



DOI: 10.19187/abc.20207249-50

Impact of Prioritization of Breast Cancer Patients Treatment in the Case of Long-term Existence of COVID-19

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After the official announcement of the first patient with a new SARS-COVID-2 disease to the world in December 2019¹, every society around the globe has experienced the spread of the fatal disease.² As the coronavirus pandemic has been continuing relentlessly, starting from China cancer centers, health systems have been facing complex situations and unprecedented challenges in protecting their caregivers as well as their vulnerable patients.³ At the same time, Iranian oncologists have faced serious problems in making decisions for the treatment of breast cancer patients as the most prevalent cancer among women and the first killer among cancer patients.⁴

Considering the high infection rate of COVID-19 and the shortages encountered by health care systems around the globe, as the pandemic was established, national and international guidelines have quickly emerged to deal with the problem. The American Society of Breast Surgeons developed and ASCO followed protocols that categorized breast cancer patients into three priority levels of the urgency of care.⁵ Three levels of treatment triage have been specified based on how much especial therapy would be imminent for cancer patients. These recommendations range from priority A for patients whose condition meets the need for immediate surgery to priority C for patients who can wait for the standard treatment until the end of the pandemic. Besides, priority B is considered to be between those two extremes and permits prescription of alternative less aggressive therapies for some months. For example, a 55-year-old woman with a newly diagnosed hormone receptor-positive early breast

cancer will receive pills as neoadjuvant hormonal therapy instead of chemotherapy or surgery until the pandemic would be over. Our colleagues in Iran followed international guidelines and developed similar national guidelines.⁶

However, like any decision made in a challenging situation, prioritization of the patients will still give rise to some controversies and consequences. On one hand, in the first round of the pervasive epidemic of coronavirus disease, health care professionals have suffered from a lack of specific equipments to deal with this highly contagious virus, and the health systems have been overwhelmed by shortages of health care facilities and staff.

On the other hand, cancer patients suffered from suspension, early cessation, or even uncommenced standard treatment. As time is passing by and the authorities are adopting the three different distancing strategies including contact tracing measures, isolation of infected individuals, and the physical distancing of population, would it be really justified to postpone anti-cancer therapies from the cancer patients anymore?

The question that comes to the mind is the feeling of a patient for whom standard treatment is postponed to an indefinite time in the future. Although no one knows how long the outbreak will continue, and there is no sign of the disappearance of the virus in the short-run, at the moment, there are reports that the rate of new COVID infection is slowing down in many parts of the world. Is it the right time to revisit the prioritization of breast cancer and put patients back on the board? They seem to have the right to receive the verified excellence of treatment now.

Even though health system resources have limitations, there is an essential need to consider the logistic demands in order to provide the best practice and care for our cancer patients in the Corona era. Three months is a short period on the scale of accomplishing tremendous improvements. However, there are numerous practical and

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affordable steps that can be taken to protect staff and patients in implementing procedures, such as using COVID-clear rooms for COVID-free patients or minimizing COVID-exposed staff entry to operating rooms.

Another problem oncologists are facing in the COVID outbreak is triage for palliative treatments. For instance, based on the Radiation Advances triage system, palliative radiation therapy is applicable to an advanced case of a tumor with cord-compression as Tier 1, but it would differ for another patient who is in the same situation with an imminent but incomplete compression considered as Tier 2.⁷ What would be the short and long term physical and psychosocial outcomes of such a prioritization schedule?

A retrospective study of patients with cancer in China suggested that recurrent hospital visits and admissions are potential risk factors for COVID-19 infection.³ There are also reports of high infectivity rates among health care workers who might have few or even no symptoms.⁸ Although unnecessary visits should be discouraged in the COVID outbreak, cancer patients' problems who lose their communication with the health-care-system might be more serious. For instance, there are reports of an alarming decline in the diagnosis of cancer in the viral pandemic.⁹ Patients avoid meeting their family doctors due to the fear of exposure to the virus. Even switching to telehealth creates more trouble as patients are deprived of physical examination that may be associated with the early diagnosis of cancer.⁹

However, Telemedicine creates a great opportunity in the transition of in-patients follow up visits of known cases without compromising the care for these patients. It also provides resources for following preventive and therapeutic measures as well as the psychosocial well-being of the patients. Telemedicine free appointments via WhatsApp are currently available in Iran, providing opportunities for patients to discuss their questions with professionals in the field, although it is yet not possible to take drug prescriptions or laboratory orders in this way.

Considering social distancing as an individual's daily life responsibility in the COVID era, and also stringent adherence of the cancer patients to wearing masks and high-standard hygiene, health authorities could look at this lock-down period as a window of opportunity to improve their services. As a result, cancer patients will gain even better outcomes than before. Services are easy to perform, such as tracking cases through nasopharynx RT-PCR testing and checking the blood for protective antibody levels, especially among health care workers.

Practical recommendations, as previously announced by National Comprehensive Cancer Network (NCCN), should be strictly executed in academic and private clinics and hospitals.¹⁰ Some of

those measures include contacting patients one day before the next visit and asking them about COVID symptoms or exposure; developing an especially dedicated clinic for evaluation and testing of suspicious cancer patients; increasing the awareness of patients and their families about safety measures by spreading pamphlets about COVID-19. Moreover, safety should be the very most important priority in all health organizations, and health care workers should be equipped with appropriate personal protection equipments(PPE).

Furthermore, there is a need to establish a centralized website to hold regular virtual meetings with hospital staff to share and check their attitudes toward the latest guidelines of protective behavior and make sure about the management of their daily and long-term stresses. Lastly, considering overcrowded cancer day clinics in Iran, it would be helpful to improve the appointment system to prevent the crowdedness of patients and their companions in closed spaces in clinics or hospitals.

In sum, it seems that academic institutions and private hospitals are in a crucial position to meet the new challenges brought by the COVID-19 outbreak as an opportunity to reach a new balance between offering effective, compassionate care for cancer patients and maintaining the safety of their health professional teams. Also, at every single center, "a task force group" can be formed to list and classify all diagnostic, therapeutic, and rehabilitation measures taking into account the possibility of the second outbreak of the COVID-19. If it is delayed, patients will be deprived of receiving adequate medical care during Corona's second epidemic.

Conflict of Interest

None

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