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, niraparib 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 permited):
    - 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
- GCO-002 CACOVID-19: Observational cohort of solid tumor patients infected by Covid19.

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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