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# Delaying Dilemmas: Coronavirus Complications Impacting the Management of Prostate Cancer

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A 72-year-old man with a history of coronary artery disease requiring angioplasty and 2 stents in 2017 (no history of myocardial infarction and no ongoing cardiac issues) received a diagnosis of National Comprehensive Cancer Network unfavorable intermediate-risk (UIR) prostate adenocarcinoma (Gleason score 4 + 3 in 4 of 12 cores, cT2a, prostate-specific antigen 8.2 mg/L) in October 2019. He refused surgery and met with a radiation oncologist. After prolonged discussions about his prostate cancer risk and his cardiac history, he elected for stereotactic body radiation therapy (SBRT) without androgen deprivation therapy<sup>1</sup> and was scheduled for computed tomography simulation in the beginning of March 2020.

With the increases in the numbers of SARS-CoV-2 cases, and after lengthy discussions regarding reasonable and safe delays for UIR patients,<sup>2</sup> the patient elected to delay SBRT due to his concerns about viral exposure. He received a 1-month leuprolide depot injection in March 2020 as a bridge to SBRT but missed a 3-month shot in April because of fear of exposure. He was planned for a computed tomography simulation in May as clinics started reopening but was lost to follow-up for several additional months because of his fears of exposure.

During a COVID-19 second wave surge several months later, the patient has a repeat prostate biopsy that shows Gleason score 4 + 4 in all 6 out of 12 cores. He continues to refuse surgery and requests RT with androgen deprivation therapy.

## Questions

1. Taking into consideration your hospital policies and regional COVID-19 considerations, would you have done anything differently in March 2020?
  - a. What is your recommended fractionation for UIR patients?
2. How would you approach management of this patient after he re-presents with high-risk disease?
  - a. Are you irradiating elective lymph nodes for high-risk cases during this time? What if the patient has baseline lymphopenia?
  - b. Would you test this patient for SARS-CoV-2 infection? When and how often?
3. Has anything permanently changed about your management of UIR or high-risk cases as a result of the pandemic?

## References

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Disclosures: none.