



Managing cancer during a pandemic

Clinicians and researchers are rapidly adapting to working in the midst of a pandemic. Herein, we share our initial thoughts of the consequences of COVID-19 for the oncology community.

“ Key elements of cancer care as we know it are being redefined during the COVID-19 pandemic ”

The only thing we know for sure at the time of writing this Editorial is that when it is published in just a few days, new information on the main subject will be available. Only a few months ago we didn't know about the existence of SARS-CoV-2, but COVID-19, the respiratory disease caused by infection with this virus, is already affecting the way clinical professionals manage patients with cancer.

We are very grateful to the clinicians and researchers who have taken time to communicate with us in the past few weeks despite working in challenging conditions. Importantly, a common message we hear from them is that they are determined to keep doing whatever it takes to best serve patients with cancer.

Across continents, a common feeling of uncertainty is emerging about the impact of COVID-19. The effect of the pandemic on patients with cancer and the professionals involved in their care remains unclear at present; however, rapid and difficult decisions have had to be made. The response to the pandemic is a major priority that is straining already fragile health-care systems, although many patients with cancer cannot put their treatment on hold. According to studies of patients receiving treatment for COVID-19 in Chinese hospitals, those with cancer seem to have a higher risk of COVID-19 (REFS^{1,2}) and less favourable outcomes from this disease¹. We eagerly await data from additional studies addressing how COVID-19 affects patients with cancer, which will need to be carefully interpreted.

In a Comment in *Nature Reviews Clinical Oncology*, Hanna et al.³ discuss the competing risks faced by patients with cancer risking exposure to SARS-CoV-2 in order to receive treatment. With precaution as a driving principle, these investigators propose a framework to minimize exposure while providing optimal care in three scenarios defined according to the severity of the crisis at a given health-care facility³. In this framework, prioritization is a key concept — indeed, in the near future we expect to read more articles discussing changes in priorities to improve delivery of care to important populations, including elderly patients, individuals awaiting test results, those with social and financial difficulties as well as cancer survivors, among others.

This pandemic is also affecting oncology clinical trials. To our knowledge, patient recruitment has been interrupted in clinical trials at several major institutions.

Clinicians and regulators need prospective evidence in order to improve treatments and, thus, the interruption of trial enrolment will clearly have long-term consequences. Preclinical research is another fundamental determinant of how patients with cancer will be treated in the future. With researchers having to close their laboratories to comply with confinement regulations, a vast number of potentially relevant studies are now on hold.

Finally, many conferences are being cancelled or postponed, and we do not know when the conference circuit will resume business as usual. Researchers will undoubtedly find alternative channels for discussing new findings and networking with their peers, but we imagine that many of them will miss direct interactions. We look forward to ‘attending’ the 2020 ASCO Annual Meeting, which will occur in an entirely virtual format. In addition to being more environment-friendly, this year's meeting will be accessible to participants for whom travel to Chicago might have been problematic in the past owing to family and/or financial constraints.

In conclusion, key elements of cancer care as we know it are being redefined during the COVID-19 pandemic. We will only be able to fully appreciate these changes and their consequences when more abundant and robust evidence is available. Two of the major aspects that we hope to be able to understand over time are how COVID-19 affects cancer epidemiology and health-care systems worldwide. As a Reviews journal, we will cover all relevant aspects in due time.

What can we offer as a Reviews journal now to help the oncology community in these challenging times? The journal editorial team are working remotely to keep publishing content regularly. We are aware that many authors and reviewers will have difficulties in meeting the timelines typically associated with our editorial and publication processes, and we intend to be as flexible as possible at this time. COVID-19-related content published in this and other Nature Research journals is being made openly available as quickly as possible and can be accessed via a dedicated portal⁴.

1. Liang, W. et al. *Lancet Oncol.* **21**, 335–337 (2020).
2. Yu, J. et al. *JAMA Oncol.* <https://doi.org/10.1001/jamaoncol.2020.0980> (2020).
3. Hanna, T. P., Evans, G. A. & Booth, C. M. *Nat. Rev. Clin. Oncol.* <https://doi.org/10.1038/s41571-020-0362-6> (2020).
4. SARS-CoV-2 and COVID-19 <https://www.springernature.com/gp/researchers/campaigns/coronavirus> (2020)