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Managing an oncology clinic during the COVID-19 pandemic—how we did it in Sarajevo?

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The COVID-19 (coronavirus disease 19) pandemic has placed a major challenge on the healthcare systems globally requiring adaptations and reorganization of health services in a very short time. The lack of existing guidance for management of the disease forced hospitals to design new protocols and solutions on their own. While this represented a challenge, it also provided an opportunity to medical professionals to rethink the way we do healthcare.

The first case of COVID-19 was registered in Bosnia on 4 March 2020. Based on other European countries' experience, the Clinical Center of Sarajevo University¹, which hosts the Clinic of Oncology, implemented a system of measures to prevent the spread of COVID-19 on its premises. At the Clinic of Oncology the key prevention measures included changes in working hours, personal protective equipment (PPE), restriction of hospital visits, and reorganization of team functions.

The Clinic put in place a four-shift system, which meant that only one-third of its team was on the premises at any given time. The staff worked 12 h at a time with 24 and 48 h of rest in-between. To further protect personnel, we made wearing PPE mandatory

at all times and required all staff to complete a daily epidemiology questionnaire and undergo temperature checks. Twenty-four hours before coming to the Clinic, all oncological patients underwent phone pre-screening.

Five key teams have been formed: triage, outpatient, radiation and medical oncology, and a team in charge of radiotherapy equipment. The triage team received patients at the entrance to the Clinic, took their temperature, recorded epidemiology status and, where appropriate, administered oral therapy. This meant that some patients could receive treatment and return home without entering the hospital. The triage point emerged as one of the best practices in tackling the spread of the virus.

We also modified the therapies to reduce the spread of infection while maintaining their benefits. Whenever possible, intravenous therapy was replaced with oral therapy. Shorter protocols and lower frequency of hospital visits were prescribed so long as this did not jeopardize the effectiveness of the therapy. Where acceptable, radiation treatments were postponed until the pandemic had been controlled. Surgical procedures for the operable tumors suspected to be prone to progression were treated without delay.

Of the 8657 patients to whom therapy has been planned to be delivered (March–May 2020), therapy was postponed in 77 individuals due to positive anamnesis or high body temperature. Of 40 tested (symptomatic) patients, infection with the SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) virus was confirmed in two. The effectiveness of the COVID-19 spread management at our Clinic was closely tied to the effectiveness of the mitigation efforts in the broader community. In this editorial, we share experiences that helped us to prevent the spread of COVID-19 among a cancer patient popu-

¹ Clinical Center of Sarajevo University is the largest medical, research, and educational Institution in Bosnia and Herzegovina. It consists of 44 clinics, with over 3400 employees. The oncology division is comprised of medical and radiation oncology departments and an outpatient hospital. The clinic has 110 employees, and 80 hospital beds. Approximately 1,000,000 patients are covered by the clinic services.

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lation, while also allowing us to continue with our therapeutic efforts.

COVID-19 has been a tremendous challenge but has also forced us to innovate our practice and in that way increased the resilience of our healthcare provision. With appropriate preventative measures and therapy strategy reorganization, the risk of infection in oncological patients can be reduced. On the other hand, we recognized a reduction in the number of newly diagnosed cancer patients. Arguably, this might stem from the excessive focus on the virus itself at the cost of ignoring of the malignant disease symptomatology. Again, from the psychological point of view, this is a very interesting phenomenon: Why are patients more afraid of the viral infection that they are of a malignant disease? In addition to the psychological investigation, we also call our medical oncology

colleagues to further explore the best diagnostic practices for malignant diseases during the pandemic.

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