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How we treat patients with lung cancer during the SARS-CoV-2 pandemic



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Dear Editor,

We have read with interest the recommendations regarding the treatment of patients with lung cancer during the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic.¹

In Spain, we are suffering a similar situation and facing a lack of evidence on how to manage patients with lung cancer when considering the risk/benefit ratio of continuing treatment or temporarily stop it. We understand the need of some guidelines, but we do not understand the affirmation ‘*prophylactic granulocyte colony-stimulating factor with systemic anticancer treatment should be considered*’,¹ appearing in different parts of the manuscript and that seems to suggest that during the infection these factors should be used more frequently than what it is recommended in guidelines² and therefore have a protective role. We do not agree with this suggestion, since the severity of this infection seems to be more correlated with a cytokine release picture than with a conventional sepsis or infection and that the haemophagocytic syndrome that critically ill infected patients present is characterised by the increase in various interleukins, and even the granulocyte colony-stimulating factor, among others, and that cytopaenias are more explained by immune phenomenon³ than as a consequence of treatments.

We think that this recommendation might be more prejudicial than beneficial, since we do not have enough evidence to support it. The patients we have treated in Spain showed that severity is more associated to an hyper-inflammatory syndrome than with a standard

sepsis situation, in a context of neutropaenic infection and therefore granulocyte colony-stimulating factor (G-CSF) for SARS-CoV-2 may not be useful and even harmful if we treat lung cancer patients with G-CSF.

We would like to finish emphasising the need of strong evidence (or at least some evidence) to guide experts’ opinion keeping always in mind *primum non nocere*.

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