Studies Reveal COVID-19 Disparities Among People With Cancer

Black and Latino cancer patients have higher rates of coronavirus infection and hospitalization but are less likely to use telehealth.

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Black and Latino people with cancer face a host of disparities related to COVID-19, including a higher risk of acquiring the new coronavirus, a greater likelihood of hospitalization and lower use of telemedicine, according to a set of studies presented last week at the American Society of Clinical Oncology (ASCO) Quality Care Symposium.

“Patients with cancer should not have to make the decision between receiving cancer treatment and avoiding the risk of contracting COVID-19,” said ASCO expert Sonali Smith, MD, of the University of Chicago. “Health care providers should be aware of this increased risk in Black and Hispanic patients with cancer so that steps can be taken to mitigate the risk of infection.”

Risk of COVID-19

An analysis of electronic health records from more than 477,600 patients in ASCO’s national CancerLinQ Discovery database identified 965 people with COVID-19. Black people with cancer were almost twice as likely and Latino people were more than five times more likely to test positive for the coronavirus compared with white cancer patients. Asians, in contrast, had a slightly lower rate.

These findings are consistent with studies showing higher rates of COVID-19 among Blacks and Latinos in the population at large. However, unlike general population studies, this analysis did not see increased mortality among Black and Latino cancer patients.

Also mirroring other research, the analysis found that people with blood cancers such as leukemia or lymphoma were more likely to be diagnosed with COVID-19 than those with solid tumors. Blood cancer patients often have compromised immunity that makes them more susceptible to infections.

The researchers plan further analyses to see whether other factors—such as cancer stage, the presence of metastasis or certain types of cancer treatment—increase the risk of acquiring the coronavirus or for poorer COVID-19 outcomes including mortality.

“Patients with cancer are, unfortunately, faced with balancing cancer treatments with the risk of developing COVID-19,” CancerLinQ medical director Robert Miller, MD, said in an ASCO press release. “This research, while preliminary, will hopefully help patients and providers understand who’s most at risk for COVID-19 and plan cancer treatment accordingly.”

Hospitalization Risk

In the second study, Chintan Pandya, MD, PhD, of the Johns Hopkins Bloomberg School of Public Health in Baltimore, and colleagues analyzed electronic health records from 557 patients at Dana-Farber Cancer Institute in Boston who tested positive for the coronavirus between March 1 and June 10. More than half (58%) were women and 40% had comorbidities. Only about 8% had received systemic cancer treatment during the past month.

The researchers found that although Black people made up 14% of the COVID-19 patients in the analysis, they accounted for 19% of the hospitalizations and 27% of the emergency department visits due to COVID-19. Other racial/ethnic groups besides Blacks or whites made up 16% of the COVID-19 patients and accounted for 20% and 23%, respectively, of hospital and emergency room visits.

After controlling for demographic factors, comorbidities, cancer type and cancer treatment, both Black patients and other nonwhite patients had more than a twofold higher likelihood of hospitalization compared with whites.

“In light of these findings, Black patients with cancer should exercise more caution and consistently use strategies to prevent COVID-19 infection,” Pandya said in a press release. “When a vaccine for COVID-19 is available, it should be offered to high-risk patients first. For now, though, preventive measures are the most effective tool.”

Use of Telehealth

In the third study, Cardinale Smith, MD, PhD, of Mount Sinai Health System, and colleagues evaluated data from electronic health records of cancer patients treated in the system, which includes a National Cancer Institute-designated cancer center and eight outpatient sites across New York City.

The researchers identified people who had a telehealth visit via phone or video between March 1 and June 1. About three quarters of these were video visits. Prior to this March, very few visits (less than 1%) had been conducted via phone or video. Video visits skyrocketed in April and May—the height of the local COVID-19 epidemic in the city—but then dropped off steeply starting in June. By August, video visits had fallen to about a third of their peak level.

While 23% of all patients seen in the health system were Black, they accounted for just 19% of telehealth visits (17% of video and 23% of phone visits). The disparity was even greater for Latinos, who made up 14% of all patients but accounted for only 6% of telehealth visits. Whites made up 42% of all patients but accounted for 48% of all telehealth visits and 50% of video visits.

For Asians, the proportion of telehealth visits matched their share of the patient population (7%).

"In a world where telehealth is needed because patients don't have in-person access to routine and follow-up cancer care—such as during the COVID-19 pandemic—it is important to recognize the gaps that exist among racial and ethnic minorities,: Cardinale Smith said in a press release. "We know that many patients have not been seeking medical attention or continuing routine care because of fear about the virus."

The researchers are now exploring ways to improve access to telehealth and have obtained a grant to provide in-home remote monitoring. Study participants will be provided with WiFi access and tablets so they can have video visits with their clinicians.

"Telehealth is an important part of cancer care, especially in the era of COVID-19," Sonali Smith said. "It is important for health care providers, patients and caregivers to think about how we can help increase use of these kinds of services to ensure all patients can access high-quality cancer care."

Click here to read the CancerLinQ abstract.
Click here to read the hospitalization abstract.

Click here to read the telehealth abstract.

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