Cancer in the context of COVID-19: Summary of emerging evidence (8)

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The CRI presents a selection of emerging research articles and clinical practice guidelines related to cancer and COVID-19, with a summary of their key findings/recommendations (links to the articles are embedded as hyperlinks in the titles). This is the eighth of our weekly compilation, which we plan to update and disseminate as the pandemic evolves globally and nationally.

This week, we highlight latest research related to oncology services in COVID-19 outbreak settings, including African and Middle East Asian contexts. We hope that insights from these pieces of evidence will help guide how we rethink cancer prevention, treatment and care in the context of the ongoing pandemic, in view of its unprecedented implications for patients, healthcare providers and the community in general. We are keen to include research and guidelines from African settings and will profile these as they become available. Previous weeks' editions can be found on the **CRI website,** as well as on **our Twitter page (@UctCri).**

Salako et al. Upheaval in cancer care during the COVID-19 outbreak. Ecancer Medical Science. Doi: 10.3332/ecancer.2020.ed97

Country context: Nigeria

This article suggests some practicable interventions such as the use of existing digital health platforms to limit patients' and oncology professionals' physical interactions as a way of reducing the risk of COVID-19 infection transmission amongst cancer patients and oncologists in resource limited settings. It also outlines effective strategies to ensure that cancer care is not completely disrupted during the outbreak. The key recommendations are summarized below:

Develop a COVID 19 policy for cancer care: Establish an oncology multidisciplinary committee to create, review and rapidly update a clinical policy suitable to our setting.

Provide cancer patients with a cover note that enables seamless movement if they get stopped by law enforcement agents on the roads.

Strategise to reduce clinic visits and accelerate remote care: Because cancer patients and caregivers are expectedly anxious whether they are symptomatic or not, and their genuine desire for improved survival; they will require information, counselling, symptomatic control and treatment. Traditionally this is achieved through hospital visits but can be achieved by telemedicine. It is a matter of urgency that we accelerate remote cancer care. Oncology centres should within 72 hours transit to delivering 30-50% of services online.

Empower patients and caregivers through communication: Leverage on digital technologies to ensure we continue to communicate, to patients and with each other. Bulk text messaging,

email and or voice calls can ensure we provide patients with clear communication about how the hospital is responding to and preventing COVID-19 infection and how the infection will affect cancer care going forward. This will keep them abreast of happenings and allay their fears. For example, establish a clinical call centre manned by administrative and clinical staff knowledgeable in the provision of cancer care and support services. This category of responders must be trained in client service and people relations as the bulk of the calls would be from agitated and worried patients. This is so that the staff do not react in untoward ways to the emotion-laden calls they are bound to receive.

Leverage existing digital health platforms: Cancer centres should integrate existing digital health platforms to limit patients and oncology professional's physical interaction, a strategy that several oncology centres in the USA are adopting. Digital platforms such as www.oncopadi.com already exist and were designed for low-resource settings. They can provide telemedicine services, consultations, symptom control and counselling to cancer patients and their caregivers. To facilitate the use of telehealth solutions across all contexts, a global directory of telehealth platforms (click here for link) is also being compiled by digital health experts which outlines multiple platforms (many are free) to support care delivery during the COVID-19 outbreak.

Administer: Continue providing only emergencies and essential services such as radiotherapy under established safety protocols.

Switch: from systemic therapy to oral chemotherapy, and monitor side effects remotely. This should be discussed and agreed upon by a multidisciplinary team and communicated with patients only if the pandemic stops patients from visiting the hospital. This may be a better option than no treatment at all.

Practice: the World Health Organization's advice on reducing coronavirus transmission for the public.

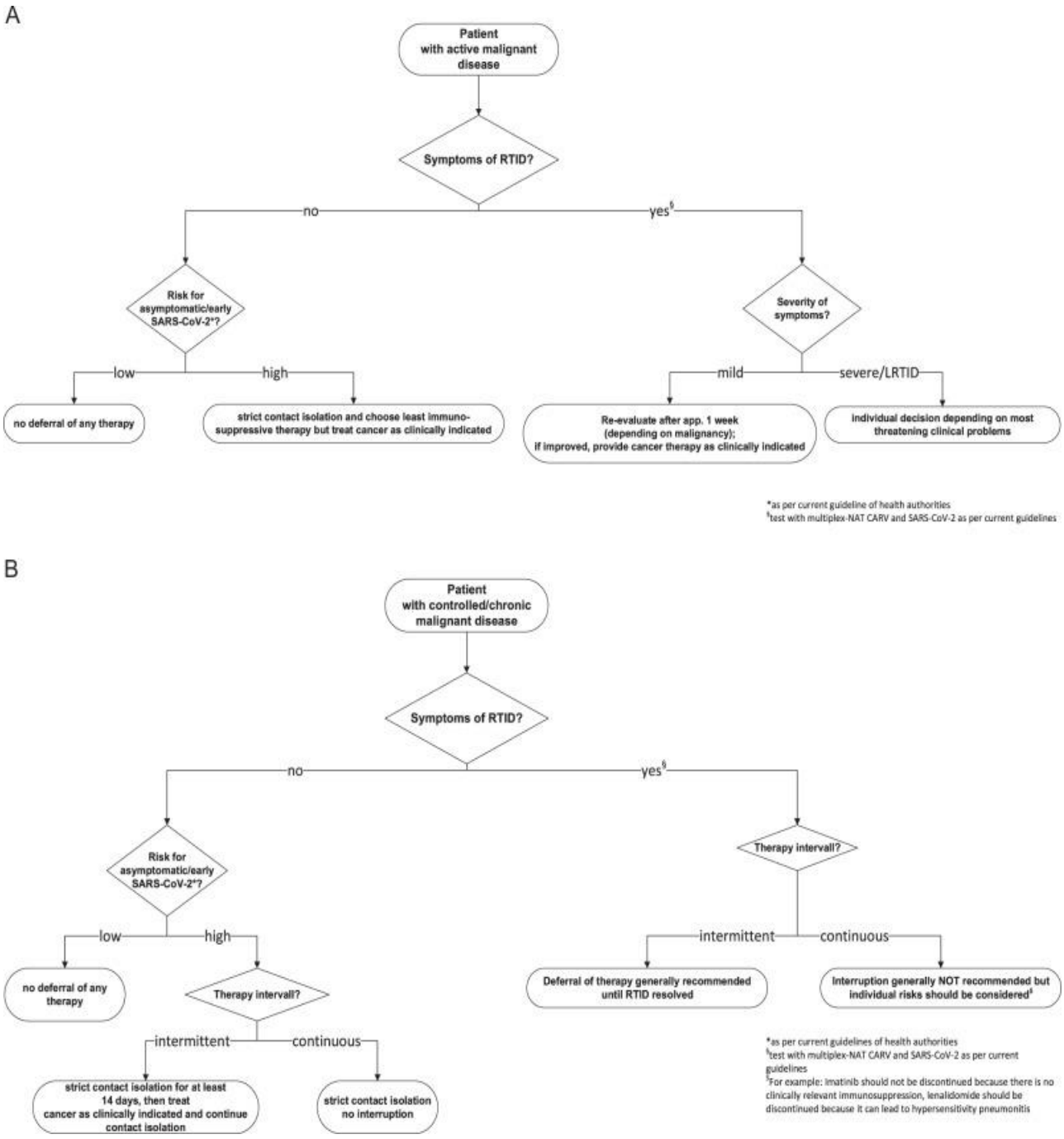
Palliative cancer care during the COVID-19 outbreak: Palliation is an ethical obligation and we should strive for good symptom control and comfort care for cancer patients in a pandemic . To support palliative and supportive care of people with cancer, these proposed four areas for palliating a pandemic can be used to guide a response but need to be adapted and considered in the context of the availability of resources and expertise in the context of low-resource settings:

- "Stuff" (i.e. stockpile of medications, equipment to deliver medications)
- "Staff" (identifying and consulting with clinicians with palliative care expertise, deliver focused education sessions to frontline staff for symptom management and supporting end-of-life care for patients with COVID-19)
- "Space" (e.g. identify wards and nonclinical areas in all health care facilities that would be appropriate to accommodate large numbers of patients expected to die)
- "Systems" (e.g. develop systems for direct consultation of palliative care expertise for staff in hospitals, create a triage system to identify patients with cancer in need of specialist palliative care management)

von Lilienfeld-Toal et al. Frequently asked questions regarding SARS-CoV-2 in cancer patients—recommendations for clinicians caring for patients with malignant diseases. Leukemia. Doi: 10.1038/s41375-020-0832-y

Country Context: Global

In this review, the authors provide answers to some critical questions regarding the care of cancer patients in the setting of a COVID-19 outbreak. They make recommendations to guide oncologists and cancer clinicians to provide optimal cancer care as safely as possible. For instance, they recommend the following considerations for prioritizing patients for cancer treatment:



RTID: respiratory tract infectious disease, LRTID: lower respiratory tract infectious disease.

Kugbey et al. COVID-19 and its ramifications for cancer patients in low-resource settings: Ghana as a case study. Ecancer Medical Science. Doi: 10.3332/ecancer.2020.ed99

Country Context: Ghana

This paper highlights the impact of the COVID-19 pandemic on healthcare, including cancer care, in low- and middle-income countries (LMICs) from a Ghanaian perspective. It describes how cancer patients are likely to be affected in three key ways: access to healthcare, increased financial vulnerability and increased mental health burden as a consequence of strict measures being implemented to contain the virus in Ghana, including partial lockdowns and social distancing. Some cultural beliefs related to COVID-19 and their influence on the health, survival and wellbeing of cancer patients were also discussed. Measures by the government to lessen the burden on citizens and health workers are highlighted, with recommendations for improvement in cancer care in Ghana and other LMICs during this pandemic.

Gosain et al. COVID-19 and Cancer: a Comprehensive Review. Current Oncology Reports. Doi: 10.1007/s11912-020-00934-7

Country context: Global

In this review of literature and current evidence, the authors comprehensively discuss the impact of COVID-19 on health and the immune system of those affected, reviewing the latest treatment approaches and ongoing clinical trials. Additionally, they discuss challenges faced while treating cancer patients and propose potential approaches to manage this vulnerable population during the pandemic.

Lee et al. Advocacy to provide good quality oncology services during the COVID-19 pandemic: Actions at 3-Levels. Radiotherapy and Oncology. May 2020. Doi: 10.1016/j.radonc.2020.04.031

Country context: China

This report recommends a multilevel set of approaches for mitigating wide-spread infection in the country and to provide good quality oncology services even during this challenging period, through concerted efforts with well-organized actions at 3 levels (National/Municipal, Hospital and Departmental)

Safeguarding cancer care in a post-COVID-19 world. Lancet Oncology. DOI:https://doi.org/10.1016/S1470-2045(20)30243-6.

Country context: Global

This editorial discusses how cancer programmes such as cancer screening and diagnosis are being affected by reprioritisation of health-care services during the pandemic. It makes a case for strategies to safeguard cancer care from the impact of future pandemics. Specifically, it recommends that pandemic preparedness plans must account for the resources needed to maintain high-quality, evidence-based continuity of care of people with cancer, including workforce and service capacity needs, in addition to robust referral and diagnostics services.

Deo et al. Guiding Principles for Cancer Surgery during the COVID-19 Pandemic. Indian Journal of Oncology. Doi: 10.1007/s13193-020-01082-x

Country context: Global

This article highlights challenges facing cancer surgery due to the COVID-19 outbreak, summarizes various recommendations on cancer surgery during the COVID-19 pandemic, and proposes key principles for guiding critical surgical decision making. It all makes recommendations for specific cancer types. The key recommendations are as follows:

1. The key determinants of decision making for cancer surgery during covid pandemic are – status of covid pandemic, availability of resources, patient and tumor related factors.
2. The basic tenets of cancer care – Multi disciplinary treatment approach should be followed using virtual technologies. Involve medical oncology, radiation oncology and palliative care for shared decision making.
3. Involve the patient and family in the decision making and clearly document the shared management decision in the file.
4. Minimize hospital visits of new patients and advise basic necessary diagnostic investigations only.
5. Advise cancer patients who have completed treatments and are disease free to stay at home. Tele consultations can be offered to these patients.
6. Any treatment planning should be made in the context of current and emerging covid situation, facilitating completion of oncologically appropriate treatment protocols in near future.
7. Operate on patients presenting with onco- surgical emergencies with all precautions as recommended for any surgical emergency during covid pandemic.
8. Decisions regarding elective cancer surgeries should be individualized based on type, stage, biology, availability of non-surgical treatment options and status of resources in the treating center.
9. Whenever feasible offer non-surgical treatment options in consultation with medical and radiation oncology (eg.Tamoxifen for hormone receptor positive breast cancer, pre-operative chemo/radiation for rectal or esophageal cancers) to contain or down stage the disease and subsequently plan elective surgery.
10. Offer surgery to patients, when non-surgical treatment options are not available or if the treating team feels that delay of surgery threatens patient's survival chances.
11. Postpone elective cancer surgery in patients with less aggressive and slowly growing cancers (differentiated thyroid cancer, prostate cancer, low grade soft tissue tumors, DCIS, basal cell carcinoma etc.).
12. Avoid aerosol generating procedures whenever feasible including endoscopies and laparoscopies.
13. Involve the anesthesia and critical care teams for surgical, critical care and post op recovery planning.

Halboub et al. Utilization of COVID-19 testing for opportunistic screening of oral cancer. Oral Oncology. Doi: 10.1016/j.oraloncology.2020.104775

Country context: Middle East Asia

In this letter to the editor, the authors make a case for conducting oral cancer screening when individuals are tested for COVID-19, which, if given careful consideration, can be a cost-effective intervention for improving diagnosis and awareness of oral cancers.

Shankar et al. Lung cancer management challenges amidst COVID-19 pandemic: hope lives here. Lung Cancer Management. Doi: 10.2217/lmt-2020-0012

Country context: Global

This opinion piece cautions that delayed lung cancer surgery, neo-adjuvant or adjuvant chemotherapy may lead to disease progression and result in tumors that are no longer resectable, leading to worse outcomes. It emphasizes that treatment delays in patients with locally advanced and metastatic disease could be associated with disease progression and reduced overall survival as well as a poorer quality of life. It therefore recommends that a sincere attempt should be made to avoid delays in any of these important treatment options. It notes, however, that treatment decisions need to be balanced with increased risk of infections resulting from administration of chemotherapy.

Newsletters and Sites:

African Organisation for Research and Training in Cancer (AORTIC). Newsletter. May 2020.

Country context: Africa

In its latest newsletter, AORTIC, has dedicated a special section to cancer in the context of the COVID-19 pandemic, featuring cancer and COVID-19 related journal articles, news and other publications.

Center to Advance Palliative Care (CAPC). COVID-19 Response Resources

Country context: USA

The CAPC COVID-19 Resource page provides free information to help healthcare providers to effectively respond and manage a host of issues related to the COVID-19 pandemic.