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Impact of COVID-19 pandemic on 30 days colorectal cancer patients mortality undergoing emergency operation

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Background: During this COVID-19 pandemic we must face to the increasing emergency presentation of colorectal cancer patients, especially in the referral hospital. Many studies recommended that emergency laparotomy was safe with universal precaution during this pandemic and increasing morbidity-mortality rate. For emergency cases, the gold standard RT-PCR for COVID-19 was not feasible in this scenario, we must depend on rapid test for the screening. The two most common presentation of emergency colorectal cancer patients is large bowel obstruction and intestinal perforation. There were lack of data which already described about the impact of this pandemic on the short term outcome. Study reported the mortality and complication rate of emergency operation are 20-40% respectively.

Methods: This is a prospective study in academic hospital (Moeawardi General Hospital, Indonesia) during the COVID-19 pandemic as one of the referral hospitals. The study started from March until June 2020, all patients with emergency laparotomy colorectal cancer patients will be included, the patients whose could not tolerated for emergency operation or found death on table (DOIT) will be excluded. The main outcome for this study are post-operative morbidity and 30 days mortality.

Results: During this 3-month period, 35 patients were included on this study, 29 patients had large bowel obstruction due to colorectal cancer and the rest had diffuse peritonitis from intestinal perforation. 15 patients had sepsis condition according to current sepsis guidelines. 1 patient on intestinal perforation has been reported with positive rapid test result. Post-operative pneumonia has been found in 3 patients with intestinal perforation and could not survived during this study, the others of 2 patients had prolonged sepsis. Primary resection can be done on 30 cases with sigmoid colon was the most common site.

Conclusions: Emergency operation during this pandemic for colorectal cancer patients did not decreasing the 30 days mortality but has an impact on post-operative pneumonia especially on intestinal perforation. Keywords: COVID-19 pandemic, emergency colorectal cancer, 30 days mortality

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Radiotherapy palliative and COVID-19: Experience of radiotherapy oncology department of Cancer Center Tiemcen, Algeria

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Background: The first patient infected with the COVID-19 virus in Algeria was reported on February 25, 2020. Radiotherapy departments are potentially exposed like others to the COVID-19 pandemic and this is a crucial issue since cancer patients cannot interrupt their treatment. The objective of this study is to describe the different epidemiological and therapeutic aspects of patients treated with palliative radiotherapy at the time of COVID-19.

Methods: It is a prospective study of the files of 28 patients treated aimed palliative at the radiotherapy department of the cancer center Tiemcen, Algeria since the new mistakes of our department to contain the spread of the pandemic from March 19 to April 30.

Results: They are 19 men and 9 women (sex ratio 2.11) with a median age of 61 years (35-87). 13 patients (46.42%) had brain metastases, six patients (21.42%) had bone metastases, two patients (7.14%) had esophagus, two patients (7.14%) had maxillofacial metastases and five (17.87%) patients had other localizations (lung, thyroid, sarcoma, multiple myeloma and glioblastoma). 30GY protocol was delivered in six (21.42%) patients, 20GY protocol was delivered in 16 (57.14%) patients and 8GY protocol was delivered in five (17.87%) patients. 11 cases (41.61%) of brain metastases were treated with 20GY, five cases (33.33%) of bone metastases were treated with 8GY. No cases were infected with the virus.

Conclusions: Palliative radiotherapy plays a critical role in preventing serious morbidity in cancer patients even in the midst of the current COVID-19 pandemic. The acute phase of the pandemic has led to major changes in radiotherapy treatment strategies, including the use of hypo-fractionated regimens for palliative radiotherapy, which are preferred to reduce patients’ risk of exposure to COVID-19 and to limit treatment delays. Hypo fractionation is one option that could at least partially address these issues.

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COVID and cancer: Choosing between hammer and anvil

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Background: The global Covid Pandemic has changed the world in last 6 months. The medical, social and logistic effects of the pandemic have been enormous. Many countries including India were put in absolute lockdown to prevent the transmission of this deadly virus. Cancer patients were precariously placed with the effect of lockdown as their immunocompromised status predisposed them to complications due to Covid while if they follow the lockdown, they were at increased risk of disease progression. This is an retrospective study from a tertiary Cancer Institute in Delhi, India which analyses the outcomes of COVID positivity in cancer patients undergoing treatment.

Methods: 35 patients undergoing treatment for various non hematological malignancies and who were detected Covid positive by RT PCR were analysed. The time period was between April 2020 and June 2020.

Results: 35 patients were analysed. 10 patients had NSCLC while 7 patients had ca breast. Remaining all patients had various non hematological malignancies. Out of which 22 patients were managed on OPD basis and 13 patients required hospitalisation. Out of 13 patients, 3 patients required ICU care in view of severe symptoms. 2 patients died of the disease and superimposed Covid infections. Out of these, 1 patient had received chemo in the prior week whilst the other had progressive disease and GI perforation as the cause of the mortality. Chemotherapy was restarted in 15 of these patients while 2 patients also underwent surgery after recovery.

Conclusions: In our dataset, Covid infection was not associated with increased risk of mortality and morbidity in Cancer patients. Large scale collective data are required to confirm these findings. Our data indicates that Oncological treatment should continue as usual in Covid pandemic while taking appropriate precautions.

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