

ANALYSIS OF PATIENTS' MORTALITY IN SARS-COV-2 INFECTION DURING THE FIRST MONTH OF HOSPITAL ADMISSION

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INTRODUCTION

As of December 2019, the world is facing a pandemic caused by the SARS-CoV-2 coronavirus (COVID-19). Symptoms resulting from the infection vary widely, ranging from asymptomatic disease to pneumonia and life-threatening complications.

AIM AND OBJECTIVES

The aim was to study the **impact of the active oncohematological process on the severity and short-medium term mortality of COVID-19 infection.**

MATERIALS AND METHODS

- **Observational retrospective study**, carried out in a Spanish tertiary level hospital.
- All patients diagnosed with **COVID-19 and hospital admission** between **March 2020 and June 2021** were included.

- Variables collected

Demographics
Comorbidities
Situation during hospitalization
Mortality at 14 and 30 days after hospital admission.

- Data were obtained through the digital medical record and managed by **R-software(V.4-2021)**.

RESULTS

NON-ONCOLOGIC GROUP

- 1924 patients
- 47.5% (915) men
- Median age of 67 years
- (IQR) of 53-77

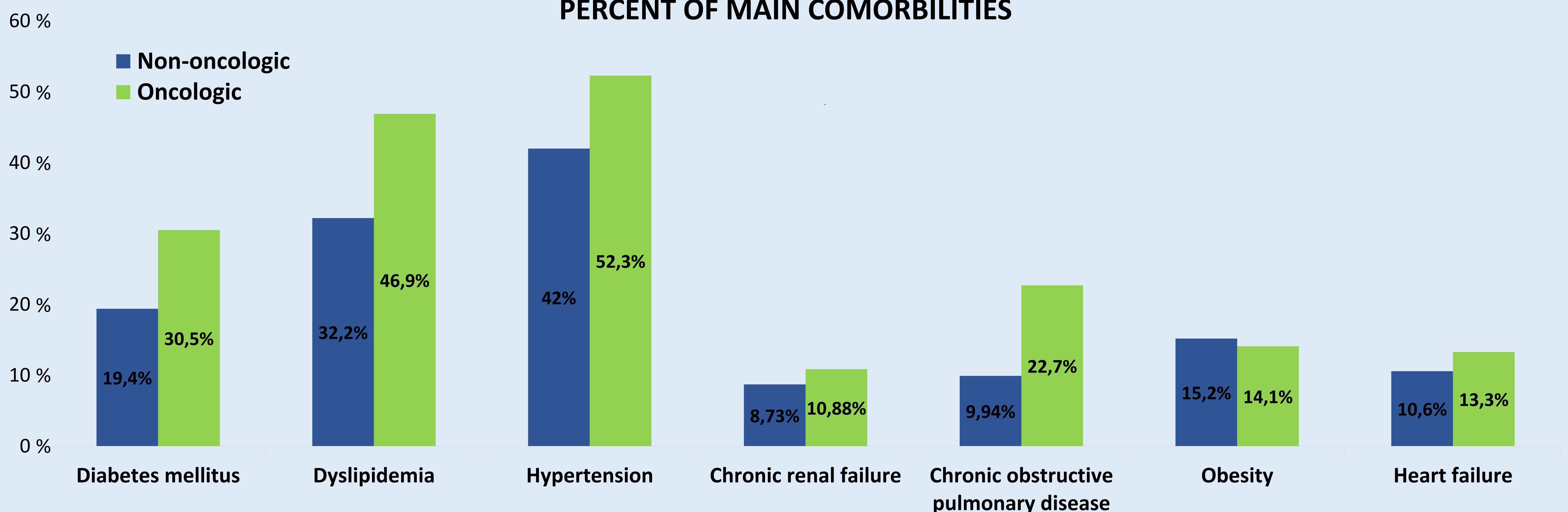
ONCOLOGIC GROUP

- 128 patients
- 58,6% (75) men
- Median age of 72 years
- (IQR) of 63-78

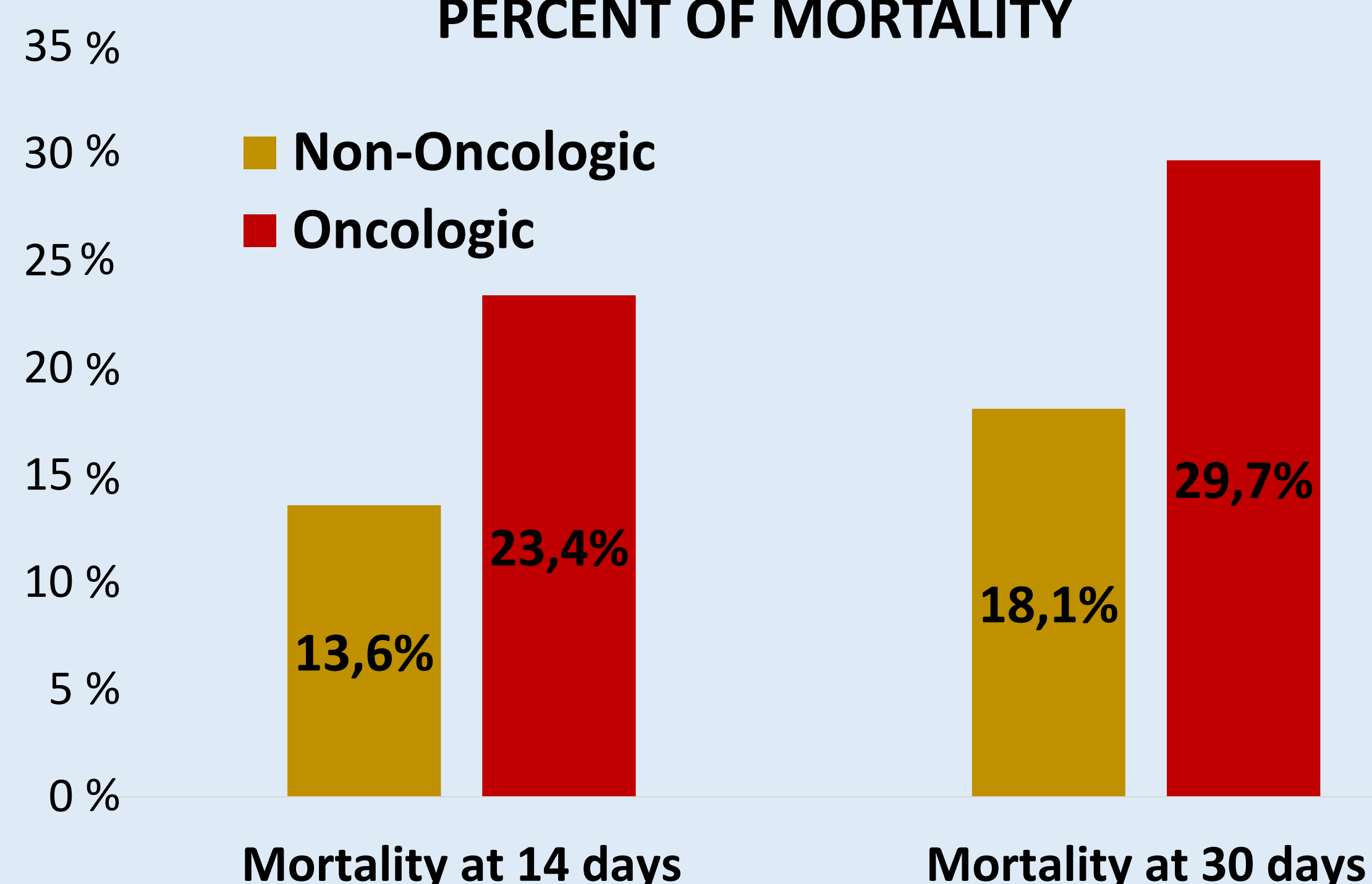
- Lung cancer(16,4%)
- Colorectal cancer (15,6%)
- Bladder cancer (10,9%)
- Breast cancer (10,2%)
- Prostate cancer(8,59%)

Metastases were present in 42,2% patients

PERCENT OF MAIN COMORBILITIES



PERCENT OF MORTALITY



In the **oncohematologic-group**, **44.5% were in serious condition** during their admission.

The **two main neoplasms** in the deceased patients were **lung cancer (26.3%)** and **colorectal cancer (21%)**.

Univariate analysis showed a relative risk of **1.72(1.23-2.4)** and **1.64(1.23-2.17)** mortality at 14 and 30 days respectively for COVID19 in patients with **active oncohematologic processes** versus **non-oncohematologic processes**.

CONCLUSION AND RELEVANCE

The data reflect a **higher mortality at 14 and 30 days due to COVID19 in the oncohematologic population (72% and 64%, respectively)**. The **oncohematologic population** has a **higher percentage of comorbidities** associated with the total that may also **influence this increased risk of mortality**.