COVID-19 and Gynecological cancers Webinar April 6th

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Covid-19 and Cancer, which data are available?

- Chinese experience:
  - 12 cases over 1524 => 41% hospital contamination.
  - 18 cases over 1590 => risk factor identified: chemotherapy/surgery within the month preceding the infection.

French situation
Dichotomy on territory East/Ile-de-France versus West and South.
Paris area and East of France were submerged by number of cases. They were on a critical situation until end of last week but they start to feel break-out effects. Things are no more getting worse every day but this little improvement is fragile.
West and South have not been in a critical situation and they had more time to prepare themselves and to learn from other countries in Europe and other territories in France.

Difficult to build national guidelines as the situation differ from a region to another.

Covid and Cancer (PE Kurtz)
No strong data.
Difficulty to know carriers as symptoms may appear between 2 to 14 days.
Diagnosis by scanner.
Very close patient follow-up
Keep some physicians in back-up (no contact with COVID + patients) to maintain the activity if needed.

Covid-19 and surgery (Pr Fabrice Lécuru):
- Golden rules: no loss of chance for patients and avoid COVID contamination.
- Intervention for diagnosis should and could be postponed but no more than 3 months.
- Call the patients the day before the surgery to determine whether they have Covid 19 symptoms or were in contact with infected individuals.
- Need to set-up specific patient path at hospital (entrance and units COVID+ and COVID-free).
- Avoiding patients coming to hospital => telemedicine.
- No visit from relatives.
- For surgery teams, what’s the contamination risk regarding the biological fluids? Smoke released by electric scalpel (celioscopy)?
- Training and supervision of the surgical team on dressing and more important undressing.
- Prefer loco-regional anesthesia for Covid patients to deduce the contamination risk of the surgical team
- Risk factors: Age >65, Hypertension, pulmonary disease, ECOG>2, Diabetes, obesity, recent chemotherapy.
- Distinguish curative surgery to maintain and not postpone and palliative surgery for which a delay or alternatives can be evaluated.
- Think about transfer to another structure for regions in critical situation.
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Covid 19 and radiotherapy: Christophe Hennequin - Paris

- Postpone whenever it is possible except for Cervix cancers: (Time factor!) Treatment including the uterovaginal brachytherapy must be administered within 55 days.
- Suspicious Covid and Covid+ patients => specific loop => specific room.
- Symptomatic patients => send back home and put treatment on hold if possible.

Covid-19 and medical treatments – Anne-Claire, Alexandra, J-E

Front line Treatment:

- Medical Treatments should be started and maintained.
- First line: Paclitaxel-Carboplatine + G-CSF. What to do next? Surgery or maintenance? No clear answer yet. Actions will depend local organizations.
- No contraindication to the Bevacizumab use in absence of risk factors (Hypertension)
- High grade OC Adjuvant regimens could be delayed up to six weeks after surgery.

Relapse OC:

- No emergency to start chemotherapy in asymptomatic patients.
- Platinum sensitive relapse => Carboplatine + Doxorubicine/ 4weeks => Parp Inhibitors could/should be considered after 4 cycles.
- Hormonotherapy for endometrial cancer and low grade OC cancer should be preferred.

Maintenance treatment:

- 2 questions: IV vs PO (hormonotherapy) and treatment continuation vs initiation of treatment
- Avastin: maintain for curative perspective in 1L - Long half-life: injections could be delayed Q3W.
- Parp Inhibitors can be introduced in 8 to 12 weeks.
- Parp Inhibitors should be used within labels
- Now, 3 parp inhibitors are available: olaparib, nirparib and more recently rucaparib (Isabelle RC).
- For patients who are already taking PARP inhibitors don’t interrupt the treatment, except for those who experienced anemia grade ≥3.
- Issues: patients could feel isolated (no more visit on site and patient associations closed) so maintain the contact via telemedicine – IMAGYN (French major patients association) put in place follow-ups too.

Covid19 & Clinical Trials

- 60% of the studies are closed to new patients.
- FIRST and OreO trials are still open to inclusions.
- Covid infection have to be reported as a SAE regardless of severity of the infection.
- Discovery Trial (Cancer patients inclusion permitted):
  - SOC+ remdesivir.
  - SOC+ lopinavir and ritonavir.
  - SOC + lopinavir, ritonavir and interféron beta.
  - SOC+ hydroxy-chloroquine.
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- ImmunoCovid20 (dedicated to cancer patients):
  - non severe Covid19: SOC vs GNS651+SOC vs PDL-1+ SOC
  - Severe Covid 19: SOC vs GNS651 vs Tocilizumab+ SOC

**Take home messages:**
- Favor preventive actions, specific paths for cancer patients
- Favor standard of care chemotherapy (Front line => maintenance)
- Collaboration between hospital units is the key
- Favor NACT whenever it is possible.

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