
FONDAZIONE
Buzzi Unicem
ONLUS



Bibliographic review First semester 2020
Elisa Roca (elisaroca@gmail.com)

Mesothelioma and Covid 19

1. Are patients with malignant pleural mesothelioma (MPM) more at risk for contracting COVID 19?

MPM patients are not at greater risk of contracting COVID 19, but like all cancer patients, if they become infected they are at greater risk of serious complications.

2. Which symptoms of MPM could mimic those of COVID 19?

The most common COVID 19 symptoms presenting in patients with thoracic tumors were analyzed in a recently published international study called TERAVOLT¹. The symptoms were fever, dyspnea (difficulty breathing) and cough, all of which are very common symptoms of MPM, particularly the latter two. Pain is not a common symptom of COVID 19, although myalgias (muscle pain) may occur at the onset, which can also affect the chest. The possibility of COVID 19 infection should not be ruled out, particularly if fever is present.

3. Are there data available regarding the prognosis and course of COVID 19 in MPM patients?

The number of MPM patients (8 of 200 total) was very low in the original TERAVOLT study publication, and the data presented referred to the overall population of patients with thoracic cancers so mainly patients with lung cancers. Most of these patients were on active cancer treatment and had concomitant illnesses (comorbidities) besides cancer, mainly hypertension, diabetes, chronic pulmonary disease, cardiovascular disease. 78% of patients in the study required hospitalization, with 8% of cases requiring intensive care. The death rate from COVID 19 in these patients was very high (31%).

Another analysis from the TERAVOLT study was recently presented and included a larger number of patients with less frequent thoracic tumors (microcytoma of the lung, MPM, thymus tumors and even rarer tumors)². This analysis included 22 MPM patients from a total of 581; the mortality rate from COVID 19 in MPM patients was 36%.

4. What should patients with MPM be aware of with respect to COVID 19?

The data reported from the TERAVOLT study should be interpreted with caution. There were very few MPM patients, and only those patients with symptomatic and severe COVID 19 infection were included. 91% of these patients were in fact hospitalized, including 9% of whom were in intensive care. Similar to the general population, MPM patients may contract COVID 19 in a milder or asymptomatic form; however, there is a high possibility of complications so this situation must not be underestimated and should be closely monitored together with timely treatments prescribed by the attending physicians (oncologists and general practitioners).

5. Are there any special precautions that MPM patients should take to prevent COVID 19 compared to the general population?

MPM patients must strictly observe all the regulations for preventing the spread of COVID 19 (social distancing, use of masks in closed spaces and in open spaces if an adequate distance cannot be maintained, frequent handwashing). Patients should consult their doctors for evaluation if their symptoms worsen, particularly if they have a fever, and very importantly if they know they have been in contact with anyone

infected with COVID 19.

6. Can treatments for MPM change if patients become infected with COVID 19?

The results from the TERAVOLT study on thoracic tumors and other similar studies on cancer in general (COVID19 and Cancer Consortium – CCC19³ and UK coronavirus Cancer Monitoring Project Team⁴) have not shown a negative impact from COVID 19 on the prognosis of patients if they have been administered oncology treatments during the previous weeks. Obviously, treatments should be suspended until the infection has been resolved in the case of full-blown COVID 19. In other words, the available data thus far suggest that there is no reason to suspend or discontinue cancer therapy for fear of contracting COVID 19, but it is obviously a different matter if there is active COVID 19 infection.

7. Could there be a delay in cancer diagnosis, such as MPM, due to the COVID 19 pandemic?

Unfortunately, the pandemic has resulted in the slowdown or halting of diagnostic procedures (such as invasive and/or surgical procedures, and also other procedures) for several months, especially in the most affected areas of Italy. Moreover, the fear of contracting COVID 19 in a hospital setting has probably led to many patients postponing their appointments at diagnostic procedure facilities. These two factors together may have led to delays in diagnosis at that stage. Given the current situation of Italian hospitals, these delays are no longer warranted and patients should not be afraid of consulting qualified hospitals for a timely diagnosis of MPM or other cancers.

8. What advice can be given to MPM patients who are afraid of contracting COVID 19 or whom we suspect may have become infected?

As already mentioned above, MPM patients and their family members and contacts must carefully observe all the regulations for preventing the spread of COVID 19 (social distancing, use of masks in closed spaces and in open spaces if an adequate distance cannot be maintained, frequent handwashing). Patients should immediately consult their doctors for an evaluation if their symptoms worsen, particularly if they have a fever or other typical symptoms (for example, changes in taste and smell, muscle pain, intestinal pain and diarrhea), and very importantly if they know they have been in contact with anyone infected with COVID 19.

References

1. Garassino et al., Lancet Oncol 2020;
2. Cortellini et al., presentation at AACR Virtual Meeting, COVID19 and Cancer, July 2020;
3. Kuderer et al., Lancet 2020;
4. Lee et al., Lancet 2020.