



CANCER DURING COVID

Balancing medical decisions

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The COVID-19 pandemic has brought numerous changes to the delivery of health care. The essential adjustments to address the acuity and severity of the COVID-19 pandemic have created a widening gap in access and timely treatment for people with cancer. Patients with cancer, often immunocompromised, face risk of worse outcomes should they contract COVID-19. Diagnostic studies, surgeries and treatment for many cancer patients have been delayed in recent months, potentially affecting prognosis and overall health. Diagnosing and treating cancer during a pandemic is an unprecedented challenge for physicians.

In early studies of COVID-19 infection in three hospitals in Wuhan, patients with cancer and COVID-19 had worse outcomes, with higher severity (ICU admission and mechanical ventilation) and mortality compared to patients without underlying health conditions. The risk was highest among patients who recently received tumor treatment and in those with lung cancer. Because of universally adopted measures and the need for additional precautionary measures for cancer patients, oncologists have been forced to reorganize many patients' treatment plans to minimize the number of clinic visits and hospital admissions, knowing delays

may have the potential to compromise cancer care.

Amit Mahipal, MD, MPH, a medical oncologist at Mayo Clinic, says his hospital, like many institutions, has taken precautions to slow the spread of COVID-19, including visitor limitations, virtual visits and routine temperature checks for staff and patients. Nevertheless, Mahipal says, "Cancer doesn't stop; attempts were made to provide the optimal care [during the COVID-19 pandemic]. Initially, there was a delay in treatment, including surgery." Many patients' treatment plans dictate regular hospital visits; any compromise can jeopardize the patient's recovery—con-



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– Kris Nozal, cancer patient

sequences are inevitable. Mahipal reports how one of his patients waited one to two months to contact his primary physician (because of COVID-19). After testing, CT scans showed a lesion in his pancreas. After a month of scheduling endoscopy and biopsy, he was diagnosed with pancreatic cancer. “For patients with pancreatic cancer, time is of the essence,” Mahipal says.

Kris Nozal, a patient with aggressive stage-4 sarcoma, describes her treatment and altered routine as one filled with stress and uncertainty, most of which can be attributed to fear that her cancer will progress. “My CT scan and cardiac testing were both delayed by a month,” she says. “Those tests are essential; an unfavorable CT or echo could alter my treatment plan.”

However, hospitals’ decisions to alter the treatment of cancer patients are validated when analyzing the data around COVID-19 spread. Two contrasting examples illustrate the impact of preventative measures on the spread of COVID-19 within a hospital. In Singapore General Hospital, all incoming patients were screened using a standard questionnaire; any patient who filled the criteria for SARS-CoV-2 was isolated during the treatment, in addition to other precautionary measures. This lowered the intra-hospital spread. Where extraordinary preventive measures have been adopted, the spread of COVID-19 is lower. In comparison, a single-center study in Wuhan at the beginning of the pandemic found 41 percent of 138 cancer patients were suspected of acquiring the infection while hospitalized. Such data was the catalyst to the reorganization of many hospitals and clinics across the United States to prevent the spread of COVID-19.

Risk of complications if infected with COVID-19 and delays in treatment are further complicated by the stress and effect on the emotional and mental health of patients with cancer. According to *Cure Today*, at least 80 percent of patients with cancer experience an increase in anxiety during their initial diagnosis and treatment plan. Adding an unprecedented global pandemic amplifies the stress.

Mental and emotional health is essential to physical health, especially in patients facing cancer

“I already live a life of uncertainty. [The COVID-19 pandemic] adds an additional layer of stress to an already difficult ‘new normal.’ Cancer and now [COVID-19] certainly make me feel even more isolated and an outsider to normal living,” Nozal says.

Physicians and health care organizations have made necessary life-saving decisions to address the COVID-19 pandemic. Perhaps a most difficult decision has been altering treatment plans for cancer patients, with inevitable unintended consequences. Maintaining the health and safety of patients has to be balanced against delays in care because both have the potential to change the life trajectory of patients with cancer. Progression of disease is a potential casualty of the pandemic. **MM**

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