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Clinical Research

FEAR AFFECTING CANCER FOLLOW-UP IN THE COVID TIMES: A SURVEY STUDY FROM TERTIARY CANCER CENTER IN EASTERN INDIA

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ABSTRACT

BACKGROUND: The highly infectious COVID-19 disease was declared as a public health emergency of international concern by the World Health Organization in February 2020. The mplemented in India has posed a great challenge for both oncologic health care providers and

lockdown situation implemented in India has posed a great challenge for both oncologic health care providers and cancer survivors alike. Cancer patients due for follow-up visits have not been able to attend the hospitals due to the lockdown situation, moreover, most hospital resources have been diverted towards managing COVID patients. This could have increased fear and anxiety among them regarding the impact of COVID-19 on their pre-existing cancertreated status. The present study aims to assess the psychological impact the disease had on women cancer patients registered in a tertiary cancer center in Eastern India, due for follow-up.

MATERIALS AND METHODS: The present study included 80 patients who had completed treatment for various gynecologic malignancies at a tertiary cancer center in eastern India. We used the fear of COVID-19 Scale (FCV-19S) to assess the psychological impact of COVID-19 among the gynecological cancer patients attending or due for follow up at the hospital. The patients were interviewed telephonically and asked to complete the questionnaire voluntarily. Data collection was done using Microsoft Excel and statistical analysis was done by SPSS version 20.

RESULTS: 78 percent of the patients were afraid of contracting COVID-19 on coming out of their house, higher number of poorly educated patients had fear of the corona virus infection, higher number of poorly educated patients had fear of the corona virus infection. 51 percent patients were 'very fearful' of the corona infection and the most common cause of fear was of 'losing life due to corona virus'. The telephonic conversation by a doctor was reassuring for 86 percent of the patients.

CONCLUSION: The corona virus pandemic has instilled fear and anxiety among the patients of gynaecological cancer and alternatives like telemedicine need to studied to render follow-up care by reducing number of visits to the healthcare facility.

KEYWORDS: COVID 19, Fear, Gynecological Cancer, Follow-up

INTRODUCTION:

The COVID-19 disease, caused by the novel SARSCoV-2 (severe acute respiratory syndrome coronavirus-2), was declared as a public health emergency of international concern by the World Health Organization in February 2020.(1) The number of cases has risen exponentially worldwide, since the identification of the index case in December 2019 as of 27^{th} June 2020, there are 5,09,523 confirmed cases of COVID-19 with 15690 deaths in India. (2) People with pre-existing non-communicable diseases, such as cardiovascular disease, respiratory illness, diabetes, hypertension, history of transplant and cancer and those belonging to the older age group are more vulnerable to the virus resulting in more severe illness in this subset of population. (3,4,5) The novelty of the virus along with no known cure or prevention strategy yet available for COVID-19 has led to immense fear in the population.

Most countries in the world, including India have enforced strict lockdown protocols, curbed travel and implemented strict social distancing protocols to limit the spread of this infectious virus in the community. (6) This lockdown situation has posed a great challenge for both oncologic health care providers and cancer patients alike. Cancer patients who are due for follow up visits at oncology centres are not able to attend their scheduled visits due to lack of transport. The possible concerns could be that if their cancer will relapse because of missing their hospital visits and about the fact that their prior treatment for cancers have rendered them more vulnerable to contract COVID 19. The fear also could be that on coming out of their house they will be more at risk for

contracting the illness and thus endangering themselves and their families.

Gynaecological cancers are an important public health problem in India with 155,074 new cases and 93,777 deaths every year. According to GLOBOCAN estimates, there were 96,922 new cases of cervical cancer, 13,328 new cases of endometrial and 36,170 new cases of ovarian cancer in India in 2018. (7) Fear and anxiety already exist in the minds of cancer patients. (8) Gynaecological cancer patients have additional stress about issues of premature menopause, fertility loss, body image issues to cope up with apart from the stress that comes with routine cancer treatments. (9,10) The COVID-19 pandemic has not only exacerbated the fear and anxiety in the minds of these patients and their families but has also increased their socio-economic issues and adversely affected them on the psychosocial front. (8) Doctors, healthcare staff and social workers are the backbone of the health care system who create a bond with the patients and help them to be able to cope with this stress through continuous counselling (8). The present situation has rendered the patients unable to communicate with them. This has led to tremendous stress and worry in the cancer patient which may adversely affect their psychological well-being.

The current management on Covid-19 worldwide has mainly focused on infection control, formulation of vaccine and improving treatment cure rate. The psychosocial aspect has yet to be thoroughly considered. The present study aims to assess the psychological impact the disease had on gynecological cancer patients registered in a tertiary cancer

center in eastern India so as to facilitate public health initiatives on allaying public's fears in general and finding safer alternatives to rendering follow-up services for cancer.

MATERIALS AND METHODS:

The present study was conducted in the month of April 2020, on patients who were due for follow-up of disease status. A 106 patients were eligible (received complete treatment for cancer and ascertained disease free on completion of treatment with no history of any psychiatric illness in the past), among which 96 could be contacted and 80 patients consented to take the questionnaire. These patients had completed treatment for various malignancies (cervix cancer, endometrial cancer and ovarian cancer, breast cancer) at a tertiary cancer center in eastern India. The pre-validated Fear of COVID-19 Scale (FCV-19S) to assess the psychological impact of Covid-19 among the gynecologic cancer patients attending or due for follow-up at the hospital was used. The questionnaire was filled through telephonic interview which was administered in the local regional language for the convenience of the patient. Statistical analysis of their response was done by descriptive statistics using SPSS version 20.

RESULTS:

The median age group of the patients was 50 years. Among the 80 patients, 22.5 percent of them were illiterate, while 35 percent of the patients were literate but uneducated. Majority of the patients were living with their spouses with or without their children and 11 percent were living alone. Most of the patients were treated cases of cancer cervix uteri (n = 40), followed by breast (20), ovary (15) and endometrium (5). All patients were aware of COVID-19 and were updated regularly. The most common source of update were television and newspapers and most patients who were afraid of coronavirus updated themselves at least twice a day. (Figure 1)

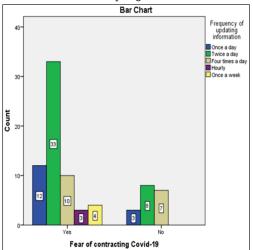


Figure 1: Correlation of frequency of updation of information with fear of Corona virus Approximately 78 percent of the patients were afraid of contracting Covid19 on coming out of their house but that did not deter them from being keen on attending follow up at their hospital. (Figure 2)

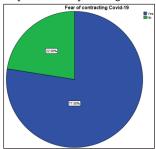


Figure 2: Distribution of fear of contracting COVID 19 infection

among patients of cancer follow-up

The higher number of poorly educated patients had fear of the corona virus infection. (Table1) In most of the patients who were afraid of contracting Covid19, the fear stemmed from the fact that they had prior h/o cancer treatment (Figure 2) and they were scared that their cancer survivor status might put them at increased risk for infection with SARS-CoV2. Higher number of poorly educated patients had fear of the corona virus infection due to ongoing lockdown situation (67.5 percent of the patients) (Table 2).

Table 1: Level of education vs fear of contracting COVID 19 infection

| | | Fear of contracting Covid-19 | | Total |
|-----------|-----------------|------------------------------|----|-------|
| | | Yes | No | |
| Education | Illiterate | 18 | 0 | 18 |
| | Literate | 20 | 8 | 28 |
| | School drop out | 5 | 2 | 7 |
| | High School | 4 | 2 | 6 |
| | Matriculation | 5 | 3 | 8 |
| | Graduate | 10 | 3 | 13 |
| | Total | 62 | 18 | 80 |

Table 2: Frequency of cause of most worry among patients

| | | | | • |
|---|-----------|---------|---------|------------|
| | Frequency | Percent | | Cumulative |
| | | | Percent | Percent |
| Cancer progressing/ recurring due to not going to health carefacility/missing follow up | 54 | 67.5 | 67.5 | 67.5 |
| Getting Covid 19 on coming out of their house | 26 | 32.5 | 32.5 | 100.0 |
| Total | 80 | 100.0 | 100.0 | |

In questions relating to severity of symptoms the level of fear, 51 percent patients were 'very fearful' of the corona infection (Table 3) and the most common cause of fear was of 'losing life due to corona virus' which was scored 4 on a scale of 5. (Table 4). The telephonic conversation by a doctor was reassuring for 86 percent of the patients. (Table 5)

Table 3: Frequency of level of fear of contracting coronavirus infection

| mection | | | | |
|---------------|-----------|---------|---------|------------|
| Likert scale | Frequency | Percent | Valid | Cumulative |
| | | | Percent | Percent |
| not at all | 5 | 6.3 | 6.3 | 6.3 |
| some fear | 30 | 37.5 | 37.5 | 43.8 |
| quite fearful | 4 | 5.0 | 5.0 | 48.8 |
| very fearful | 41 | 51.2 | 51.2 | 100.0 |
| Total | 80 | 100.0 | 100.0 | |

Table 4: Severity of fear of losing life due to corona virus infection

| Scale of 5 | Frequency | Percent | Valid Percent | Cumulative |
|------------|-----------|---------|---------------|------------|
| | | | | Percent |
| 1 | 16 | 20.0 | 20.0 | 20.0 |
| 2 | 31 | 38.8 | 38.8 | 58.8 |
| 4 | 33 | 41.3 | 41.3 | 100.0 |
| Total | 80 | 100.0 | 100.0 | |

Table 5: Response to the telephonic conversation

| | Frequency | Percent | Valid Percent | Cumulative |
|---------------|-----------|---------|---------------|------------|
| | | | | Percent |
| Reassured | 69 | 86.3 | 86.3 | 86.3 |
| more stressed | 11 | 13.8 | 13.8 | 100.0 |
| Total | 80 | 100.0 | 100.0 | |

DISCUSSION:

The public health set-ups in India are accessed majorly by the patients of low-socioeconomic strata in India, where the

educational level is usually not good, the same was evident in our study where majority of the patients were either illiterate or barely could write their name. (11) The result was consistent with that reported by Mertens et al showing that fear of the disease is higher among the poorly educated. (12) The diagnosis and treatment of cancer can have a devastating impact on the psychological well-being of patients. (10) The reports that the Corona virus infection had a worse prognosis among immunologically compromised patient was a cause of concern for the cohort of patients in the current study, who were patients on follow-up after cancer treatment. The media has a role to play in generating the fear and anxiety associated with the pandemic as was also observed in the current study.(12)(Figure 2). The greatest cause of concern for a cancer patient is the fear of recurrence/progression which was corroborated among the patients in the study. Since the pandemic is yet to reach its peak in India and the number of cases is escalating by the day, measures to allay fear and anxiety associated with the pandemic is the need of the hour to decrease the number of 'worried well' patient. (13) Telephonic or telemedicine based approach to following up patients treated with cancer can be a useful alternative in the times of such a contagious pandemic.(14) Simple measures like a telephonic counselling maybe very useful in allaying unnecessary fears among patients in particular and healthcare facilities could play a vital role in ensuring the same.

CONCLUSION

The corona virus pandemic has instilled fear and anxiety among the patients of gynaecological cancer and alternatives need to studied to render follow-up care by reducing number of visits to the healthcare facility.

Conflict of Interest

There is no financial or non-financial conflict of interest to disclose.

REFERENCES:

- The coronavirus status update. https://www.worldometers.info/coronavirus/ Accessed April 15 2020
- Bansal N, Ghafur A. COVID-19 in oncology settings. Cancer Res Stat Treat 2
- Yu J, OuyangW, ChuaMLK, Xie C. SARS-CoV-2 transmission in patients with cancer at a tertiary care hospital in Wuhan, China. JAMA Oncol. 2020. https://doi.org/10.1001/jamaoncol.2020.0980.
- Liang W, Guan W, Chen R, Wang W, Li J, Xu K, et al. Cancer patients in SARS-CoV-2 infection: a nationwide analysis in China. Lancet Oncol. 2020:21:335-7
- World Health Organization advice for the public; 2020. Available: https://www.who. int. https://www. who. int / who-documents-detail/covid-19and-ncds and https:// www. who. int/ emergencies/ diseases/ novelcoronavirus- 2019/advice-for-public/when-and-how-to-use-masks. Accessed
- Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2018;68:394-424.
- Dalal NV. Social issues faced by cancer patients during the coronavirus(COVID-19) pandemic. Cancer Res Stat Treat 2020;3:141-4
- Holland JC. History of psycho-oncology: Overcoming attitudinal and conceptual barriers. Psychosom Med. 2002;64:206-21.
- Mendosa Rd, Appaya P. Psychiatric morbidity in outpatients of gynecological oncology clinic in a tertiary care hospital. Indian J Psychiatry. 2010 Oct-Dec;
- 10. Rajpal S, Kumar A, Joe W. Economic burden of cancer in India: Evidence from cross-sectional nationally representative household survey, 2014. PLoS One. 2018;13(2):e0193320. Published 2018 Feb 26. doi: 10. 1371/journal. pone. 0193320
- 11. Mertens G, Gerritsen L, Duijndam S, Salemink E, Engelhard IM. Fear of the coronavirus (COVID-19): Predictors in an online study conducted in March 2020 [published online ahead of print, 2020 Jun 10]. *J Anxiety Disord*. 2020;74:102258. doi:10.1016/j.janxdis.2020.102258

 12. Asmundson GJG, Taylor S. Coronaphobia: Fear and the 2019-nCoV outbreak.
- J Anxiety Disord. 2020;70:102196. doi:10.1016/j.janxdis.2020.102196
- 13. Beaver K., Williamson S. and Chalmers K. (2010), Telephone follow.up after treatment for breast cancer: views and experiences of patients and specialist breast care nurses. Journal of Clinical Nursing, 19: 2916-2924. doi:10.1111/j.1365-2702.2010.03197.x