

Surgical interventions in cancer patients during the SARS-CoV-2 pandemic

Cirugía en pacientes oncológicos durante la pandemia del SARS-CoV-2

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The spread of the SARS-CoV-2 virus by the vast majority of countries led the World Health Organization (WHO) to declare the coronavirus disease (COVID-19) as a global pandemic on March 11th, 2020 ¹. Since then, hospitals and health care centers of affected countries have been forced to implement strategies and policies in accordance with a high demand of health care services by potentially acutely ill patients with

a high level of contagiousness.

At the same time, medical professionals have continued offering health care services to patients with urgent conditions or in whom delaying treatment would mean a worse prognosis of the disease. In this context, the surgical treatment of cancer patients does not admit delay, since the risk of metastatic spread and the rapid progression of some malignant tumors make its therapeutic approach to be considered as urgent.

In the most affected countries by the pandemic, oncology surgeons have been forced to consider rationalizing oncological surgery for different reasons, including the lack of adequate protective equipment for medical personnel, the potential lack of beds in operating rooms or intensive care units, as well as ventilators and other essential equipment, in addition to the aim to accomplish the social distancing between patients, patients' companions and health professionals ².

It is important to highlight that on institutions specialized in cancer treatment, biosecurity methods must be vigorous. It is advisable to avoid admitting patients suspected of being infected with the SARS-CoV-2 virus to these centers, as well as medical personnel who work in their treatment ³.

An understanding of the pathophysiological aspects of SARS-CoV-2 states surgeons' concern about the safety of surgical intervention in cancer patients, since it is known that the immune response to the aggression that major surgery supposes could increase the susceptibility to the virus in patients who are already immunocompromised as a result of the cancer itself or its treatment. In accordance with this, the postponement of surgery should be assessed only by multidisciplinary teams, analyzing each case separately ⁴.

Under this reality, some proposals have recently emerged, such as the "Strategy for the Practice of Digestive surgery and Surgical Oncology in COVID-19 Epidemic Situation" published by Tuech et al ⁵ to adapt the current practical guidelines to the current state of digestive oncological surgery, patient comorbidities, and the risks of surgical complications during the pandemic.

Delaying surgical treatment of cancer suppose important ethical dilemmas, since failure to make the timely diagnosis and definitive treatment can deteriorate the prognosis and cause stress in cancer patients and their families. It is also postulated that patients with high epidemiological risk for COVID-19, such as the elderly and immunocompromised, can be treated with neoadjuvant therapy while definitive surgical treatment is postponed ⁶.

Some recommendations are the consideration of risk-benefit in elective cases that have a high probability of requiring intensive care and possible need for mechanical ventilation, taking into account that patients should receive adequate and timely surgical care. Non-surgical management should be considered only when it is clinically appropriate for the patient and in accordance with the options available for each oncological disease; it is also advisable to use the optimal protection methods to prevent the contagion of surgical personnel in oncological cases suspected of COVID-19 requiring urgent surgery ⁷.

In this sense, the authors consider that the most judicious attitude in the surgical treatment of cancer patients during the SARS-CoV-2 virus pandemic is the timely multidisciplinary evaluation of the patients, based on good surgical judgment and the availability of resources. Protective methods

must be strictly followed in order to guarantee the safety of patients and doctors in the context of an extraordinary epidemiological situation that requires the unconditional collaboration of institutions and professionals related to health care services.

Authorship statement

All authors participated in the lettering of the manuscript, and they have read and approved the final version of the article.

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