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Short Communication

Mangement of head/neck cancers in unprecedented situation of Covid-19 Pandemic

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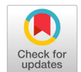

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The current era of COVID-19 pandemic in India with around 73,10,000 affected patients, 8,14,000 active cases and 1,11,000 deaths possess a unique and difficult challenges to our Indian healthcare system. Current oncology practices and protocols/ guidelines are adapted to this situation and need to help our patients for their safety from the disease and covid19 transmission. Head and neck cancer consists still to be a huge burden in our country which has 200000 lakhs new cases every year. These patients have increased in number due to the COVID19 pandemic lockdown in my country for 2 months from March- April 2020, where all non-urgent healthcare treatment was at halt leading only to emergency treatment. Hundreds of health care professionals have abandoned their work due to the risk of transmission and no proper guidelines of COVID19 prevention. At the same time, lakhs of medical health care professionals were on-duty all over the country and few had sacrificed their lives managing the COVID19 crisis. This Letter shares my experience working as a private practioner from the start of COVID 19 crisis till today.

March 2020 was the month of Invasion of COVID 19 virus in my country. The country was in total lockdown rendering only emergency healthcare services to the needy patients. There was panic and havoc all over the country which left cancer patients who were on treatment/planned for treatment worrisome and vulnerable for the disease affecting their prognosis. Roads were deserted with no public/private transport. Being a private practioner, I was on video-consultation with all my patients. Most of the flow of patients in my practice are from nearby districts thereby transporation to my hospital for consultation was a major concern. To make it possible, special permission regarding the urgency of treatment of the disease from the local corporation authorities were required. Those patients who were virtually screened with carcinoma or sarcoma were called for face to face consultation in Hospital based setting where strict guidelines of COVID19 were followed for proper diagnosis and planning. The guidelines followed by me were

1. Initial temperature check with infrared thermometers and sanitization of hands of every patient and their relatives. Every person must be considered as an asymptomatic carrier.
2. No more than 2 blood relatives were allowed in the surgeon's cabin for consultation. All of them were made to wear mask and follow social distancing.
3. A physical distance of 2-3 meters was maintained from the patient. I am using N95mask in consultation room and a Respiratory mask with filters in Operating room.
4. Double gloves were used to examine the patient clinically both intraorally and extraorally/palpation of neck.

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5. Biopsy procedures were done under local anesthesia.
6. All surgical patients were counselled for High resolution computed tomography (HRCT) -Chest and COVID19 RTPCR (oral and nasopharyngeal swab) as a pre-operative investigations done 24-48 hours prior to the surgery .
7. Virtual tumor board meeting was conducted for discussion about the multimodality treatment of the patient.
8. Patients were admitted for surgery after the reports of COVID 19 RTPCR were negative an HRCT Chest was Non-signficant in non-COVID19 hospitals. Medical fitness from Medical physicians and Pre-Anesthetic evaluation from anesthetist were done.
9. Those patients who tested positive for COVID19 RTPCR were sent for management of COVID19 primarly. After they were cured, RT PCR were repeated and then were managed for the disease with same protocol.
10. Being the chief surgeon, I was responsible for the safety of my patients and my team members and other paramedic staffs.
11. I had sponsored 3M Respiratory masks with filters to my first and second assistant with face shield. The entry in Operating room were restricted to limited number of staff, trainees were not allowed to observe the surgery during those 2-3 months of total lockdown.
12. Every member in Operating room were given Personal protective equipment (PPE) which consisted of Surgical gown, head cap, eye glasses, leg covers and double surgical gloves.
13. Proper disposal of the PPE were done after the surgery.
14. Patients requiring adjuvant treatments were counselled and referred to the consulting physicians after 25-30 days of the surgery. Follow up all the patients are on monthly basis by video consultation.

This was my preventive protocol followed during the COVID19 country's lockdown. Cancer is no less important and dangerous than COVID19. Delay in management at appropriate time could to tumour progression which affects the prognosis of the patient especially in country like India which has 20% of the global head and neck cancer cases. Delay in management will also pool up the cancer patients in larger numbers thereby causing a crisis in management of such patients where the resources are limited and a longer waiting time for the surgery. Since last 2 months, healthcare management has been expanded to meet the need and render healthcare services to cancer patients to its maximum. Last week myself, my 9 months old baby and my wife who herself is a maxillofacial surgeon and my first assistant were affected with cold, cough and fever. I was afraid whether I was the source of COVID19 to my family. Myself and my wife were tested for COVID19 RTPCR and HRCT-chest and luckily by GOD's grace we both were negative. There was a sigh of relief and now we doing well. Fitness, healthy diet and preventive protocol are the key signs to be incorporated till this pandemic is over. I hope year 2021 will have a COVID 19 vaccine eradicating this pandemic in my country with a population of 1.3 Billion. Finally, the situation is evolving rapidly with numerous clinical trials, and recommendations are likely to change as more evidence emerges specifically to oncology practice, patients with cancer, and COVID-19.

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