ISSN: 2573-9506

Short Commentary

International Journal of Women's Health Care

Oncology during the dreadful COVID-19 pandemic: Indian perspective

Vivek Thakur[1], Basanti Mazumdar[2], Dhruba Banik[3], Abhay Kumar[1], Avir Sarkar[4*]

[1]*Junior Resident, Department of Obstetrics and Gynecology, PGIMER, Chandigarh*

[2]*Junior Resident, Department of General Surgery, IMS, BHU*

[3]*MS, General Surgery, Indira Gandhi Memorial Hospital, Agartala*

[4]*MD, Obstetrics and Gynecology, Senior Resident, ESIC Medical College and Hospital, Faridabad*

[*]Corresponding author
Avir Sarkar, MD, Obstetrics and Gynecology, Senior Resident, ESIC Medical College and Hospital, Faridabad

Submitted: 09 Feb 2021; **Accepted**: 16 Feb 2021; **Published**: 23 Feb 2021

citation: *Avir Sarkar (2021) Oncology during the dreadful COVID-19 pandemic: Indian perspective. Int J Women's Health Care 6(1): 119-120*

Abstract

As the emaciated healthcare system is attempting to break the tide of the novel coronavirus pandemic across the globe, the highest cost of this fight is being borne by the non-COVID patients across the third world countries. With the suspension of non-emergency services including OPDs and elective surgeries in majority of the hospitals across the country, routine treatments seemed to suffer the most. This temporary pause and containment were more detrimental to patients suffering from malignancy. Fate of thousands of patients seems to hang by a fine thread now.

Commentary

India being the second most populous country in the world, harbors the likelihood of infecting the highest number of individuals. The magnitude of the pandemic has already caused an overwhelming strain upon the healthcare system of the country due to number of patients exceeding the capacity of hospital beds.

Experts had already warned that the global disruption of delivery of coordinated cancer care including routine screening and early referrals would likely to result in increased deaths in times to come. As the COVID pandemic gradually climbed the stairs to reach its peak in India with around 99,000 new cases being diagnosed every day, all primary and specialty care have translated to deferrals in routine, non-urgent diagnostic screening. Data from a model of the effect of COVID-19 on cancer screening and intervention showed that this unprecedented disruption in cancer care shall cause nearly 10,000 excess cancer deaths across the nation over the next decade. This 1% increase in disease-specific deaths is expected to peak in mid-2021 or 2022, adding to approximately 1,000,000 breast and colorectal deaths which investigators expect over a decade under normal clinical circumstances [1].

Recent research has shown that patient fear of contracting COVID-19 has catalyzed changes in health service-seeking behavior. Data from Maringe et al demonstrated that urgent 2-week-wait referrals for patients with suspected cancer decreased 80% in the UK since March 2020. These referrals are often associated with later stage disease than diagnoses made during routine general practitioners and secondary care referrals and screenings [2].

With the destabilization of primary and secondary level care induced by the pandemic, reduced access to specific health services and patient apprehension, comes an increased risk for premature mortality. The 29% reduction in cancer deaths from 1900 to 2017 due to high fidelity diagnostic tools and screening protocols is likely to dilute after this non-parallel pandemic.

The CovidSurg project, a new international multicenter study, has provided data from 1129 patients with COVID-19 being operated during this pandemic. Findings showed a high overall mortality of 24% and pulmonary complication rate of 51%. These data support the cancellation or postponement of elective surgeries during the ongoing pandemic [3]. Cancer staging and rate of growth are determinants of just how deadly some diagnostic and treatment delays will ultimately prove during this period of time. An estimated 28,404,603 surgeries were likely to have been deferred worldwide during the first three months of lockdown and even if all countries strain to increase their normal surgical load by up to 20% following the resolution of this pandemic, then it will take a median period of 45 weeks to clear these backlogs!! [4].

With the advent of vaccines in the open market, awe associated

with the pandemic is gradually diluting. We do hereby hope to step towards a brighter future soon. Non-COVID elective surgeries have successfully resumed in most of the government hospitals recently, thereby helping our population to get early treatment soon. However, medical fraternity is highly burdened with the backlogs created during the dark 2020 lockdown.

The recommendations coming up every now and then are just pragmatic deviations from the standard of care. They are trying to keep a balance between the available resources and the risk of disease progression. Treatment escalation plans and patients' wishes should be discussed openly for a range of different eventualities and documented in the medical notes. After all, bestowing healthy life to our fellow men has always been the prime motive of our medical fraternity.

References

1. Sharpless NE (2020) COVID-19 and cancer. Science 368: 1290
2. Maringe C, Spicer J, Morris M, Arnie Purushotham, Ellen Nolte, et al. (2020) The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study. Lancet Oncol 21: 1023-1034.
3. Nepogodiev D, Glasbey JC, Li E, Omar M Omar, Joana Ff Simoes, et al. (2020) Mortality and pulmonary complications in patients undergoing surgery with perioperative SARS-CoV-2 infection: an international cohort study. Lancet 20: 301-303.
4. Pandey SK, Sharma V (2020) A tribute to frontline corona warriors; Doctors who sacrificed their lives whie saving patients during the ongoing COVID-19 pandemic. Indian J Ophthalmol 68: 939-942.