Building capacity for cancer care during COVID-19

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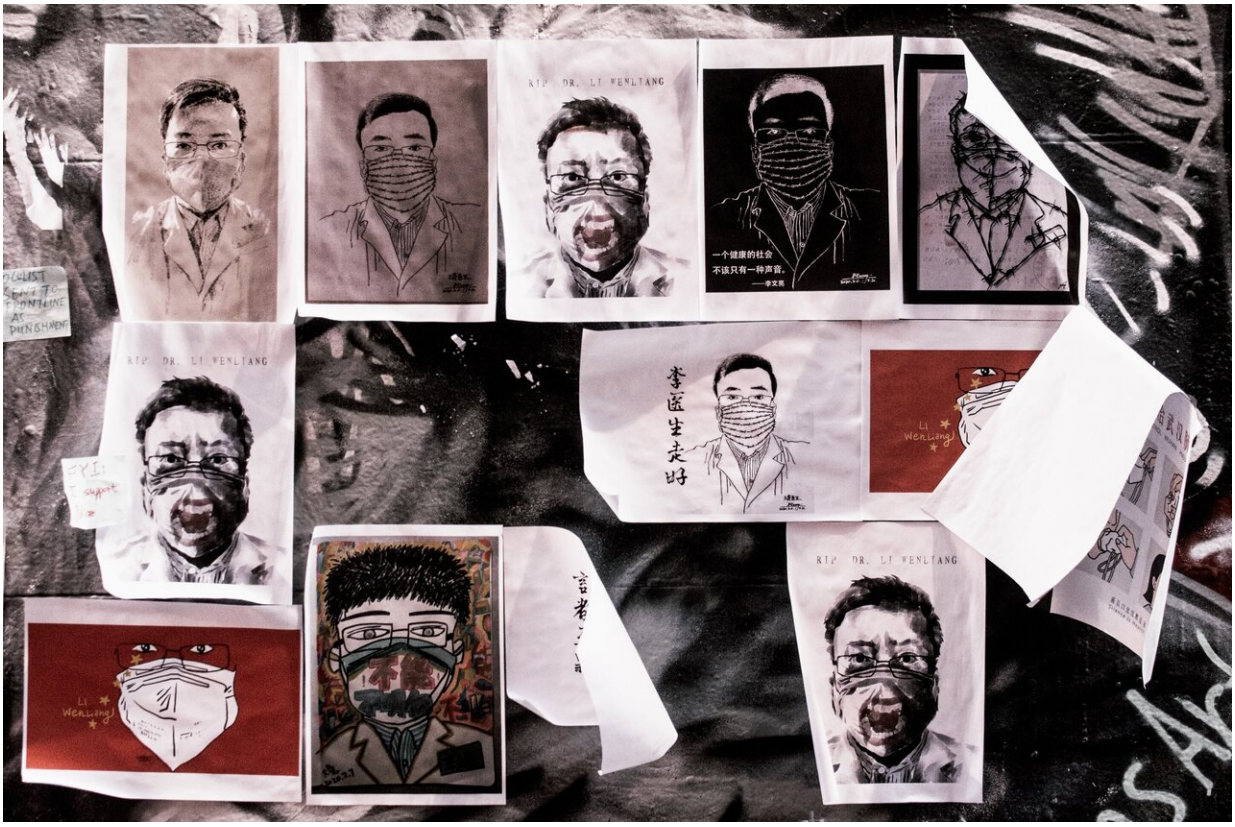

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The COVID-19 pandemic is an opportunity to expand cancer survivorship services by maintaining and building better digital and telehealth systems, a Flinders University expert says in the *Medical*

Journal of Australia.

Professor Bogda Koczwara, from the Flinders Health and Medical Research Institute Cancer, says the pandemic presents a once-in-a-generation opportunity to consolidate and refine the content, method and appropriate use of multiple technologies in health care in general and in cancer survivorship.

"The coronavirus disease COVID-19 can change lives overnight, bringing a collective sense of grief, lack of control and fear of the unknown—feelings very familiar to those who have lived through cancer," Professor Koczwara says in the MJA editorial.

"At this unprecedented time, let's channel these feelings to address some of the most pressing challenges of survivorship care to ensure that no person with cancer is ever lost in transition. The Australian health care system has quickly stepped up to develop a framework for rational planning of cancer care," the article says.

The pandemic has presented cancer survivors with new challenges, but also new opportunities to improve their care.

Guidance on how to prioritize cancer treatment has been developed. Telemedicine was adopted to reduce face-to-face consultations. Patient resources conveyed a consistent message of "we are here for you."

However, Professor Koczwara flags potential shortfalls in post-acute care services for cancer survivors.

"Those who have completed their acute cancer treatment were not explicitly included in the new care delivery framework.

Many survivorship care planning visits were canceled as "not time

critical." Cancer survivors can experience psychological distress, persistent symptoms, and difficulties managing comorbidities.

"Survivors of cancer are more likely to suffer from chronic diseases such as cardiovascular disease, chronic pain and depression. They may not adhere to healthy lifestyle recommendations and may find adherence problematical in the context of social distancing. They are more likely to be unemployed and financially vulnerable. The pandemic has allowed us to move to rapid implementation of technology that enables safe contact and avoids parking costs. It is hard to imagine going back to the old models of care. But in the haste of moving to telephone and online options, we have given little attention to engaging patients to see whether this approach is acceptable and achievable; that the survivor has a telephone line or internet access, and the skills to connect effectively."

Like any other intervention, telephone or video consultation requires appropriate informed consent based on consideration of the merits of each option. Telephone or online consultations should not be a bandaid substitute for a face-to-face consultation.

"The possibilities of technology are enormous but their development requires planned implementation and monitoring of outcomes well beyond the COVID- 19 pandemic. It is important to identify what matters to patients and providers during the consultation and what modality delivers an optimal experience and outcome at a particular phase of a cancer trajectory."

More information: Bogda Koczwara. Cancer survivorship care at the time of the COVID -19 pandemic, *Medical Journal of Australia* (2020). DOI: 10.5694/mja2.50684

Richard D Neal et al. Cancer care during and after the pandemic, *BMJ* (2020). DOI: 10.1136/bmj.m2622

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