

## NEWS IN BRIEF

## PEOPLE



**Michelle M. Le Beau, PhD**, director of the University of Chicago Medicine Comprehensive Cancer Center in Illinois, received the Margaret Foti Award for Leadership and Extraordinary Achievements in Cancer Research at the American Association for Cancer Research (AACR) Virtual Annual Meeting II in June. Her research focuses on using genetic tools to identify recurring chromosomal abnormalities in human leukemias, including inversions, translocations, and deletions of chromosomes 5 and 7 that occur after treatment. Le Beau is also a professor of medicine, a professor of human genetics, and a professor of cancer research at the University of Chicago.

Also at the AACR meeting, **Phillip A. Sharp, PhD**, a professor at Massachusetts Institute of Technology's David H. Koch Institute for Integrative Cancer Research in Cambridge, MA, received the AACR Award for Lifetime Achievement in Cancer Research. Sharp won the 1993 Nobel Prize in Physiology or Medicine for co-discovering RNA splicing, after which he investigated the biochemical mechanisms of RNA splicing and mammalian transcription. His current research centers on noncoding RNA. His lab is studying the role of microRNA in gene regulation and working to identify target mRNAs of microRNAs.



international coVID 19 cOLLaboration (TERAVOLT) also reveal mortality risk factors such as age, performance status, treatment with chemotherapy, and exposure to hydroxychloroquine and azithromycin (<https://ccc19.org>; <http://teravolt-consortium.org>). Data were released on May 28, ahead of the 2020 American Society of Clinical Oncology (ASCO) Annual Meeting.

Patients with cancer are assumed to be more vulnerable to COVID-19 due to various factors, but the effect of the virus on these patients remains poorly understood, with many datasets limited in size or geography, said Jeremy Warner, MD, of Vanderbilt University in Nashville, TN. "We wanted to collect a larger and more representative cohort," he added, so in mid-March, Warner and his team launched CCC19 to gather data on patients with cancer and COVID-19 treated at sites in the United States and Canada, as well as data from anonymous reports on patients in other countries.

Warner presented an analysis of the first 928 patients treated at 104 institutions (Lancet 2020 May 28 [Epub ahead of print]). Breast cancer was most common, occurring in 21% of patients, followed by prostate cancer (16%), gastrointestinal cancer (12%), lymphoma (11%), and thoracic cancer (10%). Patients had a median age of 66; 50% were male, 52% had never smoked, 68% had an ECOG performance status of 0 or 1, and 43% had active cancer.

At a median follow-up of 21 days, 13% of patients had died—roughly twice the estimated COVID-19 mortality rate in the general population. The mortality rate was 25% in patients 75 and older and those with actively progressing cancer; it was 35% in those with a performance status greater than 1. Other mortality risk factors included being male, a history of smoking, and comorbidities. Treatment with azithromycin plus hydroxychloroquine also appeared to be a risk factor, although Warner cautioned that it is too early to draw conclusions about these data.

"There are certain subsets of patients with cancer that had very poor outcomes," Warner concluded, but "we need a larger sample size and longer follow-up to more completely understand the impact."

Also in mid-March, another team created TERAVOLT, a global consortium collecting data on patients with thoracic cancers and COVID-19. TERAVOLT aims to identify risk factors, understand the course of the virus, provide useful information to practitioners, and evaluate long-term impacts, explained Leora Horn, MD, of Vanderbilt.

Horn presented data on 400 patients from 26 countries at a median follow-up of 33 days (J Clin Oncol 38: 2020 (suppl); abstr LBA111). Patients were grouped based on whether they had recovered from COVID-19, died, or were still infected. Across these three subsets, 63% to 70% of patients were male, 75% to 87% were current or former smokers, and 61% to 64% had a performance status of 0 or 1; 75% to 82% had non-small cell lung cancer.

In total, 35.5% of patients died; 79.4% of deaths were attributed to COVID-19 and 10.6% were due to cancer. Of those who died, 45% were on chemotherapy and 20% were on immunotherapy. Mortality risk factors included age over 65, comorbidities, a performance status greater than 1, and treatment with steroids or anticoagulants. Recent treatment with chemotherapy was also a risk factor, whereas treatment with immunotherapy or tyrosine kinase inhibitors was not.

"This is a fluid database, and as we learn more about COVID-19, we're able to enter in new data points to really capture the impact of this global pandemic on our patients with thoracic malignancies," Horn said. Upcoming analyses will examine how patients and providers perceive the impact of COVID-19 on cancer care.

"There are lots of questions right now but not yet a lot of answers about how best to care for patients with cancer and COVID-19," said ASCO President Howard "Skip" Burris III, MD, of Sarah Cannon Research Institute in Nashville, TN. "These two studies serve as a great starting point for key insights as researchers continue to collect additional data." —Catherine Caruso ■

Registries Offer Insights on COVID-19–Cancer Connection

Patients with cancer may be more likely to die from COVID-19 than people in the general population, according to early results from two large-scale registries. Data from the COVID-19 and Cancer Consortium (CCC19) and the Thoracic cancers

# CANCER DISCOVERY

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