



## Correspondence

### Care for cancer during COVID-19 pandemic

Sir,

The article by Sahoo *et al*<sup>1</sup> is appropriate in the context of sustaining routine healthcare during the pandemic. While the study was limited to 49 cancer patients only, with other non-communicable diseases (NCDs), the overwhelming fact was still evident - the pandemic deteriorated the care received by cancer patients. To re-emphasize, cancer is responsible for 8.3 per cent of deaths in India<sup>2</sup>. During the pandemic, on the one hand, there was a fear of contracting COVID-19 and higher vulnerability due to immunosuppressive state, and there were lockdown and other restrictions on the other hand<sup>3</sup>. Limited availability of telemedicine restricted the care-seeking behaviour of chronic patients, particularly cancer. Unlike diabetes and hypertension, where home-based monitoring was a feasible option, cancer patients needed to depend on tertiary care hospitals for their care. If we add financial uncertainties imposed by social restrictions, the balance probably got tilted towards out-of-pocket expenditure. Shifting a major portion of working doctors towards COVID-19 would, for obvious reasons, reduce the number of doctors looking after cancer and chemotherapy. The unwanted delay in care possibly resulted in chemotherapy received irregularly, postponement in the initiation of therapy and resultant advancement of cancer from a curable stage to an incurable one, in some cases which might potentially change a curative approach to a palliative one<sup>3-6</sup>.

To summarize, there is a need for an in-depth study, preferably pan-national, to understand the magnitude of the problems faced by cancer patients during this pandemic. It would help us in identifying the areas where we could improvise and

provide better care if similar situation arises in the future.

**Conflicts of Interest:** None.

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### References

1. Sahoo KC, Kanungo S, Mahapatra P, Pati S. Non-communicable diseases care during COVID-19 pandemic: A mixed-method study in Khurda district of Odisha, India. *Indian J Med Res* 2021; 153 : 649-57.
2. Indian Council of Medical Research, Public Health Foundation of India, and Institute for Health Metrics and Evaluation. *India: Health of the Nation's States – The India State-level disease burden initiative*. New Delhi, India: ICMR, PHFI, and IHME; 2017.
3. Editorial. COVID-19: Global consequences for oncology. *Lancet Oncol* 2020; 21 : 467.
4. Mo A, Chung J, Eichler J, Yukelis S, Feldman S, Fox J, *et al*. Breast cancer survivorship care during the COVID-19 pandemic within an urban New York Hospital System. *Breast* 2021; 59 : 301-7.
5. Pareek A, Patel AA, Harshavardhan A, Kuttikat PG, Pendse S, Dhyani A, *et al*. Impact of nationwide lockdown on cancer care during COVID-19 pandemic: A retrospective analysis from western India. *Diabetes Metab Syndr* 2021; 15 : 102131.
6. Ning MS, McAleer MF, Jeter MD, Minsky BD, Ghafar RA, Robinson IJ, *et al*. Mitigating the impact of COVID-19 on oncology: Clinical and operational lessons from a prospective radiation oncology cohort tested for COVID-19. *Radiother Oncol* 2020; 148 : 252-7.