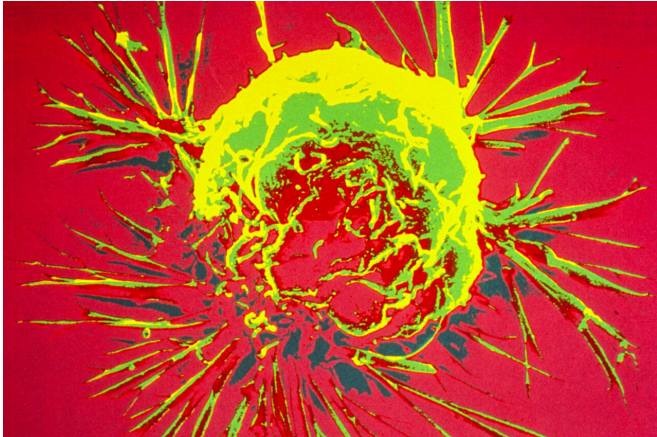


Caring for cancer patients in the COVID-19 era

17 April 2020



A breast cancer cell, photographed by a scanning electron microscope. Credit: Bruce Wetzel and Harry Schaefer, National Cancer Institute, National Institutes of Health

In *Nature Medicine*, the seven comprehensive cancer centers of Cancer Core Europe (CCE), including the Netherlands Cancer Institute and Cancer Research UK Cambridge center, have shared how they rapidly reorganised their oncological healthcare systems during the COVID-19 pandemic. In this joint effort, the centers offer guidance to institutions globally by outlining their general consensus measures and organisational strategies adopted to make their operations "pandemic proof."

In the space of just a few weeks, the European [cancer](#) centers have had to drastically revise and reorganise their [patient care](#) and scientific research due to the coronavirus crisis. For example, treatments have been postponed or adjusted to protect the immune systems of patients with cancer; contact moments have been limited or converted to remote interactions, complete with as many guarantees as possible that this will not affect patient care; and [clinical studies](#) have been

reassessed to see if they should continue. CCE's seven cancer centers have taken steps to maintain high standards of care despite facing shortages of personal protective equipment, beds, staff and other resources.

"In this situation the centers have not, as they're used to, been able to rely upon the knowledge they've built up over years of thorough research," said Emile Voest, Medical Director of the Netherlands Cancer Institute. "Our medical staff suddenly find themselves in a parallel universe, where they have to use all their know-how, experience and wisdom to make critical clinical decisions in line with new medical and ethical considerations. That's a drastic change. And why it's essential that other medical institutions can draw upon our experiences and choices so that we all become 'pandemic-proof' in a responsible manner. Not least with an eye to the future."

In *Nature Medicine* the seven European cancer centers share the choices they have made to adapt to the new COVID-19 world, as well as the considerations and uncertainties they face. Together with other such centers around the world, from now on they will continue to generate and disclose new data in order to make well-founded choices and judgments in the future. "This will probably be a dynamic and rapidly evolving process," says Voest. "We hope that our collective experiences will help guide others."

"Our [medical staff](#) across disciplines (surgery, radiology, pathology, [radiation oncology](#) and medical oncology) have been truly amazing at very quickly producing COVID-19-adjusted [treatment guidelines](#)," said Prof Carlos Caldas, a member of the senior management at the Cancer Research UK Cambridge center, whose clinical cancer services are provided by Cambridge University Hospitals and Royal Papworth Hospital. "We hope that our collective experiences will help guide others and will also reassure cancer patients that

we are doing everything we can to avoid compromising their oncological care."

There are several aspects that medical institutions need to take into account to ensure continuity in cancer care:

- Clinical activities (adapting tasks to keep cancer centers free of COVID-19; adjusting standard treatment regimens and deviating from established treatment protocols for safety reasons).
- Communication with and psychosocial care for patients.
- Qualified personnel (speed and sufficient capacity to test the center's own staff for COVID-19 is essential to ensure continuity of care).
- Capacity of care institutions (discussing alternative treatments such as radiotherapy and/or systemic therapies, discussing the postponement of certain elective operations and accelerating treatments as long as sufficient capacity is still available).
- Regional and national collaborations (sharing the burden of care for cancer patients).

"This crisis is also opening up new learning opportunities," Voest declares. "Especially with regard to the trend towards using less invasive treatments where possible, which has been picking up gradually in recent years. But also how we can use technological aids to make healthcare faster and more accessible."

More information: Joris van de Haar et al, Caring for patients with cancer in the COVID-19 era, *Nature Medicine* (2020). [DOI: 10.1038/s41591-020-0874-8](https://doi.org/10.1038/s41591-020-0874-8)

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