



Beirut Blast: An Oncologist's Perspective

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Imagine you live in a country with a potential ticking bomb.

Imagine you live in a country with ammonium nitrate stored at the port since 2014. This makes me wonder, as a medical oncologist, how is it possible to save patients in a country that cannot save itself?

Today, Lebanon faces a medical emergency following the explosion on the early evening of August 4th 2020, of more than 2750 tonnes of ammonium nitrate stored at Beirut's port. The devastating explosion added severe strain to a health-care system already suffering from a political and an economic crisis, a state's bankruptcy, and the COVID-19 pandemic.

The blast killed at least 220 people, left more than 6000 injured and knocked out four hospitals in Beirut, one being "Saint George Hospital University Medical Center" one of the largest in the country, forcing it to evacuate all its patients elsewhere.

This left us with many helpless cancer patients who were receiving curative or palliative chemotherapy with nowhere to go and without access to their indispensable treatment.

Theoretically, the majority of cancer patients respond well to treatment. Many cases get cured with excellent overall survival rates. On the other hand, other patients manage to extend their life expectancy with minimal pain or complications after receiving adequate palliative chemotherapy regimens. Medical oncology is able to provide a lot of satisfactory results for its patients on condition they don't miss any sessions and abide by their protocols. Thus, they lost their weapons to fight "CANCER", their chance to survive, being without access to treatment: four hospitals deliver-

ing chemotherapy were destroyed in few seconds. Most of the patients missed at least one to two cycles of chemotherapy. Others are still incapable to find a place in other institutions to resume their scheduled treatment. They are already vulnerable because of their medical condition: the cancer diagnosis itself, the chemotherapy induced fatigue, the alteration of general status, and the immunosuppression. Moreover, they also suffered from an emotional and psychological distress after being evacuated from the hospital injured or traumatized by seeing their relatives bleeding or by witnessing the death of some nurses or other patients.

As for the academic and medical sector, numerous medical oncologists are now left idle, without a proper practice and with minimal scientific activities. Likewise, the case of young residents and fellows whom the blast left them with a halted training program for this academic year and no visible alternative.

To add on, COVID-19 cases are currently increasing in Lebanon. This keeps us frightened by the high mortality risk our immunocompromised cancer patients can face should they be infected.

It is necessary to mention also that the blast completely destroyed the national government warehouse for imported medications storage. We are left with a depleted essential chemotherapy medication stockpile.

This horrific blast ripped our patients, their hospital, their home away from home, their safety zone and most importantly their chance to an appropriate treatment.

It ripped them one of their last hope strings.

Conflict of Interest

Both authors declare no conflict of interest.

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