

IMPACT OF COVID-19 VISITATION RESTRICTIONS ON CANCER PATIENTS WITHOUT SPOUSAL SUPPORT IN A TERTIARY CANCER CENTER

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MDAnderson

Cancer Center

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Introduction

COVID-19 infection remains a threat, how pandemic visitation restrictions affected the outcomes of cancer patients without immediate spousal support remains unclear.

We aim to evaluate the association between visitation restrictions spousal support disparities and the need for intensive care unit (ICU) admission in cancer patients with COVID-19 infection.

Methods

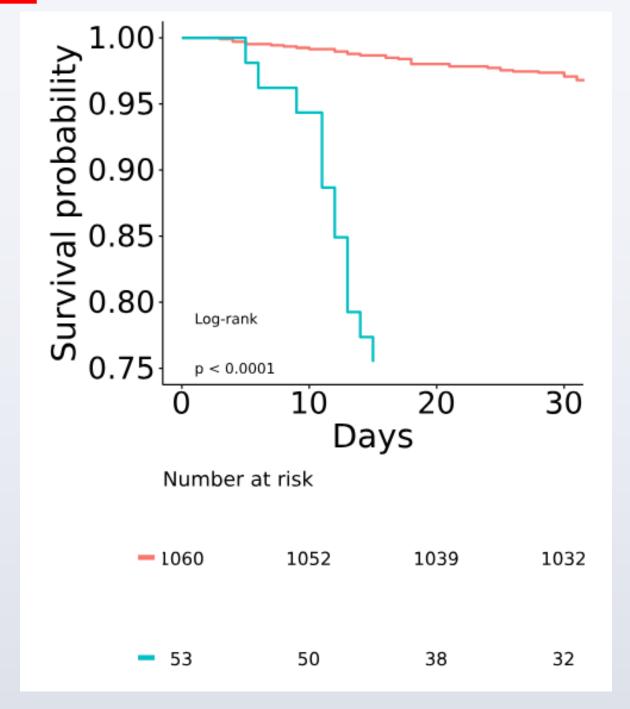
Retrospective study of adult's cancer patients' medical records, hospitalized with COVID-19 infection at UT MD Anderson Cancer Center between March 2020 and May 2021 who developed shock requiring ICU admission.

Kaplan-Meier analysis was used to calculate survival estimates and univariate statistically significant variables were included in a multivariable Cox Proportional Hazard model regression analysis to determine the association between variables and the outcomes.

Results

		ICU = 53
Gender	Male (%)	29 (54.7)
Age	Mean (SD)	60.9 (13)
Race White African American Other	n (%)	31 (58.5) 9 (17) 13 (24.5)
HTN	n (%)	41 (77.4)
DM	n (%)	29 (54.7)
HLP	n (%)	20 (37.7)
Cardiac arrhythmias	n (%)	45 (84.9)
Myocardial infarction	n (%)	17 (32.1)
Tobacco use	n (%)	19 (35.8)
ICI	n (%)	8 (15.1)
Prednisone	n (%)	1 (1.9)
CKD	n (%)	21 (39.6)

Table 1 . Baseline characteristics



Kaplan Meier 30-day survival between ICU and no ICU admission

- 1113 patients
- 53 (4.8%) required ICU
- Patients requiring ICU care were more likely to be divorced (11.3% vs 9.2%, p=0.055) widowed (9.4% vs 6.1%, p=0.055) and to have CKD (39.6% vs 22.1%, p=0.005) and proteinuria (17.0% vs 6.9%, p=0.013)
- Univariate analysis identified been divorced as an independent risk factor for the need for ICU care (HR 4.8 Cl 1.2 19.0 p=0.026), as well as advanced CKD stage 4 (HR 5.1 Cl 1.8 14.0 p=0.002), history of arrhythmias (HR 6.0 Cl 2.8 13 p= < 0.001), and history of myocardial infarction (HR 1.6 5.0 p=<0.001).

Multivariable Cox Proportional Hazard model regression analysis identified been legally separated (HR 4.8 Cl 1.0 – 20.9 p <0.038), as independent risk factor associated with the need for ICU level of care.

Conclusion

These findings suggest that been divorce, widowed, lacking spousal support are risk factors, associated with developing the need for ICU care, reinforcing the need for strong supportive care in this susceptible population.

References

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