



Management Strategies for Cancer Patients in the Time of COVID-19 Pandemic

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Abstract Coronavirus disease 2019 commonly designated as COVID-19 has been declared by World health Organisation (WHO) as a pandemic on 11 March 2020. ‘Lock down’ is found to be the only effective method to control this outbreak and due to the contagious nature of this disease most of the hospitals have stopped elective interventions. Cancer is a second leading cause of death globally and the bystander victims in this scenario are the patients with suspected and proven cancer. Head and neck cancer has a survival rate of 40% to 50% after definitive therapy and the delay in treatment for even 1-2 months may lead to inoperability and poorer outcomes. On contacting the colleagues in different countries, it was found that different strategies have been adapted to prioritize cancer patients. Hence, such type of measures appropriately amended can be implemented as soon as possible to avoid harm to cancer patients.

Keywords COVID-19 · Pandemic · Head and neck cancer · Oral cancer · Management strategies

Coronavirus disease 2019 commonly designated as COVID-19, caused by severe acute respiratory symptoms coronavirus 2 (SARS-CoV-2), has been in the limelight since the beginning of New Year 2020 [1]. The World Health Organization (WHO) declared this outbreak as Public Health Emergency of International Concern

(PHEIC) on 30 January 2020, and a pandemic on 11 March 2020 [2]. All over the world, ‘Lock down’ is found to be the only effective method to control this outbreak. Due to the high infectivity and alarming increase in the number of cases affected by this contagious disease, most of the hospitals have stopped elective interventions, wards and operating rooms are emptied for emergency services and ventilators have been commandeered for this patient group. We would like to bring to the attention of the readers, the bystander victims in this scenario: patients with suspected and proven cancer awaiting diagnosis and therapy. Cancer is the second leading cause of death globally, accounting for an estimated 18.1 million new cancer cases and 9.6 million deaths, or one in six deaths, in 2018 [3]. We would like to illustrate this using the example of head and neck cancers which includes oral cancer as the most common cancer of men in India [4]. Patients with head and neck cancers, when they present at a stage where resection is feasible, can expect a reasonable outcome (40–50%) survival after the surgery and appropriate adjuvant treatment [5]. However, delaying surgery for even 1–2 months may lead to inoperability, when only supportive care can be provided. Being semi-emergent in nature, treatment for these patients is currently on hold in most centres across the country. The practice in other countries where the infection is more severe than in India has been to create new and innovative care pathways. We have contacted colleagues in USA, UK, UAE, Germany and Hong Kong. For instance, in UK, NHS England has rapidly supported the creation of ‘cancer hubs’, where cancer patients from multiple tumour groups are fast tracked on priority basis. To ensure full stakeholder participation, the hubs have suspended conventional regulatory requirements to referring surgical teams to operate at the hub. The hub is maintained as COVID-19-free by requiring patients to self-

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isolate when they have been accepted for intervention and regular testing for COVID-19 in the pre-treatment period [6]. Patients needing urgent cancer surgeries are referred to such dedicated centres and are scheduled for treatment as decided by the tumour board. Their tumour boards conduct virtual multidisciplinary team (MDT) meetings and decisions are taken accordingly. The American College of Surgeons (ACS) has given guidelines for triage of cancer surgeries during this pandemic and recommended the decision to be taken by MDT team based on the available resources and situation pertaining in their region [7]. We believe that these measures appropriately amended to suit the local needs, is a feasible concept that must be implemented as soon as possible. In the absence of clear views on the future trends of this pandemic, all measures must be taken to prevent patients with non-COVID diseases coming to harm.

Compliance with Ethical Standards

Conflict of interest There are no disclosures, no financial support received and no conflict of interest in conducting this study.

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