



## Beirut Blast: How Medical Oncology is Facing a Crisis after Crisis

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Tuesday August 4<sup>th</sup>, 2020 at 6:08 PM: a date to be forever engraved in every Lebanese heart. A tranquil and undisturbed Beirut betrayed by the uproar of what seemed to be sounds of fireworks at first to turn into a 6-mile radius disaster at a blink of an eye. Unconfirmed reports to the whereabouts of the explosion started to be released to finally pin the location at a warehouse in Beirut's port. The underlying cause of this disaster is still unknown but what we do know is its repercussions. Catastrophic the least we can say, its aftermath left over 171 confirmed deaths with 30 additional missing; more than 6000 people injured ranging from superficial cuts to debilitating wounds and more than 300,000 individuals displaced.

Located in the vicinity of the explosion is a 140-year-old nationally renowned institution the Saint George Hospital University Medical Center (SGHUMC). A hospital already overwhelmed by COVID-19 pandemic since March 2020, battling against shortage of medical supplies and the country's financial crisis was shattered to the ground. Seconds after the blast the hospital became entirely dysfunctional. Four staff nurses lost their lives alongside with twelve other patients and visitors. After two hours of disorder and chaos, an organized and successful evacuation in concordance with the Lebanese Red Cross was completed. Three hundred and thirty inpatients amongst them the most vulnerable population namely the ICU, COVID-19, neonates, and oncology patients were safely allocated to different institutions.

On that day, on August 4<sup>th</sup>, 2020, the oncology ward at SGHUMC was at near full capacity with eighteen patients divided between

one day chemotherapy and inpatients. In addition to SGHUMC, hospitals well established to having a sizeable oncology community, "Rosary Sisters Hospital" and "Beirut's Governmental Hospital-Karantina", also collapsed with the explosion rendering them completely non-functional.

Lebanon's oncology patients are currently at risk of chemotherapy and medication shortage. This is partly because Beirut's Governmental Hospital-Karantina has the largest, most exhaustive pharmacy in the area and is a well-grounded source for chemotherapy medications, and partly because medication warehouses (storing chemotherapy medications) located near the explosion sank into oblivion forsaken thousands of patients without a clear plan regarding future supply of chemotherapy medications.

Delaying chemotherapy administration can be detrimental to patients' health and survival. First, deferral of chemotherapy or radiotherapy initiation in treatment-naïve patients can result in deterioration in regional tumor control and overall quality of life including social and psychological functioning. Second, impact of delay in patients already on treatment allows for proliferation of tumor cells during this setback and therefore increased chances of tumor resistance and recurrence. Finally, impact of delay on patients' follow up refrains physicians from assessing clinical response, side effects of treatment and delay in supportive and symptomatic management when needed [1].

In addition to the aforementioned pressing dilemma, the country having three major non-operating hospitals in the center of Bei-

rut, with others partially damaged and the remaining facilities exhausted with injured patients and overwhelmed by the COVID-19 pandemic, there seem to be limited number of beds for oncology patients presenting to hospitals. On one hand, oncologic emergencies such as neutropenic fever, tumor lysis syndrome, hypercalcemia of malignancy, and other cancer related complications require prompt hospital admission for isolation, monitoring, and sometimes for life-saving interventions. On the other hand, patients with terminal illness require hospital admission for opioid management, oxygen therapy and other offerings of palliative care. Treatment delay will eventually lead to symptom progression, aggravation and worsening of survival chances.

So where did history's "most powerful non-nuclear explosion" leave us? Dispersed, the least that can be said. We can survive. We survived first wave of COVID-19. We are surviving the nations' worst economy crisis day by day, but we are not the vulnerable population. These patients are now snatched away from facilities that had become their second home over the years. Nurses, physicians and staff members have become their family instead of being merely acquaintances. And despite them having to pull through the country's crisis, these vulnerable patients must preserve their strengths to survive their daily personal battle- cancer.

### Conflicts of Interest

Both authors declare no conflicts of interest.

### Bibliography

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