

COVID-19 WAR, Pharmacotoxicologic Issues for Cancer Patients

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The cancerogenic processes are causing more death rates in Hospitals than any other disease. The side effects of the cancer patients' routine treatment and the death triangle machinery were described previously (Badlou BA., *et al.* 2018-2021). Besides the COVID-19 variants' death rates increased above 4.4 million, globally (Augustus 2021). Either cancerogenous or the COVID-19 variants' killing mechanism are not elucidated completely.

Cancerogenous processes in patients need rapid diagnostics and routine treatments not only based on cancer types separately, but also in combined appropriately organized routine treatments i.e. 1. Surgery, 2. Chemotherapy, 3. Radiotherapy 4. Hormone therapy etc. The main death cause and side effects of routine treatments are mainly either bleedings disorders or thrombosis (platelets disorders) as described [1,2]. Recently, the COVID-19 variants are infecting both (un-)vaccinated healthy individuals, and contracted patients. Authorities are looking for an appropriate standard diagnostic, Medicare and Medicaid for both cancer and COVID-19 patients, simultaneously. Because coronavirus is an old known virus sort but COVID-19 variants are new mutants with (un-)known mechanisms [1,2] different research study groups could not yet unravel the main mechanism of action of these new mutants and still could not produce specific drugs against them (Augustus 2021).

Our internal investigation team started in 2019 with a new project called "COVID-19 WAR-projects" due to a sense of emergency of issues. In addition, Panzeri F, *et al.* in PONE 2021 [3] postulated that when leaders resort to the war metaphor to talk about COVID-19, they might effectively obtain positive consequences: they "convey a sense of urgency", alerting the people on the significance of the threat, and recommendations seriously [3,4].

The current sincere question globally has remained that 'how the COVID-19 variants might affect cancer patients' Medicaid and Medicare in-Hospitals and/or Hospices?' Up to now, no standard golden guideline, algorithm, and standard operating protocol are described to handle different cancer patients, based on their disease progression. Though..... there were some tries to start somehow research and developing novel guidelines for cancer patients. According to an analysis of Italian patients published in March 2021, 20% of those who died from COVID-19 in the country had active cancer. Nonetheless, the European Society for Medical Oncology (ESMO) website includes general information on COVID-19, a Q&A section, and links to useful resources [5]. As Burki TK. *Lancet Oncology* 2020 described cancer patients depending on their cancer type and emergency should be acutely treated. The ESMO recommends that oncologists remain ready to adjust their routines [5].

One is observing WAR-like instructions, and general protocols to help any random patient; inclusive cancer patients handlings. It is noteworthy that the (Para-)Medics " set priorities for COVID-19 emergency patients at the expense of other emergency (cancer) patients, however". A sincere question remains whether old guidelines for the new situation is still valid? In an occupied ICU section without any available bed how a clinician can carry out their surgery/chemotherapy/radiotherapy, eventually. Although, some relevant suggestions are indispensable i.e. reinforcing telemedicine facilities, decreasing clinic visits, and substituting to subcutaneous or oral treatments, rather than intravenous approaches; there is also advice on supporting cancer patients and on their infection control [5]. The pandemic poses several challenges for the current

oncology services. Caregivers have to think about how to minimize their patients' exposure to healthcare facilities [5], especially Hematooncological affected patients. On one hand, authorities try to develop new guidelines and standard procedures for different cancer patients, while on the other hand, Economic-based products in a collaboration with COVID-19 main Policymakers are acclaiming to use "(unspecific) drugs and (un-)known mixtures, which introduced as so called vaccines- causing extra distressing situation for either responsible managers, or hopeless patients, seeking for an appropriate Medicare and Medicaid.

Our team's COVID-19WAR series of papers over start and the mechanism of actions obviously showed that "The global policy" is in such a way changed, where the "new markets" and the "new products" might save human beings (Economic-based Sciences). On one hand, One is observing that somehow unknown Scientists & CO are producing "superbugs", and then are offering "a specific drugs and vaccines". On the other hand, they did not predict that they might also self being infected, eventually.

We introduced the death triangle (Badlou BA., *et al.* 2018-2021) and described how current Health systems are (not-)working. One prediction is the Microorganism's angle of the death triangle, is growing to a rectangle and/or pentagonal. The COVID-19 variants increased catastrophic events, and are causing a new era in health and disease. Our study group defined how the death triangle could expand into a rectangle and/or even pentagonal if Basic Scientists don't investigate for possible solutions (Badlou BA Augustus 2021 submitted).

One of the main side effects of administrating a specific drugs and vaccines is pharmacotoxicologic side effects, which in each patient might result in different pathologic syndromes like Delirium [6]. Recently, the researchers are testing a sedative called dexmedetomidine to see whether it is a safer option for people hospitalized with COVID-19 [6]. Obviously, recent data are implicating that the odds of mortality in patients with COVID-19 presenting with Delirium, at any point of hospitalization compared to controls, were seventeen times higher [7]. Moreover platelets activity disorders and thrombocytopenia are occurring as side effects, after routine cancer therapies (Badlou BA., *et al.* 2018-2021 different internal investigations,8), with(-out) COVID-19 Medicare.

During the pandemic of COVID-19in the last 20 months, One is observing that vanishing restrictions and forgetting platelet func-

tion and associated disorders i.e. platelets 'hyperactivity/hypoactivity-mechanism" are underestimated by vaccine producers, and associated Policymakers [8].

There are so many different questions are remaining, concerning the exact mechanism of pharmacotoxicologic side effects of (un-)proven drugs and vaccines at systemic blood circulation, Central Nervous System, cancerogenic cells of patients, which need more in detail future investigation. Moreover, when a cancer patient struggles with thrombocytopenia, a sincere question is how Medici should act appropriately concerning COVID-19 vaccines? Unfortunately, limiting the research budget to a certain organization resulted in an increased chaotic information (mis-) management, where the whole globe is paying with their life, aforementioned expenses.

Taken together, pharmacologic side effects of vaccines, COVID-19 associated drugs in cancer patients is not investigated yet, which prerequisites focused personalized Medicine-like approaches.

The take-home message is all Scientists' focus should be on extra (unknown) pharmacologic side effects, induced by a specific COVID-19 drugs and vaccines, which are endorsed to administer intravenously, to cure random patients. Unforeseen side effects and mutations in the near future based on fast-tracked approved medicines and vaccines might cause significant disaster enduring up to the next decades.

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