Running an oncology day-care with guts and glory

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Received: 6 July 2020 / Accepted: 14 August 2020 / Published online: 26 August 2020
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Dear editor,

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was first reported in late 2019 from Wuhan city of China and spread rapidly worldwide to be declared as a pandemic. Like any other medical services, oncology services were also affected worldwide and it became a challenging task to deliver optimum oncological services simultaneously protecting the interests of healthcare workers and patients by not allowing them unnecessary exposure to SARS-CoV-2 and thus reducing community transmission. We continued with our oncology day-care services amidst the pandemic. As expected, the day-care footfall decreased to almost 1/3rd of the previous numbers due to lockdown as patients found it challenging to get a conveyance or lab services. Many reports have indicated increased morbidity and mortality with SARS-CoV-2 infection in cancer patients [1–3]. To ensure smooth functioning of day-care and to minimise risk of SARS-CoV-2 infection to healthcare workers and patients, several steps were taken. Day-care facility was segregated to a new location after a few weeks of lockdown to keep oncology patients separated from the main hospital building. A quick survey was done by medical, radiation, and hemato-oncologist to ensure the presence of all the necessary paraphernalia. All patients planned for chemotherapy were given appointments by teleconsultation. Reports and general condition of the patients were assessed via WhatsApp

and teleconsultation. In case a new sign or symptoms or deterioration in PS, or a condition demanding a review of treatment, was detected or, a response assessment or a new investigation was required, the patient was advised to report to the outpatient department (OPD). Since the weather was humid and hot, it was difficult for the healthcare staff to work continuously at a stretch with the personal protective equipment. Timings of the day-care were limited to only 6 h a day, and only single shift was allowed. Patients were asked to reach day-care early in the morning at a stipulated time so as to finish all chemotherapies in time. Patients were screened for any signs and symptoms related to viral infection and referred to screening OPD, if any. Testing for SARS-CoV-2 infection in asymptomatic patients' prior chemotherapy was not considered as chemotherapy runs in multiple cycles and it was not feasible and cost-effective to mandate a test prior to every cycle of chemotherapy. Supportive care drugs were prescribed in the protocol and a copy of the protocol was given to the patient in their vernacular language. Emphasis was laid on strict universal precautions, use of face mask, and physical distancing. Point of care, starting from the admission process, administration of chemotherapy, discharge sheet preparation and counselling, was restricted to a single location in day-care, thus minimising patient's and attendant's movement. Patients were told to call the respective faculty if any adverse event post chemotherapy and supportive care was advised telephonically wherever possible.

We have a bed strength of 18 in the newly created day-care centre. We have a total of 23 day-care healthcare workers, which include doctors, nurses, and other ancillary staff. We admitted 225 patients in the day-care during the last 6 weeks and carried out 595 sessions of chemotherapies since the inception of new day-care facility. We reported zero SARS-CoV-2 infection among healthcare staff and patients in the last 6 weeks of starting the day-care. We hope to continue the show with the same zeal in the future.

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Authors contribution All authors contributed to the study conception. All authors read and approved the final manuscript.

Funding: None.

Compliance with ethical standards

Conflict of interest The authors state that they do not have any conflicts of interest.

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