



Perspective Study

Cancer treatment vis-à-vis COVID-19: The ledge of a precipice!!

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“CANCER” the word itself is sufficient to send shivers down anyone’s spine. Once diagnosed, a patient goes through phases of anger, anxiety, depression, followed by resilience and finally acceptance and adjustment. With all family and social support, a cancer patient looks forward to his treatment – both in terms of empathy as well as surgical/medical expertise from cancer specialists and subsequent “cancer-free survival”. Adding to their woes, is the current SARS-CoV-2 pandemic, the onset of which occurred in December 2019, in Wuhan, Hubei, ushering a devastating dawn to the year 2020. Characterized by rapid human to human transmission, via droplet contamination, this global pandemic has left no stone unturned to affect the entire human civilization. With no treatment currently approved, “social distancing”, “global lockdowns” and “curfews” have been imposed all across the world, as a means to contain the spread of this deadly virus. With more than 5.31 million cases worldwide, till date, and numbers continuing to rise, there seems no immediate relief.

In the midst of this scenario, consider the already immunocompromised cancer-sufferers, as well as the dilemma of the cancer care providers, in general and cancer surgeons, in particular. Whether “deferment” of treatment would in any way “harm” the patients, is still unknown, but a study in Lancet, by Kamboj et al. did highlight that cancer patients at the epicentre of a viral epidemic harboured a higher risk of infection (OR-2.31), when compared with the community, but less than 50% of these were actually undergoing any active cancer treatment [1]. Considering the ageing cancer population, in particular, Guan et al. in their study of 1099 patients also allayed the fear of increased infection risk to patients above the age of

60, concluding that age was not associated with increased susceptibility to infections [2].

Various global surgical associations in the United States, Europe, Australia as well as India, have laid down guidelines for triaging of cancer surgeries, whilst maintaining social distancing norms, both for the patient as well as cancer care provider. In the current era of “Evidence based medicine”, these guidelines help oncologists work within a framework, wherein globally equivalent triaging can be undertaken. But, this triaging, or “re-allocation” particularly of cancer surgeries, which were to be undertaken over the past few weeks, doesn’t seem to be ending quite soon.

Another fact to note is that healthcare resources are limited and triaging/postponement may be forced upon the healthcare providers, to re-allocate these resources to meet the surge in COVID-19 patients. So, what would be the way out, for “*les susceptibles*”? Telemedicine, for one may be a way to alleviate the anxiety and fear associated with treatment delays-speaking to their treating physician/doctor may help to reduce the stresses associated with the delay. Emergency surgeries, however, would have to continue, albeit with all protective equipment for medical personnel and set patient isolation protocols.

Moreover, the pandemic is here to stay, for a prolonged duration, till researchers are able to make any breakthrough with regards to its management and/or prevention. So, the strain on our healthcare system is bound to increase even further, and need for alternative modes of consultation to ensure proper triaging, as well as allay patient anxiety, is the need of the hour.



Probably, the take-home message would be that during this COVID-19 pandemic, harsh decisions may need to be made on curtailing cancer care. And if patients do require in-hospital emergent treatment, proper isolation protocols must be in place to mitigate the risk of infection.

As is rightly said, the world is now on *“the ledge of a precipice”* and requires both the people and practitioners to be *“hand in glove”* to cross this cliff.

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