Cancer Control 2020 Survey: The impact of the COVID-19 pandemic on the care of cancer patients

In October 2020, *Cancer Control* invited colleagues to describe briefly how COVID-19 had affected cancer care in their countries to date. We thank everybody who was able to contribute and offer this selection of the responses we received. In future editions of *Cancer Control*, we will take a deeper look at the impact of COVID-19 on cancer care in low- and middle-income countries and how best to mitigate its impact.

AFRICA

ETHIOPIA

Zelalem Desalegn, BSc, MSc, Assistant Professor of Medical Microbiology, School of Medicine, College of Health Sciences, Addis Ababa University, Ethiopia

"Though the burden of the COVID-19 pandemic is not happening as predicted in Ethiopia, it is troubling the healthcare system. In Ethiopia, there is limited infrastructure, scarce cancer care centres, and few established satellite cancer treatment centres. On top of this, partial restriction and cancellation of some non-essential services hit hard the provisions of routine services in the healthcare setting for cancer patients."

GHANA

Naomi Oyoe Ohene Oti, MPH, BSN, OCN, FWAC, Vice-President, Nursing, African Organization for Research and Training in Cancer (AORTIC)

"COVID-19 has had a lot of impact on cancer care. Employers had to put measures in place to protect staff and patients which called for more resources. Also there were delays in cancer treatment and ongoing oncology care. Care providers were faced with ethical issues which affected their mental wellbeing."

Verna DNK Vanderpuye, MBCHB, FWACS, FGCP, Consultant Radiation Oncologist, National Center for Radiotherapy Oncology and Nuclear Medicine, Korle Bu Teaching Hospital, Accra, Ghana and **Naa Adorkor Aryeetey,** Specialist Radiation Oncologist, Korle-Bu Teaching Hospital, Accra, Ghana

"SARS-COVID-19 has changed our practices. Accra and Kumasi, home to all the radiotherapy facilities in the country, were labelled epicentres and subjected to a two-week full lockdown on 15 March 2020. Cancer care was not spared from interruptions. The psychological distress amongst patients and clinicians was rife. Following the easing of restrictions, WhatsApp platforms and the REDBIRD app were adopted for reviewing patients receiving chemotherapy, refill medication, rescheduling appointments to limit patient numbers and monitor staff and patient risk respectively. Radiotherapy treatments were not disrupted. Shift work increased workforce burnout, whilst patients experienced long waiting times from observing mandatory COVID-19 protocols. The Sweden Ghana Cancer Center, a private facility, bore the brunt of the travel restrictions which limited patients from neighbouring countries gaining access; many were also unable to leave Ghana. Online consultations gained a footing. Many of these adaptations currently remain in place. Land and sea borders remain closed, but with less than 400 active COVID-19 cases, many contemplate a return to normality. This pandemic reveals some silver linings to overcome non-essential clinical pathways in the cancer care continuum, especially for LMICs."

KENYA

Dr Mohammed Ezzi, Medical Oncologist, University of Nairobi, Kenya

"The government's one-size-fits-all COVID-19 containment strategy failed to factor in the needs of cancer patients who require continuous medical care. The cancer facilities are open only for a few hours daily. It disrupted care for patients who need to travel to urban areas to continue their care."

NIGERIA

Professor Isaac F Adewole, Gynaecologic Oncology Unit, Department of Obstetrics and Gynaecology, College of Medicine, University of Ibadan, Nigeria

"The COVID-19 pandemic grounded several global activities including the provision of healthcare services to people with chronic conditions such as cancer. In Nigeria, the COVID-19 pandemic made a significant impact on cancer care in different

aspects:

- Disruption of access to care – patients on treatment (both chemotherapy and radiotherapy) had their treatment skipped, while surgeries were postponed because of the lockdown and curfew.
- High cost of care – cost of care skyrocketed especially with the need to do COVID-19 tests and also to procure additional safeguarding materials such as facemasks.
- Cancer screening activities were suspended – most organizations offering screening services had to close down or suspend activities in response to measures being taken to control the pandemic.
- Refusal to visit hospitals – many people refused to visit hospitals to continue their care because of fear of contracting the virus, especially from healthcare providers, and the worsening clinical status.
- Shift in focus – the political class and even health providers have momentarily shifted focus away from noncommunicable diseases and concentrate all their attention on finding ways of managing the pandemic."

Zainab Shinkafi-Bagudu Zbagudu, Medicad Cancer Foundation, Nigeria

"With a population of over 200 million, Nigeria's 14 cancer care centres are a significant distance from most patients. The restricted movement brought on by COVID-19 meant cancer patients could not access treatment. This reality was further compounded by limited availability and the high cost of PPE at the all facilities."

SOUTH AFRICA

Linda Rogers, MBChB (UCT), FCOG (SA), MMed (UCT), Senior Consultant, University of Cape Town, South Africa

"Our aim: provision of holistic care for gynaecological cancer patients, despite oncology staff also looking after COVID-19 patients and theatre-time shortages. The risk of not treating cancers was balanced against the risks of SARS-COV2 to patients and staff. What is left? Long waiting lists, and suffering women requiring palliation."

ASIA

MALAYSIA

Dr Saunthari Somasundram, President, National Cancer Society, Malaysia (NCSM)

"What we thought was the worst – delay of cancer treatment, care and support – are actually only the short-term effects of COVID-19. It's insidious, it's only just starting, and it's death by a thousand cuts: each wave of the pandemic takes away something from cancer care permanently; whether it's funds, budget, or resources."

THE PHILIPPINES

Jimmy A Billod, MD, MHcA, Gynecologic Oncologist, Baguio General Hospital and Medical Center, Baguio City, The Philippines

"Our cancer centre caters for patients from the region and nearby provinces. Community lockdowns, border restrictions, reduction in accommodation and/or schedules, meticulous screening protocols prior to and in between treatments caused an upsetting consequence in the care of patients. Delay in the diagnosis and treatments; and interruption of follow-ups engendered progression of the disease and stress to patients and their families."

CARIBBEAN

PAN-REGIONAL

A Caribbean cancer patient with kind permission of the Healthy Caribbean Coalition

"Cancer patients in the Caribbean often have to be innovative because of our region's limited resources. Perhaps this increases our resilience in dealing with COVID-19. But the isolation, supposed to keep us safe, will have lasting impacts. Usually, we count on the community to help us with our diagnosis. Now that same community is the threat."

SAINT LUCIA

Owen O Gabriel, MD, DM, Consultant Oncologist and Head of Department, Owen King EU Memorial Hospital, Saint Lucia, West Indies

"Cancer care has always been the most significant burden on our healthcare system. The COVID-19 pandemic has further aggravated already existing deep financial and human resource constraints. Patients could not obtain surgical or chemotherapy services locally. Radiation therapy and other tertiary care could no longer be accessed overseas."

EASTERN EUROPE

RUSSIAN FEDERATION

L Korolenkova, MD,PhD, Senior Researcher, National Oncological Centre, Moscow and **S Rogovskaya, MD,PhD,** President of the Russian Association for Genital infections and Neoplasia (RAGIN)

"The COVID-19 pandemic in Russia has had a negative impact on the management of cancer patients. There are two main reasons: the susceptibility of patients to coronavirus per se and delays in treatment, especially radiation or chemotherapy, due to isolation requirements. The increase of the incidence of COVID-19 in oncologists has led to the closure of oncology units due to quarantining. Also, the need for patients to

perform COVID-19-tests before hospitalization and collect documents from home can be a burden."

LATIN AMERICA

PAN-REGIONAL

Eduardo L Cazap MD, PhD, FASCO, President, Latin-American and Caribbean Society of Medical Oncology (SLACOM); Past President, Union for International Cancer Control (UICC); Emeritus Professor, Latin American School of Oncology (ELO)

"Our collective regional prioritization of COVID-19 and implementation of physical distancing as an intervention strategy has impaired cancer health providers' functioning, specifically by postponing cancer screening, in-person consultations, and control tests, as well as limiting treatments that might result in significant risk of infectious complications or require critical care. The coronavirus pandemic provides an opportunity for society to act in solidarity and find in this crisis the impetus to achieve the Sustainable Development Goals: Goals # 3 (Health and well-being), #I10 (Reducing inequalities) and # 17 (Developing alliances to accomplish the proposed objectives)."

COLOMBIA

Gloria I Sanchez, MSc, PhD, Profesora titular Coordinadora Grupo Infección y Cáncer, Facultad de Medicina, Universidad de Antioquia, Medellin, Colombia

"Cervical, breast, colon and prostate cancer screening has decreased by 80% in Colombia."

PERU

Tatiana Vidaurre, MD, Medical Oncologist, Instituto de Enfermedades Neoplásicas (INEN), Lima, Peru

"Blood transfusions for cancer patients were critically affected by the COVID-19 pandemic in Peru. Voluntary blood donation has been reduced at the Peruvian National Cancer Institute (INEN). Levels have fallen from 130 to 50 units/day and the blood bank stock was reduced from 350 units/day to under the critical stock limit of 150 units/day during the mandatory quarantine."

MIDDLE EAST

EGYPT

Dr Mahmoud Motaz Elzembely, MSc, MD, Lecturer in Paediatric Oncology, South Egypt Cancer Institute, Assiut University, Egypt

"The COVID-19 pandemic negatively affected paediatric cancer care in my centre. Negative impacts were a shortage of medical personnel, delay in diagnosis, delay in treatment for children who had COVID-19, decreasing the number of children allowed within single a room with a consequent decrease in department capacity and a chemotherapy shortage."

Ahmed Elzawawy, MD, Professor of Clinical Oncology, Suez Canal University, Ismailia and Port Said, Egypt

"Until this month (October 2020), there was a higher incidence of COVID-19 in Egypt and the Republic of South Africa than the general picture in Africa, but the level is still far below that prevalent in United States, United Kingdom and Italy. In Egypt, in the beginning there was a delay in most cancer diagnostic and treatment services. However, recently the picture has improved with modifications of protocols of investigations and treatment, e.g., hypofractionated radiotherapy and outpatient chemotherapy. In The Global Health Catalyst win-win movement, we suggest that in the world, particularly in LMICs and Africa, these scientific modifications could lessen the negative economic impact on expenditure for access to cancer care after the pandemic."

Dr Khaled Kamal, Director of the Mersal Oncology Center, Egypt

"In Egypt, due to the limited partial lockdown, cancer care was not majorly affected by the pandemic. The main effect was seen on treatment decisions: more spaced regimens, hypofractionated radiotherapy protocols and more prophylactic G-CSF use. Due to economic effect, funds to NGOs were affected, so affecting cancer treatment".

LEBANON

Hana Chaar Choueib, General Manager, Children's Cancer Center of Lebanon (CCCL)

"As a leading regional centre pioneering the treatment and care of kids and adolescents with cancer in Lebanon, the Children's Cancer Center of Lebanon (CCCL) has witnessed many challenges as a result of the coronavirus outbreak in the country and across the globe. In terms of patient treatment and care, and to mitigate all risks of infection, we had to make a major change in the psychosocial support offered to patients where no in-facility entertainment activities were allowed for patients during treatment. Therefore, we initiated a virtual series of entertainment and wellness sessions for patients who could access them through their phones or tablets at any time they wanted. More time and effort were spent on promoting awareness to patients and families to abide by the hygiene measures to protect themselves. Moreover, extra costs were incurred to supply the protective gear and equipment needed for patients, parents, as well as staff; in addition to those for testing when needed. Being dependent on public donations to

sustain the life-saving mission of the CCCL, the coronavirus outbreak resulted in the cancellation of several planned fundraising and awareness-raising events. Nevertheless, we were able to adapt and initiate a variety of online and virtual activities to meet our organization's obligations and to continue offering services to kids with cancer in Lebanon. Cancer doesn't wait, and indeed the CCCL did not! Despite the many challenges coronavirus has caused, we ensured that childhood cancer patients still have access to adequate treatments and remain safe all through their treatment. "

SOUTH ASIA

INDIA

Bhawna Sirohi, Consultant Medical Oncologist, Apollo Proton Cancer Centre, Chennai, India

"Hospital resources have been either completely diverted to coronavirus treatment, with cancer OPDs and day-care chemotherapy beds closed down, or the actual capacity reduced to prioritize coronavirus patients. A culture of fear has decreased outpatient attendance of new cancer cases by 70% to 80%. A cancer crisis is looming ahead."

Dr Gayatri Palat, MBBS, DNB, Associate Professor, Pain and Palliative Medicine, MNJ Institute of Oncology and Regional Cancer Center, Hyderabad, India

"Meeting the challenges of delivering palliative care posed by COVID-19 and lockdowns in Hyderabad does not pause due to pandemics or lockdowns. The current pandemic and the subsequent lockdowns resulted in cancer treatment getting disrupted for many, impacting on their survival, increased suffering and the need for palliative care. The local NGO, Pain Relief and Palliative Care Society, Hyderabad, supported by Two Worlds Cancer Collaboration–INCTR Canada, rose to this challenge by ensuring palliative care services continued uninterrupted looking after these patients. This could be achieved by taking steps such as establishing protocols, holding regular educative sessions by ECHO to remove apprehensions amongst staff and to teach about the PPE, hand hygiene and social distancing, ensuring sufficient PPE and virtual care.