

Oncology and COVID-19

Press release from the National Academy of Medicine

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Cancer patients are at increased risk of developing a severe, even lethal, form of Sars CoV-2 infection [1]. In the current situation of health crisis, they must be offered rapid treatment, but adapted to the epidemiological context.

Considering that the Covid-19 epidemic should not be a loss of opportunity for cancer patients, the French National Academy of Medicine recommends

1. that the possibilities of recourse to care are safeguarded :

- uncertainties about the duration of the epidemic should not postpone the initiation of curative cancer treatment indefinitely and thus add cancer mortality to Covid-19 mortality;
- patients with localized cancers or cancers considered curable should be treated as soon as possible;
- cancer patients requiring treatment should continue to be cared for in dedicated services, including in health care facilities for Covid-19 patients;
- the practice of tumour biopsies must be maintained before any therapeutic decision is taken in the event of suspicion of malignant disease;
- when, for practical reasons, surgery cannot be performed, the patient should be referred to another team that is more available;
- when the chances of curability are uncertain, but there is hope of prolonged survival or even cure, the curative treatment strategy must be undertaken without delay;
- therapeutic decisions continue to be discussed in a multidisciplinary consultation meeting (RCP).

2. to adapt the management of certain patients to the epidemic context:

- the occurrence of Covid-19 in patients with cancer must be the subject of scientific research for an adapted therapy;

- Multidisciplinary consultation meetings (RCP) must be based on the guidelines of learned societies, cancer networks or French Unicancer, to discuss the management of complex cases related to Covid-19 ;
- oral treatments (targeted therapies, hormone therapy, chemotherapy, cytotoxic treatments...) are to be preferred during this period if they give equivalent results to the usual cytotoxic chemotherapies administered intravenously;
- non-surgical locoregional approaches should be discussed in RCP in the face of pauci-metastatic disease;
- targeted therapies/immunotherapies/maintenance treatments that have proven effective in a given patient should not be interrupted; spacing of inter-cures or flexibility of treatment regimens can be proposed and discussed in RCP;
- follow-up by teleconsultation with the treating physician should be provided, whenever possible, to limit movement during the confinement period. It is necessary to maintain contact of cancer patients with medical and paramedical staff and health care facilities so as not to add a feeling of abandonment to the stress of confinement in an already complex and anxiety-provoking care pathway;
- admission to palliative care services must be carefully considered, assessing the risks associated with displacement and exposure to Sars CoV-2 on the one hand, and the expected benefit of hospitalization on the other.

[1] Liang et al, Lancet Oncology 14 Feb 2020, Zhang et al Annals of Oncology March 2020