

# The Challenge of Caring for Cancer Patients During the COVID-19 Pandemic



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**C**ancer patients are at risk for severe COVID-19. Some groups are more vulnerable due to the immunosuppression that can be caused by the disease or as a result of antineoplastic treatment. The emergence of COVID-19 cases puts pressure on a health system that has limited resources.

The COVID-19 pandemic is caused by SARS-CoV2 (severe acute respiratory syndrome coronavirus-2). Among the main complications are acute respiratory distress, acute kidney failure, severe pneumonia and septic shock. Since there is no specific treatment for COVID-19, supportive and fighting infection for infected patients measures should be instituted.

Maintaining social distance, wearing masks (surgical or N95 when the patient visits the hospital environment), hand hygiene, cleaning surfaces and changes in the flow of care are important to minimize the risk of contamination.

Among cancer patients, those with uncontrolled disease, advanced stage of neoplasia, who have undergone recent surgery or chemotherapy (two to four weeks), and with lymphopenia and granulocytosis are the most vulnerab-

le. Most cancer patients have advanced age, poor clinical status, and the presence of comorbidities that contribute to increasing the risk of complications from COVID-19.

Measures to reduce exposure to the virus in health care settings are suggested: protocols for identifying patients with suspected COVID-19; restriction of movement of people; reduction in the number of companions; reduction of waiting times for consultations and procedures; increased use of teleconsultation; guidance for patients who live outside the city of the hospital complex to use private transportation for transportation; contact with primary care teams to manage complications.

It is recommended that the cancer patient continue receiving treatment, minimizing interruptions. The delay in treatment in individuals with metastatic tumor results in a drop in clinical status and worsening of symptoms.

The decision to postpone treatment or extend the period between visits should consider the purpose of the treatment, biological behavior of the neoplasia, and staging. The risks and benefits of postponing or delaying

treatment should be discussed with the patient and the team.

The pandemic affects the health system as a whole. The need to focus efforts on the care of patients with COVID-19 can make it difficult for patients to access exams for screening and diagnosis. As a consequence we have staff at an advanced stage, which consume even more finite resources.

It is important to consider that Brazil is extremely unequal, and inequalities are accentuated at a time of crisis like this. Socioeconomic status is associated with access to health resources. In addition, a study carried out in two hospitals in the United States, showed that Hispanics showed a greater reduction in consultations, when compared to whites; and blacks and Hispanics used teleconsultation less.

Thus, professionals must analyze the scenario in which they are inserted, and seek alternatives to ensure individuals' access to treatment centers, follow-up at the place of origin, with reduced exposure to the virus. These are challenges that demonstrate the need to strengthen the SUS and the social assistance network. ■