



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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



COVID-19 Rapid Letter

Can we prevent COVID-19 from causing victims among uninfected cancer patients? ☆



Sara Ramella^a, Barnaba Floreno^{a,*}, Rolando Maria D'Angelillo^b, Laura Leondina Campanozzi^c, Vittoradolfo Tambone^c

^aRadiotherapy Unit, Campus Bio-Medico University Hospital of Rome; ^bRadiotherapy Unit, Tor Vergata University Hospital of Rome; and ^cInstitute of Philosophy of Scientific and Technological Practice (FAST), Campus Bio-Medico University of Rome, Italy

In 2018, 65% of new cancer diagnoses and 78% of cancer-related deaths occurred in low- and middle-income countries (LMICs) [1] and by 2040, the yearly number of cancer deaths worldwide is projected to increase by more than 70% [2].

Radiotherapy is a highly effective oncological treatment, required for management of >50% of all stages of disease. The paradox is that in all LMICs there is a serious underinvestment in radiotherapy, while political attention is focused on high cost pharmacological treatments.

Actual coverage of the requirements of radiotherapy range from 34% in Africa, to over 92% in Europe and to about 200% in North America [3]. International efforts are needed to overcome the impending “silent crisis” by LMICs.

The “Global Task Force on Radiotherapy for Cancer Control” (GTRFCC) has published the most comprehensive analysis on this topic. This report has estimated the investment and operational costs for radiotherapy across the globe in order to bridge the gap in the provision of radiotherapy by 2035; the report focused on the incremental costs to be incurred in order to cover the additional resources needed over the next 20 years [4]. The GTRFCC estimated that an additional 26.9 million life/years could be saved [5].

Currently, a terrible health and economic crisis caused by SARS-CoV-2 infection is spreading worldwide and the authorities are rightly concentrated in coming out of the pandemic as soon as possible. Just like the virus, cancer also does not respect borders and an oncological disease in LMICs often means not having access to adequate treatment. It has become imperative to take global action in the fight against inequality in medical care, a key issue of current

medical ethics, so that long-term plans to develop radiation therapy in LMICs do not lose their priority in overcoming the ongoing “silent crisis”. This pandemic is teaching us that preventive measures and strategies are essential to tackle a health emergency, especially for the implementation of a radiotherapy center that requires adequate staff training. Further delays will result in unnecessary deaths, worsening inequalities and inability to deliver benefits for health, the economy and society. This ongoing challenge requires the concerted effort of all stakeholders and the support of international organizations. If these actions were postponed to the post-pandemic period, there would be the risk of adding to the victims of COVID-19 also the deaths of cancer patients not infected but undertreated.

References

- [1] Ferlay J, Ervik M, Lam F, et al. Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer; 2018. <https://gco.iarc.fr/today>. Accessed July 22, 2019.
- [2] Ferlay J, Ervik M, Colombet M, et al. Global Cancer Observatory: Cancer Tomorrow. Lyon, France: International Agency for Research on Cancer; 2018. <https://gco.iarc.fr/tomorrow>. Accessed May 10, 2019.
- [3] Datta NR, Rogers S, Bodis S. Challenges and opportunities to realize “The 2030 Agenda for Sustainable Development” by the United Nations: implications for radiation therapy infrastructure in low- and middle-income Countries. *Int J Radiat Oncol* 2019;105:918–33.
- [4] Zubizarreta EJ, Van Dyk Y, Lievens Y. Analysis of global radiotherapy needs and costs by geographic region and income level. *Clin Oncol* 2017;29:84–92.
- [5] Rodin D, Aggarwal A, Lievens Y, Sullivan R. Balancing equity and advancement: the role of health technology assessment in radiotherapy resource allocation. *Clin Oncol* 2017;29:93–8.

☆ The Editors of the Journal, the Publisher and the European Society for Radiotherapy and Oncology (ESTRO) cannot take responsibility for the statements or opinions expressed by the authors of these articles. Practitioners and researchers must always rely on their own experience and knowledge in evaluating and using any information, methods, compounds or experiments described herein. Because of rapid advances in the medical sciences, in particular, independent verification of diagnoses and drug dosages should be made. For more information see the editorial “Radiotherapy & Oncology during the COVID-19 pandemic”, Vol. 146, 2020.

* Corresponding author at: Radiotherapy Unit, Campus Bio-Medico University Hospital of Rome, Italy.

E-mail address: b.floreno@unicampus.it (B. Floreno).