



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



COVID-19 Rapid Letter

COVID-19 and gynecological cancers: A Moroccan point-of-view[☆]Nabil Ismaili^{a,b,*}^a University Mohammed VI of Health Sciences, Casablanca (UM6SS); and ^b Department of Medical Oncology, Cheikh Khalifa University Hospital, Casablanca, Morocco

Dear Editor

The corona virus (covid-19) pandemic has a major impact on Moroccan population particularly those suffering from cancer [1]. On May 06, 2020, more than 5400 COVID-19 cases, and more than 180 deaths related to coronavirus, have been reported in Morocco. And like other countries, recommendations for the management of cancer patients have been established. In the case of gynecological cancers, general measures are necessary, such as the wearing a mask by medical staff and patients, the use of the hydro-alcoholic solution, the systematic taking of temperature, and postponing of unnecessary consultations and screening procedures for 3–6 months. In addition, non-urgent treatments such as surgery for low risk endometrial cancers (Stage IA, low grade, endometrioid type), or adjuvant treatments by radiotherapy after surgery for endometrial cancer may be postponed until crisis resolves. The use of granulocyte colony stimulating factors is strongly recommended with chemotherapy.

In our context, and given that the impact of the epidemic is much less significant than that of other neighboring countries such as Europe and United States of America, few changes have been reported in our current practice in the Cheikh Khalifa University Hospital. In cervical cancer, which remains a public health problem in Morocco with a vast majority of cases diagnosed at advanced and non-operable stages, the treatment of choice is a combination of radio-chemotherapy plus brachytherapy. Concurrent chemotherapy with weekly cisplatin at a dose of 40 mg/m² is preferred [2]. In endometrial cancer, little changes have been proposed in the management. In early stages (stage I and II), consider surgery first followed by adjuvant treatments including chemotherapy (4 cycles of carboplatin/paclitaxel) and radiotherapy/brachytherapy in case of adverse prognosis factors (high histological grade, non-endometrioid histological types,

degree of invasion and Age). In locally advanced stages (Stage III and IVA), surgery first, then chemotherapy (6 cycles of carboplatin–paclitaxel) followed by radiotherapy and brachytherapy is the preferred strategy. In symptomatic metastatic stages, chemotherapy is the treatment of choice based on the carboplatin plus paclitaxel. In certain cases, mono-chemotherapy or hormone therapy may be recommended (old age and poor PS) [3]. In ovarian cancer, no change in the management of localized stages (I and II). In the advanced stages, favor a strategy starting with neoadjuvant chemotherapy followed by interval surgery. No recommendation for adjuvant therapy for R0 disease. However, in R1 or R2 resection, additional treatment with 3 courses of paclitaxel carboplatin plus Bevacizumab followed by maintenance with Bevacizumab is indicated [4]. In stage IV, chemotherapy with carboplatin/paclitaxel plus maintenance with Bevacizumab is the treatment of choice. In vulvar cancer, consider surgery in localized stage, and chemoradiotherapy in locally advanced stage of the disease [5]. For patients with vaginal cancer, radiotherapy plus brachytherapy is preferred in early stage, and chemoradiotherapy plus brachytherapy in locally advanced stages. No changes have been reported in the management of trophoblastic and germ cell tumors [6].

Competing interests

The authors declare that they have no competing interests.

Author's contribution

Nabil Ismaili wrote and approved the final manuscript.

References

- [1] Liang W, Guan W, Chen R, Wang W, Li J, Xu K, et al. Cancer patients in SARS-CoV-2 infection: a nationwide analysis in China. *Lancet Oncol* 2020;21:335–7.
- [2] Elmajjaoui S, Ismaili N, El Kacemi H, Kebdani T, Sifat H, Benjaafar N. Epidemiology and outcome of cervical cancer in national institute of Morocco. *BMC Womens Health* 2016;16:62.
- [3] Koh WJ, Abu-Rustum NR, Bean S, Bradley K, Campos SM, Cho KR, et al. Uterine Neoplasms, Version 1.2018, NCCN clinical practice guidelines in oncology. *J Natl Compr Canc Netw* 2018;16:170–99.

[☆] The following disclaimer text MUST be included as the Title page footnote: The Editors of the Journal, the Publisher and the European Society for Radiotherapy and Oncology (ESTRO) cannot take responsibility for the statements or opinions expressed by the authors of these articles. Practitioners and researchers must always rely on their own experience and knowledge in evaluating and using any information, methods, compounds or experiments described herein. Because of rapid advances in the medical sciences, in particular, independent verification of diagnoses and drug dosages should be made. For more information see the editorial "Radiotherapy & Oncology during the COVID-19 pandemic", Vol. 146, 2020.

* Corresponding author Address: Mohammed VI University of Health Sciences (UM6SS), Casablanca, Morocco.

E-mail address: ismailinabil@yahoo.fr

- [4] Armstrong DK, Alvarez RD, Bakkum-Gamez JN, Barroilhet L, Behbakht K, Berchuck A, et al. Guidelines insights: ovarian cancer, version 1.2019. *J Natl Compr Canc Netw* 2019;17:896–909.
- [5] Koh WJ, Greer BE, Abu-Rustum NR, Campos SM, Cho KR, Chon HS, et al. Vulvar Cancer, Version 1.2017, NCCN clinical practice guidelines in oncology. *J Natl Compr Canc Netw* 2017;15:92–120.
- [6] Carcopino X, Chauvet P, Collinet P, Coutant C, Dabi Y, Dion L. Recommendations for the surgical management of gynecological cancers during the COVID-19 pandemic - FRANCOGYN group for the CNGOF. *Journal of Gynecology Obstetrics and Human Reproduction* 2020.