

Cancer Patients and Research during COVID-19 Pandemic

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Commentary

The novel coronavirus, also known as SARS-Cov-2 or COVID-19 has become a worldwide threat and the major healthcare concern of the year 2020. Cancer research was directly affected by the emerging of this disease. According to some Chinese studies, cancer patients are more vulnerable to COVID-19 complications. This observation led many oncologists to change their daily practice in cancer care, without solid evidence and recommendations. Moreover, the COVID-19 manifestations as well as its diagnosis are particular in this special population. In this review paper we expose the challenges of cancer management in the era of SARS-CoV-2, the epidemiological, clinical, pathological and radiological characteristics of the disease in cancer patients and its outcomes on this population. Finally, we focus on strategies that are followed in cancer management with review of national and international guidelines.

The COVID-19 pandemic affected health care systems globally and resulted in the interruption of usual care in many health care facilities, exposing vulnerable patients with cancer to significant risks. Our study aimed to evaluate the impact of this pandemic on cancer care worldwide.

Cancer is a serious disease that affects the lives of millions around the globe.¹ Because of the nature of the disease and its treatment, patients with cancer are required to visit health care facilities more than patients with other diseases. The treatment of patients with cancer requires a full involvement of multidisciplinary teams throughout the disease trajectory from diagnosis to survivorship or end-of-life care.² During the disease course, patients require multiple hospital visits for assessment by different clinicians and to undergo many laboratory or imaging tests for diagnosis, staging, or monitoring of treatment effects in addition to different types of procedures and interventions. Besides medical providers, patients with cancer need the help of many other disciplines, such as social workers, psychologists, educators, and other support services. Once diagnosed with cancer, patients need continued monitoring and support during and after treatment.

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3Department of Cardiothoracic Surgery, The Fifth Affiliated Hospital of Sun Yat-sen University, Zhuhai, China Many cancer researchers have been able to pivot portions of their research either in the laboratory or in the clinic—to try to better understand COVID-19 and find ways to treat the disease,” said James Gulley, M.D., Ph.D., head of the immunotherapy section of NCI’s Center for Cancer Research (CCR).

The first wave of COVID-19 infections caused institutions to severely restrict or stop laboratory and clinical research for several months. As infections subsided during the summer, institutions allowed at least partial resummptions of research. Clinical studies generally, but not universally, resumed enrollment. Resumption of clinical studies did not occur universally. The second and, to a greater extent, third waves of infections in the fall of 2020 paused or even reversed reopening of research activities. Many institutions reinstated restrictions on clinical studies without direct benefits to participants. Onsite laboratory research continued as permitted within limits of new stay-at-home orders imposed by local governments, and most institutions urged or required researchers performing computational work to stay at home. These restrictions on research activities may not end until 2022.

Evidence of the extent of the impact of the pandemic on cancer care in African countries is beginning to emerge. While the African continent is arguably the least affected in terms of the absolute number of confirmed COVID-19 cases and deaths, the real impact of the pandemic on cancer management and broader health services may not be as mild. The implications of these disruptions are grim in resource- limited settings, particularly in the African region, where cancer programmes are typically under-resourced. As the pandemic evolves and movement restrictions are eased, there is a need for the timely and safe restoration of oncological care and research.