COVID-19 and Cancer

Hunis AP*
Buenos Aires Oncology Center (COBA) Affiliated Institution of the Faculty of Medicine UBA, Argentina

*Corresponding author:
Adrian Pablo Huñis,
Buenos Aires Oncology Center (COBA)
Affiliated Institution of the Faculty of Medicine UBA, H Yrigoyen 4221, Buenos Aires, Argentina, E-mail: aphunis@gmail.com

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Editorial Article

The impact of the SARS-CoV-2 infection in all areas at the national and international level is undeniable, the aftermath of this “tornado” will be visible for a long time, even when the infection manages to be controlled. Two aspects of great interest to those of us who work in the area of oncology must be considered: on the one hand, the need to contain and control the devastating effects of the disease forced a reorganization in the operation of services, giving priority to COVID, conversion of medical units to hospitals COVID created a high-risk scenario for patients with other types of pathologies; This reorganization includes the allocation of large amounts of budget to COVID areas to the detriment of patients with other types of equally serious diseases - such as cancer, among others - who cannot wait for care in better times.

At the other extreme, the economic crisis and recovery times are a serious element that could limit the allocation of economic resources in the coming years, with the subsequent repercussions on care within the Health System, mainly outside of COVID. The collapse of the economy and, therefore, the fall in income and the ability to finance the Health System must be considered seriously. As happens in times of conflagration, where a war economy is activated, this time we go to a pandemic economy. Recovery will take years, if not the entire decade, this means fewer financial resources in patient care.

At the present time we are going through an international emergency for which we were not prepared, decisions had to be made quickly with the subsequent mistakes and successes. I am concerned about the current situation and the shortcomings that we have faced in recent months; however, one of the aspects that should be worrisome and of greatest concern are the potential scenarios of care for cancer patients in the medium term. A potential cancer crisis in the next few years could be in the making. One of the visible risks that could remain is a decrease in the capacity for care and in the oncology budget, as it becomes a "non-priority" pathology.

The appearance of vaccines and their application will reduce the pressure on the Health System regarding the saturation of patients; however, a large amount of resources will be reallocated to control the pandemic for a long time. In a favorable scenario, where the population is vaccinated and the pandemic is controlled in an acceptable time, it will not mean that everything will return to the previous times (it is likely that a permanent reorganization of the way health systems work will happen more or less).

How this scenario will impact in the medium term is difficult to predict with certainty. Hypothetically, it is likely that we have a budget constraint that could translate into less investment in infrastructure, saturation of hospitals, restrictions in the hiring of personnel, delay in cancer prevention and early detection programs, delays in diagnosis and referral of patients or limited access to drugs or treatments of any kind against cancer. Another aspect to be evaluated in the medium term will be the allocation of resources by pharmaceutical companies in the production of vaccines or treatments against SARS-CoV-2, the production to cover a market that includes everyone requires a economies of scale, that is, will less investment go to cancer research?

The analysis of the mortality data during 2020 and the subsequent years will allow us to have a better vision of the problem (the evaluation of the real impact of the pandemic in all areas, including
health services, will take a long time, it will be work slow). Prelimi-
inarly, some studies suggest that cancer mortality will increase, 
this trend should be rigorously monitored, since the effect could 
be observed for several years. In Argentina, cancer mortality data 
for 2020 will be available until the end of 2021 or the first quarter 
of 2022 (there is a lag of close to one year), so we will not be able 
to obtain information or conclusions about the initial impact of 
the pandemic of early form. I hope that these risk scenarios are 
only a personal misinterpretation of the available information, but 
this should not prevent the evaluation of potential risk scenarios, 
as well as the development of containment and response plans by 
those responsible for planning in the care cancer patients.