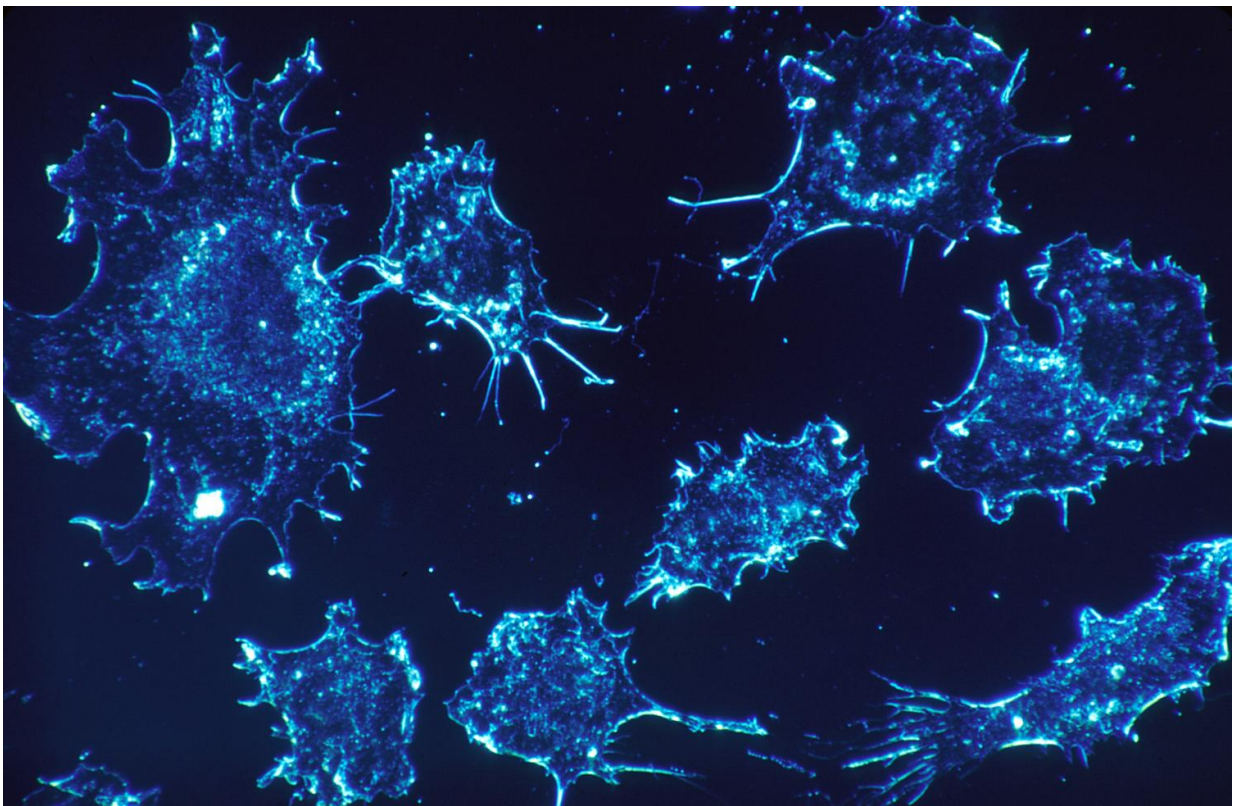


Oncologists, patients weigh treatment and coronavirus risk: 'Cancer is a disease that does not wait.'

April 13 2020, by Kate Thayer, Chicago Tribune



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As the coronavirus pandemic intensified, so did Catherine Payne's strategies for avoiding infection while undergoing chemotherapy.

The 33-year-old Chicago woman was diagnosed with stage 3 [breast cancer](#) in November and began treatment soon after, suppressing her immune system.

What started as avoiding the gym, air travel and limiting contact with anyone who felt ill turned into a full-blown quarantine, Payne said.

And visitor restrictions at Northwestern Memorial Hospital meant her fiancé could drive her to and from treatment but could not sit with her during her infusion to keep her company, bring food and lend support.

"You feel very isolated," she said.

Cancer treatment is stressful under any circumstances, but those fighting the disease now must undergo additional precautions—and sometimes delays—as oncologists figure out the best plan while also keeping patients safe during the COVID-19 pandemic.

Doctors say every patient is different. They weigh factors like the type of cancer and its aggressiveness, if patients are feeling symptoms and how far along they are in their treatment against the risk they take just entering a hospital.

For some patients, oncologists say it's best to postpone surgeries or treatments and replace clinical visits with virtual ones, but others must forge ahead because "cancer is a disease that does not wait," said Dr. Damiano Rondelli, chief of the Division of Hematology/Oncology at University of Illinois Hospital in Chicago and director of its Blood and Marrow Transplant Program.

Payne said she was approaching the end of her 18-week chemotherapy treatment plan when the coronavirus spread increased and stay-at-home orders came down. Her doctors decided she could finish treatment but

needed to take extra precautions.

Just entering the hospital required masks and gloves and created a lot of anxiety, she said.

"Every time I go to the hospital, it's stressful," Payne said. "When you're in the waiting room ... everyone is just kind of looking at each other. One cough, and you're moving chairs."

When she arrives home, Payne describes immediately washing her clothes. And while her fiancé is able to help her at home, her parents and other [family members](#) who live in Canada were forced to cancel visits.

It's not how Payne pictured it, but it's the safest approach. She said she feels lucky to have finished her treatment, which concluded late last month, and even luckier to schedule the next step—a surgery later this month.

While some plastic surgery elements will be postponed due to the pandemic, Payne's doctors are moving forward with her single mastectomy.

"My worry, of course, was they'd decide I would have to wait," she said. "Especially being a younger person with a fairly aggressive cancer ... I want all the cancer-fighting opportunity that I can get."

But having surgery this month means an overnight hospital stay alone because of visitor restrictions, she said.

"You have one image in your mind of what the whole journey is going to be like. This is another thing that's different. I'm coming to terms with that," Payne said, adding she even jokes she's "lucky" her cancer is "serious enough."

Rondelli said [cancer treatment](#) during the pandemic is a delicate balance. His team must decide the most aggressive treatment while also protecting patients' often vulnerable immune systems, as well as hospital resources.

But there are some things that cannot be delayed, he said, like certain surgeries to remove cancerous masses, diagnostic biopsies and other treatments like chemotherapy. It's all very individualized, requiring a lot of communication between patients and their doctors.

Dr. John Abad, a surgical oncologist at Northwestern Medicine Central DuPage Hospital in Winfield and Northwestern Delnor Hospital in Geneva, said that when the virus first began to spread, he and his colleagues tried to move up as many surgeries as they could, so patients would be out of the hospital and at home recovering during projected peak times for the virus.

Now, they're pushing surgeries back when they safely can, "so we don't expose patients to the virus," he said. "We're also trying to free up resources ... so if a patient (were to get) sick after an operation, (they wouldn't) use up space in the ICU."

As for other treatments, like chemotherapy infusions, sometimes delaying or extending time in between visits makes sense, said Dr. Mary Mulcahy, oncologist at Northwestern Memorial.

When Chicago first had an uptick in COVID-19, no one knew how long the period of social distancing would last or how long hospitals would be affected, Mulcahy said.

"The problem is, we keep pushing it back," she said. "At some point, we're going to have to get people back."

But patients coming in for maintenance reasons are able to spread out visits or check in with doctors virtually. This allows for fewer people inside the cancer clinics, Mulcahy said.

While safer, losing that personal connection can create more anxiety, she said.

Timothy Pearman, a clinical psychologist and director of survivorship at the Robert H. Lurie Comprehensive Cancer Center at Northwestern Memorial, said he switched his visits with patients to phone calls or video chats.

He said while he's noticed many patients are anxious, others have built a resilience from their cancer fight. "They've been able to transfer those skills to this."

The newly diagnosed patients tend to be experiencing the most angst, waiting to see how their treatment could be affected, he said. And the stress grows in those who have had to delay certain treatments.

"For any cancer survivor, the waiting is always the hardest part," said Pearman, who is also a survivor.

He said he advises using exercise as a coping tool, as well as reframing the situation to look at positives, like enjoying additional time home with family.

Becky Ness, a social worker at Northwestern Medicine Cancer Center in Warrenville, said she talks with patients about what they can control, as well as good preventive practices.

For those with terminal cancer, restrictions and self-isolating during the pandemic can add a new layer of grief "because if they're feeling good,

they want to spend time with family and friends, and enjoy what time they have left."

Even for patients who aren't terminal, the coronavirus pandemic is bringing up end-of-[life issues](#), said Dr. Sonali Smith, interim chief of hematology/oncology at University of Chicago Medicine.

"If they get (COVID-19), they have a higher chance of having a more severe course," she said. "So that leads to this conversation of, if someone who has advanced cancer gets COVID ... what if they go to the ICU? What if they need to be intubated?"

While these are hard discussions, they're necessary and important, Smith said.

"I think it is hard to have these end-of-life conversations with people, no matter what. Now, we're being forced to do it because of the potential of having limited resources," she said. "Maybe it's making us do what we should've been doing all along."

For Eddie Silverman, 40, the pandemic is changing some aspects of his life but not his overall outlook or plan to treat Non-Hodgkin lymphoma.

He was diagnosed last summer and began treatment in December. Every 28 days, Silverman drives from his Deerfield home to University of Chicago Medical Center for chemotherapy. Then, the next day he comes back to complete the two-day course.

Under Smith's advice, he's continued to do so. "This isn't a time to be experimental," Silverman said.

Although he's used to his brother or his in-laws being with him during treatment, Silverman said he's adjusted to the new normal.

He wears a mask in the hospital and changes clothes in the parking lot once he's done. At home, Silverman and his wife are vigilant about precautions. Their family doesn't have visitors, and they wipe down packages and groceries that come into the home.

"There has been really no change in my care because of [coronavirus](#)," he said. "But, there's been a change in all of our lifestyles."

Through it all, Silverman said he uses humor to cope and refuses to waiver from his ultimate goal—beating [cancer](#).

"I've got so many people fighting for me," he said. "I can't lose this battle."

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