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

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