



REVISED CANCER MANAGEMENT SYSTEM IN INDIA WITH NEW CHALLENGE UNDER COVID-19 VIRUS ATTACK.!

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ABSTRACT

Cancer patients in India is a major health problem with an estimated 11.6 lakh new cases, 7.85 lakh deaths and 22.6 lakh prevalent cases per year. Cancer is such a disease that cannot be treated online medication at his or her home, patients have to come to cancer oncology clinic / Deptt / Cancer hospital to get treatment but in this critical situation author finds ways and means how to deal with current situation in India under the attack of COVID-19 virus.

KEYWORDS : Covid 19, Oncology Clinic , Prevalent .

Discussion -

1. Guidelines for notifying Covid-19 affected cancer patients. In the wake of the prevailing Covid-19 situation and in order to strengthen the containment measures, it is of utmost importance that each and every case (suspect/confirmed) of COVID-19 is isolated and provided appropriate treatment and their contacts are traced at the earliest to break the chain of transmission. It is important that support and co-operation of private sector is enlisted, in this regard.

Therefore, it shall be mandatory for all hospital (Government and Private), Medical officers in Government health institutions and registered private Medical Practitioners including AYUSH Practitioners, to notify such person(s) with Covid-19 affected person (as defined in the attached annexure) to concerned district surveillance unit. All practitioners shall also get the self-declaration forms (enclosed), who, within their knowledge, are having travel history of Covid-19 affected countries as per the extant guidelines and are falling under the case definition of COVID-19 (suspect/case)

In case the person has any such history in the last 14 days and is symptomatic as per case definition of COVID-19, the person must be isolated in the hospital and will be tested for COVID-19 as per protocol.

Information of all such cases should be given to state helpline number.

2. Setting up the priorities among cancer patients.

High priority patient.

(I) Curable young age cancer patients.
(ii) Those who can achieve maximum benefit with Chemotherapy or Radiotherapy.
Low priority patients.

(i) Those that can show moderate or little benefit with Chemotherapy or Radiotherapy
(ii) Those have been cured currently running on maintenance treatment.
(ii) Those having advance stage cancer severe co morbidities illness.

3. All cancer patients currently under treatment or under follow up must be advised to use immunobooster therapy like vit-C/vit-B6/vit-E tablets those containing Zinc and Selenium Mineral as well as antiseptic mouth gargle daily 3-5 times.

4. How to deal with Chemotherapy Patients?

As we know after infusional Chemotherapy due to mild to

moderate myelosuppression in cancer patients, natural immunity falls so what we can plan. Cancer patients due to chemotherapy the oncologist should first set up priorities as well as risk vs benefit ratio to be kept in mind

PRACTICING CHEMOTHERAPY IN COVID 19 SITUATION

1) Prioritize your patients (ESMO)
2) Calculate the risk benefit ratio
1) Avoid/delay maintenance chemotherapy
2) Avoid/delay chemo in asymptomatic palliative
3) Avoid/delay in older individuals
4) Avoid/delay in co-morbid conditions
5) Use calculators to see the benefits (e.g.-CARG tool)
1) Use less myelo suppressive chemo if possible
2) Use hormonal therapy over chemotherapy if possible
3) Use oral formulations if possible
4) Use 3weekly chemo rather than weekly if possible
5) Use single/fewer chemo than poly chemotherapy if possible
6) Use of concurrent chemotherapy during radiation is optional
7) Use growth factors liberally
1) Administer as day care procedure if possible
2) Consult through telemedicine
3) Dose and duration of steroid

(I) Curable young age cancer patients must be on our priority
(ii) We can delay chemotherapy in cancer patients with advance and terminal stage old age severe co morbid illness
(iii) Try to avoid strong myelo suppressive kind of chemo drugs.
(iv) Encourage use of targeted therapies/Hormone treatment available in form of oral tablets over informal chemotherapy.
(v) Chemotherapy protocol to be used such that it should be three weekly or monthly basis rather than weekly or bi weekly schedule of chemotherapy
(vi) Day care chemotherapy must be preferred over Hospital admission based chemotherapy.
(vii) Encourage online consultation/Telemedicine with patients by oncologist

5. How to deal with Radiotherapy patients?

Those patients under Radiotherapy going thru daily OPD basis we suggest.

RADIATION TREATMENT IN COVID 19

Remote Visits	Avoid Radiation	Defer Radiation	Shorten Radiation
Use of telemedicine (telemedicine in place of in person visits)	Avoid treatment of patients where evidence suggests little to no benefit of treatment.	Defer treatment start for as long as time as appropriate.	Use the shortest safe form of treatment if treatment necessary.

Radiotherapy protocol Hypofractionated to be used as well as if facilities available SBRT kind of Radiotherapy will cut short the frequent hospital visit by cancer patients.

HYPOFRACTION RADIOTHERAPY (SBRT) MUST BE CONSIDER

Indication	Treatment
Brain Mets, for whom whole brain is indicated	4Gy x 5 daily fractions Steroids alone
Cord Compression	8Gy x 1 daily fraction
Tumor bleeding	3.7 Gy x 4 twice daily fractions 4Gy x 5 daily fractions
SVC syndrome Airway Obstruction	8.5 Gy x 2 weekly fractions 4Gy x 5 daily fractions
Bone metastases	8Gy x 1 daily fraction

Again here priorities to be set for patients
Category- High- curable young age patients

Low- in which delay of treatment can be affordable like slow growing tumors like prostate cancer we can keep them on hormone T/T till crisis is over.

Daily before start of Radiotherapy room must be fully sanitized and after treatment machine shut down for the day again sanitization of treatment room must be done.

All the patients under Radiotherapy their Mask/Orfit cast must be kept separately with adequate



All planning and Radiotherapy devices must be sanitized before using it for another patients planning.

All Radiotherapy technicians should well aware of how many patients they are going to give radiotherapy according to number of patients they should be provided to disposal hand gloves for every patients new gloves to be used same is applicable for radiographers those deployed in Xray / RTP CT/PETCT wings

PATIENTS HAVING STOMA LIKE TRACHEOSTOMY MUST BE DEAL VERY CAREFULLY DURING RADIOTHERAPY

Patients who have had a laryngectomy/have a tracheostomy have high levels of aerosol generation and radiographers have to get close to the patient for each fraction. Patients with who have had a laryngectomy/have a tracheostomy should only be treated when staff have appropriate PPE.



Following above measures will certainly bring some relief to cancer patients as well as under. Minimum risk of COVID-19 infection.

Recommendation for PPE kit's.

1. Oncologist - Working in hospital ward/OPD.
2. Sister - Working in ward/OPD/Daycare ward.
3. Ward boy - Working in ward/OPD/Day care.
4. Radiotherapy Technician - Working in Radiotherapy room handling patient position.
5. Radiologist/Radio Technician - Working for RTP/CT/PET CT.

All above must have PPE kit's (N-95 mask/Gloves/Gown/Goggles/Head Cover/Shoe Cover)

These recommendations should be used just as guidance foe practicing various aspect of cancer case in order to accept the challenge by COVID-19 virus.

Indian Oncologist by the way in COVID-19 not in lockdown

rather knockdown role.

References -

- 1- www.esmo.org
- 2- www.icmr.nic.in
- 3- www.aroi.org