <https://doi.org/10.1016/S0140-6736(20)31173-9>

* On March 18, 2020, created the UK Coronavirus Cancer Monitoring Project (can be found online), which is the largest database of patients with cancer who had symptomatic COVID-19 at the time of publishing.
* Purpose was to look at how having cancer as well as chemotherapy and other anticancer treatments affect COVID-19 patients as these attack cells.
* Cancer patients defined to be those with metastatic cancer or on anticancer treatment in any setting or treated within last 12 months with surgery cytotoxic chemotherapy/ radiotherapy.
  + 11% were lung cancer
* Only 21% had only cancer, the rest had other comorbidities like hypertension, diabetes and CV disease
* Those who died had higher rates of being male, elderly, and having comorbidities
* 22% of the patients had their anticancer treatments interrupted by COVID-19
* COVID-19 patients who had received chemotherapy within the 4 weeks of testing positive did NOT have a higher death rate than those who hadn’t had chemo. This was also true after accounting for adjustments in age, gender, and comorbidities (the ones receiving chemo were younger). Also true for cancer patients not on versus cancer patients on immunotherapy, hormonal therapy, radiotherapy, and targeted therapy.
* Disruption from COVID-19: increasing concern from patients about their perceived vulnerability, cancelled cancer operations, drive toward telemedicine. Also a lot of oncologists have to do COVID-19 related activities.

The Lancet Oncology. COVID-19: global consequences for oncology. *Lancet Oncol* 2020; **21**: 467

* Cancer patients are vulnerable to infection because they already have an illness and are immunosuppressed. Therefore, they’re more likely to have potentially deadly complications.
* COVID-19 may be prioritized, delating cancer treatments. In addition, cancer patients may not be able to ravel to appointments/ get medicine due to quarantines.
* Operations and some types of cancer treatment/ appointments are being cancelled/ postponed to prioritize hospital beds for those with COVID-19.
* Many research institutions/ meetings are being transferred to an online setting

Yang K, Sheng Y, Huang C, Xiong N, Jieng K, Lu H. Clinical Characteristics, outcomes, and risk factors for mortality in patients with cancer and COVID-19 in Hubei, China: a multicentre, retrospective, cohort study. *Lancet Oncol*; Published online May 29, 2020.

* 205 patients with laboratory-confirmed COVID-19 and a malignant tumor in 9 hospitals in Hubei, China from 1/3 to 3/18 all of whom either recovered or died.
  + Those with benign tumors were excluded
* [Cancer patients] “are often immunosuppressed because of their underlying illness, poor nutrition, and treatment-related side-effects. Therefore, they are at increased risk of opportunistic infections, developing severe complications, requiring admission to an intensive care unit (ICU), or even death”
* Those who didn’t survive had higher respiratory rates and lower levels of blood oxygen saturation. Shortness of breath and dsypnea were significantly more common in non-surivovrs. No significant differences in age and other comorbidities.
  + This means **that having hypertension as a cancer patient didn’t increase the cancer patens’ death rates according to this study?**
* Those who didn’t survive had higher NLR, creatinine, blood, urea, nitrogen, C-reactive protein, platelet counts, etc.
* Found that **people who had received chemotherapy within 4 weeks before symptom onset had a higher rate of passing away (p = 0.026).**
* This study seems quite small and maybe not the most reliable?

Kuderer NM, Choueiri TK, Shah DP, Shyr Y. Clinical impact of COVID-19 on patients with cancer (CCC19): a cohort study. *Lancet*; published online May 28, 2020. https://doi.org/10.1016/S0140-6736(20)31187-9

*Spatiotemporal Relationships Regarding COVID-19*

*Spatiotemporal Relationships Regarding Lung Cancer*

Christian WJ, et al. Spatiotemporal Analysis of Lung Cancer Histological Types in Kentucky, 1995-2014. *Cancer Control*, Vol 26: 1-8. March 21, 2019. DOI: 10.1177/1073274819845873

* US: lung cancer has the second highest incidence rate and highest mortality of all cancers

*Investigating Demographic (i.e. race & gender) patterns*

*Modeling structures & Statistical Analyses to be Utilized*

Melin, P, Monica JC, Sanchez D, Castillo, O. Analysis of Spatial Spread Relationships of Coronavirus (COVID-19) Pandemic in the World Using Self Organizing Maps. *Elsevier*; May 18 2020. <https://doi.org/10.1016/j.chaos.2020.109917>

* Used **unsupervised neural network called self-organizing map** to create country **clusters** defined by the number of COVID-19 cases they had for confirmed cases, recovered cases, and deaths.
  + Used when identifying groups in a dataset without having to use traditional statistical techniques. Used to find patterns in high-dimensional datasets.
* Repeated for the states in Mexico as well as for hypertension and diabetes rates in the states of Mexico. Comparing the way things were clustered, there was a relationship between the states with
  + higher numbers of deaths and states with higher numbers of hypertension
  + higher numbers of deaths and states with higher numbers of diabetes cases