

Flirting With Disaster: COVID-19 and Cancer

For months, I have marveled at my patients and their resilience during this pandemic. But I confess that I really didn't understand how the pandemic affected their efforts to seek care until my mother needed a new pacemaker battery. You may think that's a strange segue, but I promise to get to the point.

Mom is almost 95 years old and lives in an assisted living facility. She knows who we are but has to look to see what day it is, and she has no memory whatsoever of recent events. She can ambulate with a walker, but every step is painful due to severe sciatica. Of course, because of her living situation, I was told to take her for a COVID-19 test before her minor surgical procedure, which would mean a 4-hour round-trip drive for me and a painful and disturbing trip for mom. Coincidentally, the facility she is in had a COVID-19 outbreak among staff, so all the residents needed to be tested. Well, I thought, that solved the problem!

Unfortunately, the facility was unsure about when the results would be reported (making me wonder how useful the tests are if it took so long) or how they could get the results to the hospital. In addition, the hospital scheduler told me that I could not stay with her and that I would have to drop her off in the lobby and then pick her up after the procedure. I explained that she could not answer registration questions and would be agitated and confused without me. Thus, I had to obtain special permission to stay, which took 2 days. It was important that I was with her, though, because when the anesthesiologist asked when she last ate, she told him she'd had a full breakfast that morning, even though I slept on her floor the night before just to make sure that didn't happen! I honestly spent several hours on the phone or in person negotiating and making arrangements. In the end, everything worked out. Mom was COVID-19-free, and her pacemaker battery replacement was uneventful.

The point I'm making is that while COVID-19 has dramatically changed the way we live and socialize, it is also complicating access to even the simplest of medical procedures and care. And how much more complex it must be for patients with cancer, especially those who are elderly, who face an endless gauntlet of tests and procedures. Of course, adding to the stress is an element of fear. We are all afraid of this virus, and patients with cancer have been told that they are at higher risk of dying if they contract the infection. But are they?

As it turns out, COVID-19 prevalence and mortality varies by tumor type. I learned this from a very nice paper by Lee et al.¹ The investigators established a cohort of patients with cancer enrolled in the UK Coronavirus Cancer Monitoring Project and determined that patients with hematologic malignancies had a significantly more severe COVID-19 trajectory than those with solid tumors. That makes sense to me since this group of patients is often immunocompromised. And it gives us some foundation for reassuring at least some of our patients that they may be no more at risk for death than their age-matched healthy neighbors.

Managing fear and misinformation has been so important during this pandemic. Although I know that some political leaders don't get this, we can do our part, through science and data. Our patients look to us for advice, and we should always be ready to provide it. We all have a responsibility to stay on top of the data and provide the most evidence-based guidance possible.



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Reference

1. Lee LYW, Cazier JB, Starkey T, et al. COVID-19 prevalence and mortality in patients with cancer and the effect of primary tumour subtype and patient demographics: a prospective cohort study [published online August 24, 2020]. *Lancet Oncol*. doi: 10.1016/S1470-2045(20)30442-3