

BRIEF REPORT

Vulnerability of People with Cancer and the Potential Risks of COVID-19 Pandemic: A perspective in Morocco

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Abstract

Cancer affects almost 18 million around the world in 2018, of these 9.5 million cases were in men and 8.5 million in women. COVID-19 is an acute respiratory disease caused by novel coronavirus SARS-CoV-2 or 2019-nCoV and was first reported in Wuhan, China in December 2019. Recently, on March 11, 2020, COVID-19 was declared by the World Health Organization (WHO) as a virus pandemic disease. Furthermore, it has been known that the malignancy and anticancer treatments, such as chemotherapy or surgery cause systemic immunosuppressive state in patients with cancer which exposes them to infection more than others especially for COVID-19 and with a high probability of complications. Additionally, the major concern for patients with cancer is the incapacity to get fundamental medical services due to the pandemic spread. In Morocco, thanks to measures such as contamination prevention, prioritization of care, and price control of therapies, cancer patients were able to continue their treatment during the covid-19 pandemic.

Keywords

COVID-19, Cancer, Pandemic, Morocco

In 2018, the incidence of cancer around the world was almost 18 million, of these 9.5 million cases were in men and 8.5 million in women [1]. This number is growing because of the multiple risk factors such as age, tobacco, alcohol, diet, radiation, obesity, cancer-causing substances, chronic Inflammation, infectious agents, and sunlight [2].

In Morocco, the Age-specific rate (ASR) is 31.9 per 100,000 persons in 2018 [3]. This fragile population needs a specific care such as surgery, chemotherapy, radiation therapy, immunotherapy, hormone therapy, and psychological support [4].

COVID-19 is an acute respiratory disease caused by novel coronavirus SARS-CoV-2 or 2019-nCoV which was first reported in Wuhan, China in December 2019. Recently, on March 11, 2020, COVID-19 was declared by the World Health Organization (WHO) as a virus pandemic disease [5–8].

Many risk factors are recognized to be related to illness from COVID-19. Age over 65 years old, respiratory conditions, diabetes, serious heart conditions, chronic kidney disease being treated with dialysis, severe obesity, people in nursing homes or long-term care facilities, immunocompromised, liver disease, and cancer [9, 10].

Also, the malignancy and anticancer treatments, such as chemotherapy or surgery cause systemic immunosuppressive state in patients with cancer. This is the reason why cancer patients are more vulnerable to infection than others and subsequently they are at high risk for COVID-19 infection and its complications [11, 12].

Additionally, severe events (admission to the intensive care unit and requiring invasive ventilation, or death) are most frequent amongst patients with cancer and whom had chemotherapy or surgery in the past month than respectively patients without cancer and whom did not have chemotherapy or surgery [11].

Likewise, in this COVID-19 pandemic, the major concern for patients with cancer is the incapacity to get fundamental medical services due to the pandemic spread. In addition, patients are recommended to avoid visiting hospitals because of the risk of infection. As a result, some clinical trials are delayed which complicates frequentation of the hospital for regular appointments or continuity of care, and treatment delays or unavailability may cause possible concerns in case of severe complications or emergencies in patients with advanced cancers [12].

Likewise, the diversion of attention exclusively to

COVID-19 can have disastrous consequences especially for patients with cancer. The excessive deployment of medical and paramedical staff to the COVID-19 service can leave certain potentially vital activities uncovered, such as the administration of treatment, surgeries and assistance to hospitalized patients. Otherwise, it is well documented that delayed oncologic surgery can cause disease progressions and result in tumors no longer resectable, leading to worse survival outcomes [13].

In fact, immediate diagnosis and treatment are needed in several solid tumors and hematologic cancers [14, 15]. Moreover, for patients with head and neck cancer, the risk of death increased at 16% for every month of delay of radiotherapy [16]. Also, inferior survival was related to delays in receiving adjuvant chemotherapy for colorectal cancer and breast cancer [16]. Furthermore, worse survival outcomes were associated to four weeks of delay before the initiation of adjuvant chemotherapy in gastric cancer patients [17].

In Morocco, the AMOT (Moroccan Association of Thoracic Oncology), recommends three essential points, namely prevention of contamination, prioritization of care, and price control of therapies of patients by the various oncology centers and services. In fact, to avoid contamination of patients, AMOT recommends increased vigilance through the temperature measurement and the search for respiratory and digestive symptoms on a regular basis, whether for patients or for nursing and administrative staff. Also, minimizing frequency of hospital visits, respect of the measures of distancing, wearing Personal Protective Equipment (PPE), and use of rigorous hand hygiene practices were highly recommended.

Moreover, we note that these recommendations, were shared with nearly 400 cancer specialists, and should allow patients to continue the most optimal treatments, avoiding the risk of contamination with Covid-19 as much as possible [18].

Fortunately, most of cancer patients continue their treatment during the COVID-19 pandemic in Morocco. This will allow healing to progress and will avoid relapses as much as possible.

Finally, vigilance must continue as well as all preventive measures to avoid contamination of cancer patients with COVID-19, and more awareness programs for this category of patients must be conducted in order to educate them on the risks they run as well as the means to prevent contamination.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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