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Preparing African anticancer centres in the COVID-19 outbreak

We congratulate Wenhua Liang and colleagues for their Comment laying out the strategic policies against cancer during the COVID-19 outbreak.[1] The disease is now spreading rapidly to and within Africa. Like other countries, Morocco had the opportunity to analyse early COVID-19 data and acknowledge that individual-scale policies such as isolation would not stop the pandemic. Morocco adopted large-scale drastic measures early, including constraining mobility with a mandatory restrictive housing and curfew, despite the low number of cases (starting from 60 cases) compared with Europe. We expect that COVID-19 will have a major impact on African countries, with the risk of a rapid health-care system shutdown, due to a pre-existing shortage in material (eg, intensive-care unit beds or protective equipment) and human resources.

In this context, anticancer centres in Africa will face many challenges and uncertainties. Health-care providers might need to make the difficult ethical shift from individual cancer patient management to public health priorities, imposed by these exceptional curcumstances.[1,2] Anticancer resources, especially intensive-care unit beds and human resources, will probably need to be repurposed in the fight against the COVID-19 pandemic. Cancer centres will therefore be obligated to postpone most cancer treatments. Consequently, anticancer centres should embrace the uncertainties and proactively prepare for this fight through several measures. First, they should prepare at the early stages of the pandemic to receive suspected or confirmed patients with COVID-19 and cancer, and adopt measures to protect patients only with cancer during treatment who have a higher risk of severe events or death (×3·5) than the general population.[1] Second, health-care workers need to be protected, because, unlike ventilators, they cannot be urgently manufactured or run at 100% capacity for long periods.[3] Third, all major elective surgeries for stable cancers should be postponed to leave intensive-care unit beds free during the peak of the epidemic. Fourth, we propose oncological waiting strategies and a prioritisation of curative and adjuvant treatments over palliative ones to limit the impact on vulnerable patients.[1,4] Finally, specialists in cancer centres should be prepared to manage patients with COVID-19 but not cancer in case the national health-care system is overwhelmed.

Mirroring early radical national measures with radical actions at the hospital level, including at anticancer centres, might be the best way to prepare for the worst of the COVID-19 outbreak to come for African countries in the next few weeks.

We declare no competing interests.

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4 Ueda M, Martins R, Hendrie PC, et al. Managing cancer care during the COVID-19 pandemic: agility and collaboration toward a common goal. *J Natl Compr Canc Netw* 2020; published online March 20. https://doi.org/10.6004/jnccn.2020.7560.

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