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Letter to the Editor

Cancer treatment during the coronavirus disease 2019 pandemic: Do not postpone but decide wisely

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We thank Omarini *et al.* [1] for sharing the practical health recommendations adopted in their centre and their experience with COVID-19. They conclude that cancer care cannot be postponed only on the basis of the risk of COVID-19 infection. Even if we agree on the general principle that cancer treatment cannot be definitively postponed in the context of a pandemic whose end is uncertain, we believe that decisions may differ from those made in the pre-COVID-19 context.

As described by the authors, the rate of infection with SARS-CoV-2 does not appear to be higher in patients with cancer but the mortality rate (22–28%) is higher than that in patients without cancer [1,2]. This high mortality rate is most probably explained by the toxic effect of antitumoral treatments or the frailty induced by cancer itself [3]. Omarini *et al.* [1] advise, by considering the high rate of mortality and/or severe complications, that an intensive attention should be paid to patients with cancer and COVID-19 symptoms/infections. But in the current context of an absence of treatment with significant effect for COVID-19, this intensive attention will not result in better outcomes for our infected patients. Oncologists must adapt to this new context and understand the implication for the benefit/risk ratio of antitumour drug prescription. Although the benefit of our treatments is

unchanged, their risks have risen with the possibility of resulting in death by COVID-19. This shift in the balance between benefit and risk may be particularly true for treatments with uncertain benefit compared with palliative care in advanced stages and treatments with uncertain necessity as neoadjuvant and adjuvant treatments.

In troubled times that we are experiencing, we must understand the persistent implication for decision-making in oncology. Eventually, we will have a score to predict the risk of severe COVID-19 [3], a treatment for patients with COVID-19 or even a vaccine. In the meantime, cancer treatment should not be unnecessarily postponed because it can be lifesaving, but we should be even wiser in the decision-making process and be careful to first not harm.

Conflict of interest statement

All authors have nothing to disclose in relation to this manuscript.

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