

Oncologists' Perspective: When Cancer Encounters COVID-19

The study by Giuseppe Curigliano reported an Italian experience in clinical cancer care during the COVID-19 pandemic [1]. It is worth learning about those practices. Patients with cancer were also affected to varying degrees in China. We would like to emphasize some additional points on this topic.

During a pandemic, hospitals are overloaded and may be unable to provide regular hospital services. Additionally, because of infection risk, some patients are reluctant to visit hospitals unless there is an emergency. Travel restrictions or quarantine policies can also deter patients from seeking medical care. Thus, treatment options for patients with cancer may be delayed or unavailable. Our unpublished data from a questionnaire survey of 1,147 patients with colorectal cancer showed that 78% of the patients were affected by the outbreak. The top three most affected events were laboratory and imaging examination, chemotherapy (including targeted therapy and immunotherapy), and the determination of treatment options. More than half (63%) of the patients visited the hospital for treatment, and among the patients who did not visit the hospital, 44.1% did not go because of travel restrictions or quarantine policies, 23.4% because of fear of infection, and 10% because of cessation of outpatient services in the hospital.

Patients with cancer may particularly be vulnerable to respiratory viruses because of the immunosuppression caused by cancer or anticancer treatment [2]. Similarly, the risk of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) may be increased [3]. Between chemotherapy, radiotherapy, follow-up, and tumor-related care (stoma care, tracheostomy care, and chemotherapy port care), patients with cancer have frequent hospital visits, thereby increasing the possibility of exposure. Furthermore, it is not only the risk of infection that is high in patients with cancer but also the severity of COVID-19. A small sample size study found that patients with cancer have a higher risk of severe events than other patients [4]. Additionally, some symptoms in patients with cancer are similar to those of COVID-19; therefore, these patients require special attention during diagnosis. Patients with cancer present with fever due to nosocomial infections, tumor fever, or chemotherapy-induced neutropenia. Diarrhea caused by chemotherapy and radiation enteritis is not uncommon. Viral screening should be increased for patients with these symptoms without causing unnecessary panic.

Oncologists cannot stand apart from the pandemic response. We need to understand how the virus is

transmitted and what protective measures are in place to protect ourselves when performing chemoradiotherapy, surgery, endoscopy, and pathological biopsy. We should raise awareness of the virus and preventative measures among our patients. We should also provide more telemedicine services through online platforms or smartphone apps, particularly for patients in areas of unbalanced medical resources. We should transform face-to-face multidisciplinary discussions into online multidisciplinary discussions, which will make it more convenient to provide services to patients. Most importantly, oncologists should make appropriate treatment decisions based on the pandemic situation and the patient's condition.

ZHAOYA GAO

Department of General Surgery Peking University Shougang Hospital, Beijing, People's Republic of China

YONG YANG

Department of Gastrointestinal Surgery III, Peking University Cancer Hospital, Beijing, People's Republic of China

CHANGMIN DING

PENGFEI NIU

WENSHENG HUANG

FUMING LEI

Department of General Surgery Peking University Shougang Hospital, Beijing, People's Republic of China

JIN GU

Department of General Surgery Peking University Shougang Hospital, Beijing, People's Republic of China

Department of Gastrointestinal Surgery III, Peking University Cancer Hospital, Beijing, People's Republic of China

DISCLOSURES

The authors indicated no financial relationships.

REFERENCES

1. Curigliano G. How to guarantee the best of care to patients with cancer during the COVID-19 epidemic: The Italian experience. *The Oncologist* 2020;25(6):463–467.
2. Kamboj M, Sepkowitz KA. Nosocomial infections in patients with cancer. *Lancet Oncol* 2009;10:589–597.
3. Yu J, Ouyang W, Chua MLK et al. SARS-CoV-2 transmission in patients with cancer at a tertiary care hospital in Wuhan, China. *JAMA Oncol* 2020 [Epub ahead of print].
4. Liang W, Guan W, Chen R et al. Cancer patients in SARS-CoV-2 infection: A nationwide analysis in China. *Lancet Oncol* 2020;21:335–337.

<http://dx.doi.org/10.1634/theoncologist.2020-0296>

No part of this article may be reproduced, stored, or transmitted in any form or for any means without the prior permission in writing from the copyright holder. For information on purchasing reprints contact Commercialreprints@wiley.com. For permission information contact permissions@wiley.com.