



## Unprecedented Challenges Need Unprecedented Solutions for Cancer Care

**Md Abu Bashar<sup>1\*</sup> and Nazia Begam<sup>2</sup>**

<sup>1</sup>Assistant Professor, Department of Community Medicine, Institute of Medical Sciences, BHU, Varanasi-221005, Uttar Pradesh, India

<sup>2</sup>Specialist Medical Officer(ENT), ECHS Hospital, Ambala, Haryana, India

**\*Corresponding Author:** Dr Md Abu Bashar, Assistant Professor, Department of Community Medicine, Institute of Medical Sciences, BHU, Varanasi-221005, Uttar Pradesh India.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), resulting in COVID-19, is posing an insurmountable challenge to healthcare systems globally. Cancer therapy is complex, regimented, and outcomes are focused on timing. COVID-19 has thrown a gauntlet to an already strained system for cancer treatment. Given the extrinsic factors (e.g. resource constraints and high morbidity/mortality) of the COVID-19 pandemic and the intrinsic factors of patients with cancer (e.g. high-risk population, lower immune system, and many at advanced stage of disease), practitioners face great responsibilities in ensuring timely, appropriate, compassionate, and justified cancer care, while protecting themselves from becoming infected with COVID-19 [1]. The reported prevalence of cancer among patients with COVID-19 i.e. around 1% seems to be higher than its prevalence in the overall population [2]. Early data from two small, heterogeneous populations [3] showed that 39-54% of patients with cancer were reported to have a severe event (admission to intensive care unit, or death) when infected with COVID-19 [2,4]. Receiving antitumor chemo-or immuno-therapy or surgery within 2-4 weeks of developing symptoms of COVID-19 predicted worse outcomes [2,4]. The challenges imposed by COVID-19 impact every aspect of the existing paradigm of cancer care, starting with diagnosis all the way to end-of-life care for cancer patients, which raises concerns about patients receiving suboptimal care.

Although the current emphasis is on managing COVID-19 first, the focus in the near future would centre on the recovery plan and restoration of the balance of cancer care in the era of COVID-19 and beyond. Data gathered from caring for cancer patients during the ongoing pandemic would help create care models and predictors for high-risk populations during future epidemics or pandemics.

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