Impact of the COVID-19 Pandemic on Indian Cancer Patients

T.M. Anoop[1] Pranab K. Prabhakaran[1]

[1]Department of Medical Oncology, Regional Cancer Centre, Thiruvananthapuram, Kerala, India

Dr T.M. Anoop

Address for correspondence T. M. Anoop, DM, DNB, Department of Medical Oncology, Regional Cancer Centre, Thiruvananthapuram, Kerala, 695011, India (e-mail: dranooptm@yahoo.in.).

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The editorial published in the *Lancet Oncology* on April 2020, "COVID-19: Global consequences for oncology," clearly pointed out the impact of coronavirus disease 2019 (COVID-19) on oncology patients.[1] As the COVID-19 pandemic escalates with each passing day, the current global health-care ecosystem is diverting all the existing medical infrastructure and resources to tackle this humanitarian crisis. However, cancer patients and their treating physicians are all in a great fix as patients who are on active systemic anticancer treatment, elective cancer surgeries, and radiation are faced with unpredictable treatment delay.

According to Liang et al,[2] patients with cancer and poorer prognosis had a higher risk of COVID-19 than those without cancer. Patients with cancer were observed to have a higher risk of severe events compared with patients without cancer as cancer patients were more susceptible to infection because of their systemic immunosuppression caused by the malignancy and anticancer treatments, such as chemotherapy or surgery.[2,3]

The authors concluded with three recommendations for cancer patients in COVID-19 crisis: cancer physicians will need to intentionally postpone adjuvant chemotherapy or elective surgery for stable cancer, implement strong personal protection strategies, and, lastly, undergo intensive surveillance or treatment for patients with cancer infected with severe acute respiratory syndrome coronavirus 2, especially in older patients.

In order to contain the COVID-19 pandemic, the Government of India under the Prime Minister Narendra Modi ordered a nationwide lockdown for 21 days from March 24 to April 14, 2020, limiting the movement of the entire 1.3 billion population of India as a preventive measure, stating that a lockdown for a sustained period of time can help break the chain of infection.

As part of the nationwide lockdown, many cancer hospitals across India are providing only emergency services for oncology patients, postponing all adjuvant chemotherapy and scheduled surgery services. Patients on neoadjuvant chemotherapy for breast cancer and patients with hematological malignancies such as acute leukemia are finding it difficult to access their planned treatment due to restricted travel, as many patients who reside in faraway small towns or rural areas are at the mercy of hospitals in cities for their cancer care. Uncertainties in shelter and safe food are also the harsh realities for these unlucky lot coupled with the anticipated shortages in personal protective equipment, cancer drugs, and their supportive treatment namely antibiotics, growth factors, and blood products, all pointing to a grim outlook.

Most cancer hospitals had come up with virtual outpatient clinic during this period of lockdown. Though this may reduce the apprehension of oncology patients and their caregivers, patients are also conveniently advised not to visit hospitals because of the higher infection risk. Apart from routine clinical services, clinical research trials are also similarly affected.

Hence, how long can we unwittingly delay the cancer treatment during the COVID-19 crisis is the big question in front of us. The decisions on postponing cancer treatment need to be made on the basis of individual patient's risk factors and clinical scenarios. The benefit of chemotherapy should outweigh the risk of COVID-19. The risk of delays could lead to tumor progression and ultimately, poorer outcomes should also be considered when postponing the chemotherapy.

In conclusion, when dealing cancer patients receiving chemotherapy during the COVID-19 pandemic, we suggest considering less myelosuppressive chemotherapy regimens as bridge therapy from the nearest accessible and safest health facility. Patients should be advised to avoid less mandatory

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follow-up hospital visits. Safe and healthy doctor–patient interactions are also the key to curb cross-infection and stop the spread of the virus.

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There are no conflicts of interest.

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