



Cancer care in a time of COVID and telehealth: correspondence

Rujittika Mungmunpantipantip¹ · Viroj Wiwanitkit²

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Dear Editor,

We would like to share ideas on “Cancer care in a time of COVID: lung cancer patient’s experience of telehealth and connectedness [1].” Fraser et al. concluded that “The use of telehealth was supported during the management of COVID-19. Connectedness and convenience were the key to the level of comfort and confidence for patients with lung cancer using telehealth during “lockdown” [1]. We agree that the pandemic has an impact on the conventional medical service system, necessitating changes in care supply. Previous research has found that during a pandemic, the rate of malignant patients with more advanced stages of disease increases when compared to the pre-pandemic period [2, 3].

The difficulties in obtaining a health-care assessment could be a significant barrier to cancer patients receiving treatment at a medical center. Telemedicine could be a viable alternative to assist people cope with the stress of the COVID-19 pandemic. However, a good infrastructure is necessary, and a basic system is usually required. Fraser et al. conducted a telephone survey rather than a complete telecommunication in this study. This could also signify that the practitioner prefers to use classifying telephone conversation since it is more convenient. An intentional case recruitment could result in a bias, according to the protocols of the Fraser et al.’s study. Fraser et al. also mentioned utilizing a translator in some circumstances, although there is no way to confirm the translation’s correctness. Finally, the NVivo software used in this study will be suitable for quantitative analysis only if adequate training time is provided, inter-coder reliability is established,

the number and length of documents is known, coding time is known, coding structure is known, automated coding is used, and separate databases or additional supporting software may be required. This issue’s specifics should also be discussed.

Nevertheless, we still support that the telemedicine is useful for supportive care of the cancerous patient if there is a good management system. On the other side, medical centers may have laws prohibiting them from providing much care during a pandemic, which could be another factor contributing to the patient’s lack of effective treatment. The question of how to handle the situation is really intriguing. Specific health treatment for this key group of patients may be required, as well as the establishment of specific targets for these individuals. Telemedicine may be used to reduce unnecessary visits [3]. The patient survey may indicate that the telemedicine strategy can assist in the resolution of problems during a pandemic, and that the patients are satisfied. Nonetheless, for the required cases, a mandatory follow-up visit should be maintained.

Author contribution

RM 50%

- 1a. Substantial contributions to study conception and design.
- 1b. Substantial contributions to acquisition of data.
- 1c. Substantial contributions to analysis and interpretation of data.
2. Drafting the article or revising it critically for important intellectual content.
3. Final approval of the version of the article to be published.

VW 50%

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Both authors have equal contributions in idea generating, drafting, writing, revising, and approval for final submission.

Data availability Available.

✉ Rujittika Mungmunpantipantip
rujittika@gmail.com

¹ Bangkok, Thailand

² Dr DY Patil University, Pune, India

Code availability Not applicable.

Declarations

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Consent to participate Not applicable.

Consent for publication Not applicable.

Conflict of interest The authors declare no competing interests.

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