

# Turkish Medical Oncology Society COVID-19 Pandemic Advisory Board Recommendations for Cancer Patients and Medical Oncologist

<sup>a</sup>Ahmet Taner SÜMBÜL<sup>a</sup>, <sup>b</sup>Şuayip YALÇIN<sup>b</sup>, <sup>c</sup>Ahmet ÖZET<sup>c</sup>, <sup>d</sup>Serhat ÜNAL<sup>d</sup>, <sup>e</sup>Ömer DİZDAR<sup>b</sup>,  
<sup>f</sup>Hakan AKBULUT<sup>e</sup>, <sup>g</sup>Aziz KARAOĞLU<sup>f</sup>, <sup>h</sup>Nuri KARADURMUŞ<sup>g</sup>, <sup>i</sup>Mehmet Ali Nahit ŞENDUR<sup>h</sup>,  
<sup>j</sup>Ebru ÇILBİR<sup>i</sup>, <sup>k</sup>Fatih YILDIZ<sup>j</sup>, <sup>l</sup>Gülnehal TUFAN<sup>j</sup>, <sup>m</sup>Özlem UYSAL SÖNMEZ<sup>k</sup>,  
<sup>n</sup>Nazım Serdar TURHAL<sup>l</sup>

<sup>a</sup>Başkent University Faculty of Medicine, Division of Medical Oncology, Ankara, TURKEY

<sup>b</sup>Hacettepe University Faculty of Medicine, Division of Medical Oncology, Ankara, TURKEY

<sup>c</sup>Gazi University Faculty of Medicine, Division of Medical Oncology, Ankara, TURKEY

<sup>d</sup>Hacettepe University Faculty of Medicine, Division of Infectious Diseases, Ankara, TURKEY

<sup>e</sup>Ankara University Faculty of Medicine, Division of Medical Oncology, Ankara, TURKEY

<sup>f</sup>Dokuz Eylül University Faculty of Medicine, Division of Medical Oncology, Ankara, TURKEY

<sup>g</sup>University of Health Sciences Gülhane University Faculty of Medicine, Ankara, TURKEY

<sup>h</sup>Ankara Yıldırım Beyazıt University Faculty of Medicine, Division of Medical Oncology, Ankara, TURKEY

<sup>i</sup>University of Health Sciences Ankara Dışkapı Yıldırım Beyazıt Training and Research Hospital, Ankara, TURKEY

<sup>j</sup>Ankara Dr. Abdurrahman Yurtaslan Onkoloji Training and Research Hospital, Ankara, TURKEY

<sup>k</sup>Acıbadem University Faculty of Medicine, Division of Medical Oncology, Ankara, TURKEY

<sup>l</sup>Anadolu Health Center, Clinic of Medical Oncology, Ankara, TURKEY

COVID-19, which started with unidentified pneumonia in Wuhan province in China in December 2019 and later caused a pandemic in the whole world, is a serious threat to all humans and particularly, the oncology patients.<sup>1</sup> With the diagnosis of the first case in our country and the declaration by WHO of COVID-19 as a global pandemic on March 11, 2020, a new phase of the process has begun. WHO particularly emphasizes the preparedness, prevention, case detection, treatment, and reduction of transmission related to the basic strategies of the disease.<sup>2</sup> Cancer patients are at high mortality risk due to coronavirus infection because of age, comorbid conditions, and current use of immunosuppressive treatment protocols.

In this context, the Turkish Medical Oncology Society has established a scientific advisory board for COVID infection and prepared advisory guidelines

that will help our members and patients to make the right decisions.

## TURKISH MEDICAL ONCOLOGY SOCIETY COVID-19 PANDEMIC ADVISORY BOARD RECOMMENDATIONS FOR CANCER PATIENTS AND THEIR ATTENDANTS

1. The risk of COVID-19 infection is not an obstacle to the initiation and continuation of treatment in all patients except for non-infected patients with chemotherapy indication. However, a treatment decision and its goals should be given individually in patients, taking into account the general condition of the patient and treatment tolerance.

2. The postponement of routine follow-up visits may be considered in patients who do not receive active cancer treatment.

**Correspondence:** Ahmet Taner SÜMBÜL

Başkent University Faculty of Medicine, Division of Medical Oncology, Ankara, TURKEY

E-mail: drtanersu@yahoo.com

Peer review under responsibility of Journal of Oncological Sciences.

Received: 07 Apr 2020

Accepted: 08 Apr 2020

Available online: 17 Apr 2020

2452-3364 / Copyright © 2020 by Turkish Society of Medical Oncology. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).



3. For patients receiving active treatment, the appointments for examination and treatment may be deferred, depending on the condition of the patient, and the next appointment may be scheduled.

4. The recommendations of the Ministry of Health and national and international guidelines are valid for the use of personal protective equipment in cancer patients. It is necessary to pay the utmost attention in this regard to minimize the health risk of the patient, his relatives, community, and healthcare professionals.<sup>3</sup>

5. It is recommended to restrict the patient's visit by their relatives, and patients coming to treatment and examination should be accompanied by a minimum number of companions.

6. It may be appropriate for the patient and their relatives to wear masks at the hospital entrance. However, it is not mandatory. Maintaining social distancing is of foremost importance.

7. It is recommended to avoid public transport during hospital visits, and in case of inevitable circumstances, a minimum distance of 1 meter from the co-passengers should be maintained, and one should stay away from those who are coughing or sneezing.

8. Hands should be washed frequently, and hand hygiene should be given utmost importance as recommended by the Ministry of Health. It is recommended to use gloves only in case of contact with a suspicious patient.

9. Influenza and pneumococcal infections affect the lungs and may pose an additional risk for the COVID-19 infection. Their vaccines are not contraindicated for administration in cancer patients. Hence, their use should be decided after the consultation with a doctor.

#### **TURKISH MEDICAL ONCOLOGY SOCIETY COVID-19 PANDEMIC ADVISORY BOARD RECOMMENDATIONS FOR MEDICAL ONCOLOGIST**

1. It is recommended that patients who are admitted to oncology outpatient clinics and their attendants should be questioned about possible symptoms of COVID-19 infection, and their fever should be

measured. Possible COVID-19 suspected cases are recommended to consult the relevant departments of the hospital.

2. It is recommended that patients with the indication of chemotherapy should be evaluated for the possible COVID-19 contact history, and related symptoms should be recorded during the routine evaluation phase. In patients without risk factors for COVID-19 infection, it is recommended to start and continue cancer treatment. However, when the treatment is started in the newly diagnosed patients, treatment goals should be given individually, considering the general condition of the patient, treatment tolerance, and the potential increased risk of COVID-19 infection in the near future.

3. It is recommended to postpone routine follow-up visits for patients diagnosed with early-stage cancer and who have completed adjuvant therapy. Patients with breast or prostate cancer receiving adjuvant hormonal therapy are recommended to postpone control visits unless there are new complaints.

4. It is recommended to treat the patients in early-stage or metastatic cancer with oral drugs so that the patients do not have to visit the hospital frequently.

5. It is recommended that in asymptomatic patients who only visit for control, imaging tests should be advised only if necessary.

6. Radiological imaging and/or laboratory examinations should not be requested in patients receiving palliative or supportive therapy unless medical obligation exists.

7. It is recommended that the treatment protocols of patients who have been treated or are actively undergoing treatment should be reorganized to make the patient visit the hospital less frequently, and the expected benefit ratio of the treatment should be re-evaluated due to the risk of COVID-19 infection.

8. In patients receiving systemic chemotherapy, the use of prophylactic G-CSF and antiemetics is recommended primarily due to the potential risk of COVID-19 infection.

9. It is recommended to pay attention to supportive treatments concerning pain and nutrition to

reduce the frequency of admission of cancer patients receiving palliative treatment in the hospital.

10. Since the blood count in the cancer patients decreases during chemotherapy, and they are at high risk, it is recommended that they stay at home and contact as few people as possible.

11. The recommendations of the Ministry of Health and national and international guidelines are valid for the use of personal protective equipment in cancer patients. Attention should be paid to the patient, their attendants, community, and healthcare professionals to minimize the risk of transmission of the disease.<sup>3</sup>

12. It is recommended that the healthcare personnel use masks continuously during the service care, and the use of other necessary personal protective equipment is recommended according to the nature of the intervention performed.

13. It is recommended that inpatient visits are restricted for patient's attendants, and only one person should accompany the patient during polyclinic control and examination.

14. The patient and their attendants are recommended to wear masks at the hospital entrance.

15. It is recommended to have hand disinfectants in chemotherapy units and not to take attendants unless obligatory.

16. Hands should be washed frequently, and hand hygiene should be given utmost importance as recommended by the Ministry of Health. It is recommended to use gloves only in case of contact with a suspicious patient.

17. Traveling overseas should be deferred, and any crowded places, meetings, and councils should be restricted. It is recommended to hold the meetings primarily in the form of video teleconferences.

18. The administrative or reported permissions directive of the Ministry of Health is valid for oncology patients.

19. It is recommended to avoid using public transport during hospital visits, and in case of inevitable circumstances, a minimum distance of 1 meter from the co-passengers should be maintained,

and one should stay away from those who are coughing or sneezing.

20. It is recommended to have hand sanitizer, mask, gown, eye protection, N95 masks, and other personal protective equipment in chemotherapy units.

21. It is recommended that blood for hemogram and other biochemical tests should be collected in the chemotherapy unit, if feasible, transported to the laboratory with the staff, a rapid examination of the tests should be conducted, and prompt treatment of the patients followed by early discharge should be performed.

22. Careful handling of blood products is recommended to shorten the hospital stay of the patient.

23. Influenza and pneumococcal infections affect the lungs and may pose an additional risk for COVID-19 infection. Their vaccines are not contraindicated for administration in cancer patients. However, their effect on the risk of COVID-19 infection is to prevent this; it is recommended to administer these vaccines to the cancer patients.

24. Visitor restrictions, personnel permits and cancellations, intern status, council, and in-hospital meetings should be planned in accordance with the legislation to be published by state institutions such as Ministry and YOK.

25. As cancer patients are a high-risk group for the COVID-19 infection, it is recommended to establish a sub-committee within the Ministry of Health, cancer clinics, and hospitals.

26. It is recommended to prepare information brochures (based on WHO, CDC, ACS) and web pages on COVID-19 for patients, healthcare professionals, and oncologists.

27. Tests for cancer screening and routine investigations in healthy individuals are not recommended until the current conditions improve.

28. Since the duration of the COVID-19 pandemic cannot be predicted, it is recommended to create scientific advisory groups according to the system affected by cancer and to create treatment and follow-up algorithms according to cancer types.

29. It is recommended to conduct studies to record COVID-19 infections and possible treatment changes that may occur in cancer patients during the pandemic. As a Pandemic Advisory Board, it is recommended to create a database for this purpose.

\*\*\* These suggestions have been made, taking into consideration the current conditions, accompanied by national and international guidelines. It is appropriate to renew the suggestions according to changing conditions.

## REFERENCES

1. Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*. 2020;395(10223):497-506. [\[Crossref\]](#) [\[PubMed\]](#)
2. World Health Organization (WHO). Novel coronavirus (COVID-19) situation. Updated March 27, 2020. [\[Link\]](#)
3. <https://www.youtube.com/watch?v=3Z7MrCQHO-k> [\[Link\]](#)