Readdressing Cancer Patient Concerns and the Role of Health Communication Amid the 2 COVID-19 Waves—A Perspective

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Abstract
During the period (2019-2021), the coronavirus disease 2019 (COVID-19) spread rapidly and caused massive mortality worldwide. Patients with decreased immunity such as cancer patients remained at a high risk of getting an infection because of compromised immunity. Also, as per literature, advanced age and comorbidities further added to the risk of getting the COVID-19 infection in patients undergoing radiation/chemotherapy. The very thoughts of disease progression and treatment delays, which were among the major patient concerns during this period, lead to an environment of fear among cancer patients and their caregivers. To combat it, besides amendments in treatment policies, effective communication with patients and their caregivers was essential. The article thus aims to overview the various concerns of the patients and highlight the potential role that health-related communication played during the 2 phases of the COVID-19 pandemic.

Keywords
communication, COVID-19, patient concerns, cancer

Introduction
Novel coronavirus disease, 2019 (COVID-19) deeply impacted the healthcare sector worldwide. Its effect on cancer patients was postulated because of their compromised immunity, caused due to their disease per se or anticancer treatment. The imposition of curfew and lockdown and the practice of social distancing during this period further made it difficult for patients to seek treatment. Thus, delays in procuring treatment and the constant thought of disease progression provoked an environment of fear amongst cancer patients. Also, most of the people were unaware of the various do’s and don’ts during the COVID-19 crisis and had plenty of queries related to their disease as well as the treatment recommendations available. Furthermore, besides patients, a parallel impact was observed amongst the caregivers too.

“Verified information is the most effective prevention against the disease of panic” as published in Lancet’s editorial (1). Thus, health-related communication remains an essential entity not only for the patients but also for the caregivers during the COVID-19 crisis. Since it played a vital nonpharmacological measure at this need of the hour, it needs to be highlighted.

Patient Concerns During 2 Different COVID-19 Waves
The first wave of COVID-19 was sooner followed by the second wave of the COVID-19, which led to more fatality as compared to the first wave. Besides the general population, cancer patients being a vulnerable group had concerns about their disease, treatment, nutrition, and psychological health. Since cancer patients were at a higher risk of getting the COVID-19 infection, addressing their concerns was of paramount importance.

During the first wave patients majorly had 4 concerns—(1) Disease-related concerns; (2) Treatment-related concerns; (3) Psychological concerns; and (4) Dietary concerns, while during the second wave in addition to the concerns in the first wave patients had additional concerns pertinent to their vaccination, that is, can they go for vaccination while on treatment (radiation and chemotherapy)? (Table 1).

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Health Communication Role During the COVID-19 Pandemic

As depicted in Figure 1, the 4 pillars of health-related communication (as per patient concerns) during this period were

**Disease and Treatment-Related Communication**

First and foremost, breaking bad news of cancer has always remained a challenge for any clinician. Effective communication, besides the usual pharmacological treatment, is an important tool to combat it. Besides the diagnosis of cancer, the news that during the pandemic, cancer patients, elderly, and patients with comorbidities are more vulnerable to the COVID-19 infection, aggravated their stress. Hence, during the pandemic, it became paramount to counsel patients and their attendants so that they could understand the intensity of the situation and deal with fear, anxiety, anger, grief, loneliness, and isolation (2).

Secondly, since treatment interruptions can cause disease progression, it remained essential to strike a balance between continuing or withholding treatment during the pandemic, based on the patient characteristics, disease status, as well as the status of the healthcare facility. A global collaborative study reported 55.34% reduced services during the pandemic due to logistic reasons and more than one-tenth missed at least one cycle of therapy in almost half the centers (3). A web-based model named One-COVID was developed by Hartman et al to estimate the risk of initiating cancer management which takes into account the type and stage of cancer, patient-related factors, and local prevalence of COVID (4).

Discussion to combat the treatment delays during the crisis and the relevance of amended protocols with patients and caregivers was thus of extreme importance.

Furthermore, in an article published by van der Bles et al, it was emphasized that information about what is known and what is not known should be openly and honestly discussed in detail before the initiation of therapy (5). Thus communication about amendments in treatment such as hypofractionated radiotherapy and oral chemotherapy regimens was another important piece of information conveyed as it remained the preferred approach as far as possible by clinicians during the COVID-19 pandemic.

Also counseling the patients regarding the aptness of the proposed treatment during the crisis was another important communication point; else, most of the patients would have felt that their concerns have not been adequately addressed.

**Communication About Nutrition**

As cancer is a catabolic process and is almost always associated with cancer-related cachexia, nutritional counseling has remained of utmost importance. Anorexia, dysphagia, and

| Concerns                | Queries                                                        |
|-------------------------|----------------------------------------------------------------|
| 1. Disease-related concerns | 1. Will there be a delay in receiving treatment? |
|                         | 2. Will delay affect their disease status?                     |
| 2. Treatment-related concerns | 1. Will there be any change in the treatment?                |
|                         | 2. Will surgery be done or not?                              |
|                         | 3. Where and whom to visit in case of any side effects of treatment? |
| 3. Dietary concerns     | 1. What should be their diet during their treatment period?    |
|                         | 2. Do they need to take extra supplements?                    |
|                         | 3. Can they take herbal or ayurvedic medications?             |
| 4. Psychological concerns | 1. Are they more prone to get COVID-19 infection?             |
|                         | 2. Will the curfew and lockdown affect their treatment?       |

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Table 1. Patient Concerns and Queries During the 2 COVID-19 Pandemic Waves.

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Figure 1. Health-related communication pillars.
mucositis either due to the disease itself or the prescribed radiotherapy or chemotherapy are very commonly observed in cancer patients. Diet rich in high protein is often recommended to counteract the same. Apart from oral supplementation, patients may also require parenteral nutrition, either through feeding gastrostomy or jejunostomy or intravenous total parenteral nutrition. Nutritional support thus forms a strong backbone that affects the tolerance to treatment as well as their overall outcome as has been studied by Lobascio et al (6).

During the COVID-19 pandemic due to possible delays in clinical assistance to these patients and lack of availability of nutritional food due to curfew and lockdown, communication regarding nutrition remained an extremely important entity.

**Psychology-Related Communication**

As cancer is not only the patients’ experience but the entire family has to deal with different problems and have a plethora of queries regarding diagnosis, treatment, follow-up, and survival, it is important to understand that family members often feel overburdened with the additional roles that they need to take up after the diagnosis of cancer in their patient. This distress is influenced by various disease-related and sociodemographic factors. Most vulnerable to develop stress are the young female caregivers and those of low socioeconomic factors (7). This distress was aggravated during the COVID-19 pandemic.

Furthermore, as an increased rate of mortality led to an environment of fear it remained extremely important to take care of the mental health and psychosocial issues during this pandemic. Michie et al suggested the creation of a mental model to prevent the spread of contamination of the virus and concluded that the clearer the idea one develops about the transmission of the virus, the better the population can understand ways of preventing its spread (8). Thus communication about boosting mental health remained essential throughout the pandemic.

**Conclusion**

Our article provides an insight into the patient concerns during the 2 waves of the COVID-19 pandemic. It also lays emphasizes the role of effective communication amid the pandemic. The impact of it on cancer patients; and their caregivers; should be assessed through future prospective studies. Although our viewpoint emphasizes vulnerable oncology patients, we believe the same for other patients as well.

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