

## Oncological Surgery During the COVID-19 Pandemic: The Need for Deep and Lasting Measures

We acknowledge the international collaborative group [1] for proposing international guidelines for the management of patients with cancer during COVID-19, with concrete and practical approaches toward prioritization frameworks for managing the ethical challenges of treating patients with cancer.

To date, all the various recommendations issued by oncological societies reacting to this unprecedented situation [2] seek safety considerations and prioritizing frameworks for patients with cancer requiring treatment in SARS-CoV-2 endemic areas [3]. In surgical oncology, most guidelines propose an urgent response to the salient questions related to this situation through delaying nonurgent treatment, offering less invasive treatments to patients who are waiting for surgery, prioritizing curative care, and adjusting activity to supplies and human resources [4].

However, data from the Chinese model [5] and others [6] suggest that the pandemic may evolve toward an endemic situation, with epidemic outbreaks, and prioritization frameworks may have to be adapted to a long-lasting situation. Thus, a radical shift in mindset is needed to prepare and respond to this new way of taking care of patients with cancer.

Subsequently, this profound and probably long-lasting transformation should proceed through two major actions.

(a) Learning to treat inpatients in a non-COVID-free world by the following:

- Strengthening the division between different hospital areas according to zones with or without positive COVID-19 cases. Areas without positive COVID cases should be separated for the strict prevention of contamination, with triage areas at entrances. These measures, although requiring rigorous adherence, are feasible with completely separate staff members and facilities [7].
- Emphasizing infection-preventive measures by providing respiratory and hand hygiene instructions as well as making available appropriate personal protective equipment (PPE) for health care workers in practice, especially in operating rooms and intensive care units.
- Implementing agile and responsive protocols with readiness to switch from a state of department activity to its discontinuation according to the epidemiological evolution of the pandemic, while ensuring that health care staff and department activity are able to adapt to either state.

(b) Proposing a global reflection on the “fair” distribution of medical resources by the following means:

- Stressing adherence to preventive measures and PPE use.
- Managing resource scarcity as if managing organ shortage for transplantation. The number of possible oncological surgeries will be reduced compared with the demand considering the importance of risk assessment and balance against the expected benefit.
- Embracing a super-adaptive mindset aiming to provide the best possible care under these circumstances as with war surgery. This implies taking into consideration resource scarcity and allocating these resources efficiently, whether they are human assets, blood supplies, or equipment.

The COVID-19 outbreak has already overwhelmed health system capacity, especially cancer centers around the world, and it may last [8]. We need to be prepared for a long-lasting battle by establishing deep and lasting measures to protect the vulnerable population of patients with cancer.

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### DISCLOSURES

The authors indicated no financial relationships.

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<http://dx.doi.org/10.1634/theoncologist.2020-0360>