



# Cancer Related Precautions in COVID-19 Pandemic Country Like India

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## Abstract

Coronavirus disease (COVID-19) is major concern of many countries in the world at present. WHO had declared this disease as pandemic. The outbreak of COVID-19 is major cause of collapse or near collapse of health care system of many countries. India is facing the same problem and trying hard to control the COVID-19 outbreak. The whole scenario had affected the cancer care delivery system as such. Cancer patients being in immunocompromised state are more susceptible to coronavirus infection. Although there are no specific guidelines for cancer patients in a pandemic like COVID-19, each case must be individualised between patient and oncology team or tumour board and risk versus benefit ratio should be evaluated. General and cancer specific precautions must be taken care of in such situation to decrease the burden of COVID-19.

**Keywords:** Cancer; COVID-19; Pandemic

## Introduction

Coronavirus disease 2019 (COVID-19) is a respiratory infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus was identified as the cause of an outbreak of pneumonia of unknown cause in Wuhan City, Hubei Province, China, in December 2019 [1]. The outbreak was declared a public health emergency of international concern on 30 January 2020. On 11 February 2020, WHO announced a name for the new coronavirus disease COVID-19 and declared it a pandemic on 11 March 2020 [2].

As per WHO there are 4,62,684 cases globally and 20,834 death due to COVID-19 on 26 March 2020 [3]. Italy, Spain and United States of America are suffering majorly at present and number of confirmed cases and death due to coronavirus disease is rapidly increasing day by day and minute by minute.

India is facing the same problem and number of confirmed cases on 26 March 2020 is 647 and death is 13 [4]. In such situation health care and cancer care delivery

system had affected much. Daily increase in number of cases and associated mortality has forced lockdown in various countries to check the spread of virus including India.

Cancer patients are immunocompromised and susceptible to have various secondary infections. This is because of direct effect of chemotherapy, radiation therapy, hormonal therapy, immunotherapy, stem cell transplantation, molecularly targeted drugs, diagnostic modalities of cancer and combined modality therapy. All these effects cause cancer related fatigue, cytokine releasing syndrome and cancer cachexia syndrome which further because decrease immunity and hence cause cancer patients to have secondary infections. In a pandemic of corona virus disease outbreak these infections can affect the cancer patients too. Reported a significantly higher incidence of severe events i.e. death or ICU admission requiring invasive ventilation among individuals with a cancer history than those without (39% vs. 8%;  $P = .0003$ ), in 2,007 Chinese patients hospitalized with COVID-19 [5]. In this study cancer was present only in 18 cases and because of small sample size and other comorbidity association, findings are difficult

to interpret. However, cancer history was present in only 18 patients, some of them were long term survivors while others had active disease. The smaller sample size and associated co-morbidities like diabetes, hypertension, liver disease and cardiovascular disease in cancer patients contributing to increase infection susceptibility, made the findings difficult to interpret.

General precautions pertaining to COVID-19 patients as such apply to cancer patients as well.

### Primary Prevention

Avoid exposure to virus.

Use social distancing. (i.e., maintain a distance of at least 1 metre [3 feet]).

Hand hygiene

Proper wash with soap and water for minimum 20 seconds.

Alternative is alcohol-based sanitisers

Avoid touching the eyes, nose, and mouth with unwashed hands.

Respiratory hygiene (i.e., cover mouth and nose when coughing or sneezing, discard tissue immediately in a closed bin, and wash hands)

Medical advice in case of symptoms of fever, cough, sore throat, difficulty in breathing, gastrointestinal upset. Face cover by mask in case of symptomatic patients and in health care providers.

### Screening and Quarantine

People travelling from areas with a high risk of infection may be screened using questionnaires (travel history, contact history, symptomatology) and/or measurement of their temperature (Thermal screening). Enforced quarantine has been used in some countries to isolate people at potential risk of recent exposure. Travellers returning from affected areas should self-monitor for symptoms for 14 days and follow local protocols of the receiving country.

### Secondary Prevention

#### Recognition

Early recognition of new cases is the mainstay of prevention of transmission.

#### Isolation

Isolate all suspected and confirmed cases. Report the

patient to higher authorities. Place patients in adequately ventilated single rooms or negative pressure rooms if possible. Proper hand and respiratory hygiene to be maintained, Health care professionals also take safety measures like wearing mask, personal protective equipment, ensure safe disposal of waste and prevention of sharp injuries in particular.

### Specific Precautions to Cancer Patients

No guidelines available on the basis of histology of cancer (example adenocarcinoma, squamous or poorly differentiated carcinoma) and location (breast, head and neck, lung, gastrointestinal etc) and treatment type, but cancer patients are more susceptible to have COVID-19 disease (approx. 2 folds) than normal healthy persons which is further increased by comorbidities. Vice versa is not correct at present means COVID-19 patients are not susceptible to have cancer of any type.

All cancer patients and survivors should avoid or discontinue tobacco and tobacco related products.

Gutkha, Pan masala (tobacco chewing substance in India) cause increase saliva secretion and hence collection of viruses in oropharyngeal secretion. Spitting of gutkha by normal person also increases chances of spread of virus. Smoking should be avoided at any cost because it causes decrease mucociliary clearance and hence retention of virus for a longer time. Maintain oral hygiene particularly in head and neck cancer patients and survivors. Patients undergoing active cancer treatment tend to spend more time at home. Each cancer patients must be informed regarding signs and symptoms of COVID-19. If a cancer patient or survivor is having fever or neutropenia that should be thoroughly investigated. Travelling history is important for each cancer patients. Mask only be used by those patients who are having common cold. No guidelines suggest that each cancer patient should wear the mask. Routine cancer screening and follow up should be avoided and rescheduled.

### Surgery in Cancer Patients

(As per guideline of SSO- Society of Surgical Oncology and IASO- Indian association of Surgical Oncology)

All elective cancer surgery should be deferred and rescheduled because health care professionals are also at risk at present.

### Breast Cancer and Ductal carcinoma in Situ

In breast cancer patient's surgery should be deferred for at least 3 months. Ductal carcinoma in situ (DCIS) patients should be treated by endocrine therapy and surgery should

be avoided as present. In Hormone positive invasive breast cancer, endocrine therapy or chemotherapy should be given in a neoadjuvant fashion. In triple negative invasive breast cancer neoadjuvant chemotherapy is given for advance disease however if patient is not able to tolerate chemotherapy because of old age or poor performance status surgery should be considered. Patients treated with chemotherapy earlier, defer surgery for 4 to 6 weeks. However malignant phyllodes should be given priority for surgery.

### Colorectal Cancer

Surgery should be deferred except cases of Gastrointestinal obstruction. Only diversion is to be done to bypass the rectal tumour. Curative intent is to be considered for early colon cancer.

### Endocrine/Head and Neck Cancer

Most uncomplicated endocrine operations can be delayed. Thyroid cancer that is a current or impending threat to life, those that are threatening morbidity with local invasion (e.g., trachea, recurrent laryngeal nerve) are to be treated with surgery. Laryngeal cancers causing airway obstruction is to be treated with tracheostomy. Hyperparathyroidism with life-threatening hypercalcemia that cannot be controlled medically should be treated surgically, Adrenocortical cancer or highly suspected adrenocortical cancer should be treated surgically. Non-functional tumour should be delayed. Symptomatic small bowel NETs (e.g., obstruction, bleeding/haemorrhage, significant pain, concern for ischemia) should be treated with surgery.

### Upper Gastrointestinal Cancer

Early tumour should be treated by surgery while chemotherapy should be given in advance tumours. Feeding jejunostomy should be considered for palliation.

### Hepato-Pancreato-Biliary Cancer

Mostly tumours are aggressive and surgical excision if feasible should be done. In patients with malignant bowel obstruction due to gastrointestinal or gynaecological cancer palliative procedure is to be done. Malignant pleural effusion should be treated with intercostal drainage to decrease respiratory obstruction. However, every case should be individualised and severity and number of COVID-19 Patients in local community should be checked. Risk and benefit both are to be discussed between cancer care provider and patient and then decision is to be taken.

### Chemotherapy

Case should be individualised and the patient

should discuss with medical oncologist regarding outcome. chemotherapy in metastatic or palliative setting should be rescheduled. Single agent chemotherapy is preferred over double agent. Oral tablet chemotherapy is preferred over intravenous chemotherapy. Stem cell transplantation is to be deferred or rescheduled in pandemic COVID-19. Immunotherapy modulation done only after discussion with medical oncologist. Proper precautions and safety measures are to be followed.

### Radiotherapy

Radiation oncologist, technicians and other staff should take personal protective equipment. Sanitise the hands of patients and after proper travel history and case history the patient should be given radiation therapy. Concurrent chemotherapy means chemotherapy along with radiotherapy should be avoided. Entry and exit point of patient in machine chamber should be separate if possible. Routine OPD, follow up, direct and indirect laryngoscopy should be avoided. Type of radiation like ABC (Activated breath control), SBRT (stereotactic body radiation therapy) should be avoided. Thoracic radiation for breast, lung and head neck cancer is to be avoided. Complex radiation plans to be avoided, Patients should be categorised according to the risk category and patient with oncology emergency should be given priority. Normal fraction to hypofractionation can be done. In palliative setting single fractionation to be used and each case to be individualise according to radiation oncologist. A traveller pass should be given to each patient so that in lockdown situation, the patient should not suffer.

### Alternative Treatment

In the panic situation among COVID-19 pandemic, all patients should be counselled carefully with positive attitude. Stress and the panic associated with the current situation will be more evident in the near future, so managing psychosocial wellbeing during this time is as important as managing physical health. The use of social media to be done to generate positivity among cancer patients. Cancer awareness and coronavirus protections should be done regularly. Yoga, meditation, exercises, music therapy, healthy eating habits, deep breathing and stress relieving exercises to be done on regular basis to enhance the immunity. All safety measures to be done to protect from COVID-19 infection.

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