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Unmet Needs in the Management of Cancer Patients in the COVID-19 Era

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Abstract

There is a lack of sufficient knowledge regarding the exact mechanism of severe acute respiratory syndrome-related coronavirus (SARS-CoV) and its role among cancer patients within the novel coronavirus (COVID-19) era. There are unmet needs in the management of cancer patients (in terms of treatment, diagnosis, medical care, infection risk, and prognosis) within COVID-19 pandemic which should be addressed to limit morbidities and improve outcomes.

Mini Review

There is a lack of sufficient knowledge regarding the exact mechanism of severe acute respiratory syndrome-related coronavirus (SARS-CoV) and its role among cancer patients within the novel coronavirus (COVID-19) era. Also, there is a growing global interest in research in this field, especially after the global pandemic outbreak and announcement of COVID-19 as pandemic by the World Health Organization (WHO) on March 11, 2020 [1]. A major concern regarding cancer patients has emerged within the current COVID-19 pandemic because of the subsequent infection of different ethnicities, races, and even generations.

Cancer patients are facing several challenges during the COVID-19 era. For example, cancer patients who receive systemic anticancer treatments are at higher risk of being infected with COVID-19 than their counterparts who do not receive anticancer treatment. Moreover, patients with an (active) malignancy may have an increased risk of SARS-CoV-2 infection. Also, malignancies may be independent risk factors for a more severe course of COVID-19 [2]. This is evident by the 2-time higher COVID-19 mortality in cancer patients compared to the general population [3].

In the clinical studies on cancer patients during COVID-19 era, there are several limitations in many new guidelines [4] including 1) the need to limit hospital admission of clinical trial participants and 2) the suspension of most of the clinical research studies (with few exceptions) and reduction of the activities related to clinical trials. Accordingly, precautionary measures have been implemented for patients on immunosuppressive anticancer treatment to limit their exposure to SARS-CoV-2 in hospitals. These measures include: 1) discouraging hospital admission for clinically stable patients, 2) adopting telemedicine to prevent nosocomial infection, 3) following strict distancing guidelines and using personal protection equipment (PPE) [3].

The novel COVID-19 pandemic has dramatically disrupted the continuous care provided to cancer patients including therapeutic and diagnostic workup. Hence, COVID-19 hinders cancer diagnosis and treatment, which in turn imposes an additional burden on the already overwhelmed worldwide healthcare system, especially in low socioeconomic and third world countries. In an observational study by Seth et al. [3], the authors concluded that although cancer treatment causes an immunocompetent state in cancer patients, the current evidence suggests that immunosuppressive therapies do not affect the COVID-19 fatality rate; however, it puts cancer patients at higher risk of developing more severe symptoms upon infection with SARS-CoV-2 compared to the general population.

The National Cancer Control Program [5] (NCCP) issued advice regarding the management of cancer patients during COVID-19 pandemic whether suspected or infected or not. Patients may expect changes in the treatment regimens by oncologists and reduction of face-to-face visits to be replaced by phone whenever possible. Also, patients should follow few steps to reduce the risk of infection with COVID-19 including cocooning, a term for staying mainly inside one's home and limiting face-to-face contact with others for cancer patients.

Studying mental illnesses among healthcare workers dealing with cancer patients and comorbid SARS-CoV-2 infection is very crucial although it is not widely studied. For example, a review by Ornell et al. [6], highlighted the mental health concerns in healthcare professionals and emphasized the importance of protecting the psychological well-being of the healthcare community worldwide.

Conclusion

In conclusion, there are unmet needs in the management of cancer patients (in terms of treatment, diagnosis, medical care, infection risk, and prognosis) within COVID-19 pandemic which should be addressed to limit morbidities and improve outcomes.

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