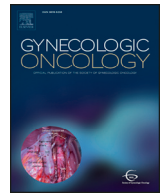




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Clinical commentary

Coronavirus concerns: What do women with gynecologic cancer need to know during the COVID-19 crisis?



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The epidemic of the 2019 SARS-CoV2 virus, causing the disease COVID-19, has posed critical challenges for public health, research and medical communities. Published clinical and epidemiologic descriptions of the first cases in the original epicenter of the outbreak, the City of Wuhan in Hubei province, China, are critical in understanding the pandemic and shaping an appropriate response as the number of cases continues to grow worldwide. However, these early studies have limitations inherent to reporting the evolution of a new pathogen, in its very earliest stages, in real time [1,2]. This is especially applicable to cancer care during the COVID-19 pandemic. Early data describing patient cohorts in China suggest that individuals with cancer may have higher rates of COVID-19-related complications, including admission to intensive care units, need for mechanical ventilation and death [3,4]. However, such studies are limited by small sample size, heterogeneous cancer types and several possible confounding variables including noncancer comorbidities. Oncology providers face difficult decisions, balancing plausible risks of COVID-19 infection for cancer patients with the recognized consequences of not treating cancer in an effective or timely manner [5].

Several medical societies have provided guidance for oncology providers during the COVID-19 pandemic [6–10]. However, resources addressing the questions of patients with cancer during the COVID-19 crises remain scarce, and, in fact, at present, there is a dearth of reports of patients' perspectives on the issue. With this in mind, SHARE and the Foundation for Women's Cancer (FWC) hosted a webinar on April 10, 2020, entitled "What the COVID-19 Crisis Means for Women with Gynecologic Cancer." SHARE is a nonprofit organization that enables informed survivors of ovarian and breast cancer to help women facing these diseases through its toll-free national helplines, in-person support groups, educational programs and advocacy with a focus on the medically underserved. The FWC is a nonprofit organization dedicated to increasing research, education and awareness about gynecologic cancer risk, prevention, early detection and optimal treatment and is the official foundation of the Society of Gynecologic Oncology (SGO). SHARE and the FWC sent online webinar invitations to women with prior or current gynecologic cancer through their email distribution lists and the registration link was posted on social media. The webinar consisted of 30 min of didactic presentations by gynecologic oncologists with accompanying slides covering the following topics: COVID-19 basics, early data on COVID-19 in people with cancer, disruptions in clinical care

including follow-up visits, cancer screening, laboratory tests, imaging, chemotherapy, radiation therapy and surgery, the role of telehealth, decision-making and advanced directives, recommendations to minimize risk, wellness during COVID-19 and coping strategies. The didactic portion was followed by a 30-minute question and answer session. Participants were invited to share questions through an online portal prior to and during the webinar. We aim to share these questions so that those providing oncologic care to women with gynecologic cancers can understand the concerns and queries of their patients and utilize that knowledge to improve patient education and support.

Two hundred and forty-seven women registered for the webinar and 138 participated in the live webinar. Participants submitted 176 questions (147 questions prior to the webinar and 29 during the webinar) (Fig. 1). The most common request was for general information on the relationship between cancer and COVID-19 infection, and many participants specifically asked whether prior or current cancer and cancer-related treatment increase the risk of COVID-19 infection or having a serious outcome if infected. There were a multitude of questions regarding treatment interruptions, delays and cancellations, specifically with regard to surgery, chemotherapy, laboratory testing and surveillance visits, including screening cancellations for *BRCA1/2* mutation carriers and whether someone being evaluated for possible recurrence was considered "non-essential." There was worry about the safety of non-cancelled visits, as well as several questions related to concerns about being on PARP inhibitors: whether risk is increased, how to manage visit cancellations, whether to stop the treatment. Other topics of concern to participants included how best to "protect myself," request for coping strategies and support programs, financial navigation and medical queries (port flush, taking ibuprofen). Additionally, there was concern expressed about the safety of a woman with a cancer history being a health care worker on the frontline.

An important theme of questions addressed participants' concerns should they test positive for COVID-19: if they are infected, can they receive chemotherapy? would they be denied access to a ventilator or intensive care unit bed if they required one? Participants questioned how COVID-19 would present in a person with cancer: would it be possible to be asymptomatic? how would they distinguish between chemotherapy side effects and the symptoms of COVID-19? what should be done if someone with cancer thinks she has COVID-19? Participants had many questions about advance care planning and asked whether they should change their advanced directives due to the COVID-19 pandemic, or focus on decisions about hospice.

The participation from women with prior and current gynecologic cancer through this webinar offers gynecologic oncology care providers a glimpse into the questions and concerns of our patients. The COVID-19 pandemic is likely uniquely unsettling to gynecologic oncology patients; their treatments are interrupted, surgeries cancelled, regular oncology

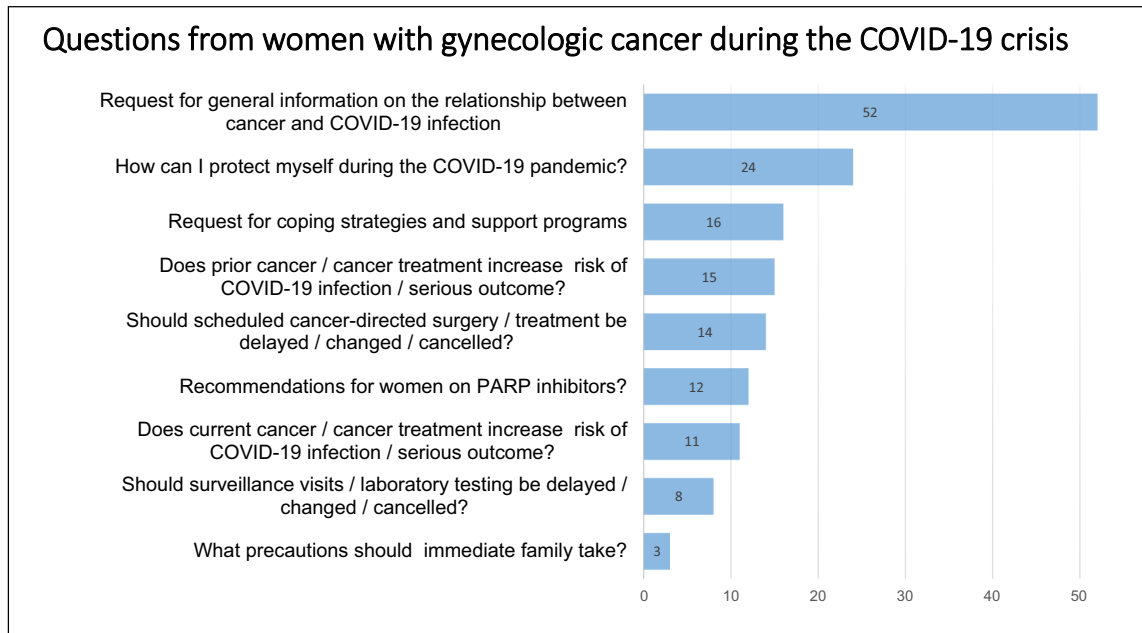


Fig. 1. Questions from women with gynecologic cancer during the COVID-19 crisis

evaluations rescheduled and the relationship between COVID-19 and cancer remains unclear. Furthermore, prior literature has established that women with ovarian cancer consider communication between patient and physicians essential [11–15]. Oncologists are facing unprecedented times. As providers of gynecologic oncology care, it is imperative that we remain well-informed about practice-changing research and incorporate new data into the care of our patients. However, it is equally critical that we communicate this growing knowledge about COVID-19 and cancer with our patients and strive to optimize their medical and emotional well-being.

Credit authorship contribution statement

Melissa K. Frey: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Supervision, Writing - original draft, Writing - review & editing. **Stephanie V. Blank:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Supervision, Writing - original draft, Writing - review & editing.

Declaration of competing interest

None of the authors have any conflicts of interest to disclose.

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