

Review Article

Vulnerability of People with Cancer and the Potential risks of COVID-19 Pandemic: A perspective in Morocco

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Abstract

Cancer affects almost 18 million around the world in 2018, and the most common cancer is the lung cancer. COVID-19 is an acute respiratory disease caused by novel coronavirus SARS-CoV-2 or 2019-nCoV was first reported in Wuhan, China in December 2019. Recently, on March 11, 2020, COVID-19 was declared by the World Health Organization (WHO) as a virus pandemic disease. Furthermore, it has been known that the malignancy and anticancer treatments, such as chemotherapy or surgery cause systemic immunosuppressive state in patients with cancer that is why cancer patients are more vulnerable to infection than others and for especially for COVID-19 and with a high probability of complications. Additionally, the major concern for patients with cancer is the incapacity to get fundamental medical services due to the pandemic spread. In Morocco, the prevention of contamination, the prioritization of care and the organization of the price in therapeutic charge of patients by the various oncology centers and services were applied which leads that most of patients with cancer continue their treatment even if we are in the COVID-19 pandemic.

Keywords: COVID-19- Cancer- Pandemic-Morocco

Introduction

Cancer affects almost 18 million around the world in 2018, and the most common cancer is the lung cancer.¹ This number is growing because of the multiple risk factors such as age, tobacco, alcohol, diet, radiation, obesity, cancer-causing substances, chronic Inflammation, infectious agents, and sunlight.²

In Morocco, the number of prevalent cases is 109,189 with 32,962 dead.³ This fragile population needs specific care such as surgery, chemotherapy, radiation therapy, immunotherapy, hormone therapy, and psychological support.⁴

COVID-19 is an acute respiratory disease caused by novel coronavirus SARS-CoV-2 or 2019-nCoV

was first reported in Wuhan, China in December 2019. Recently, on March 11, 2020, COVID-19 was declared by the World Health Organization (WHO) as a virus pandemic disease.⁵⁻⁸

Many risk factors are recognized to be related to illness from COVID-19. Age over 65 years old, respiratory conditions, diabetes, serious heart conditions, chronic kidney disease being treated with dialysis, severe obesity, people in nursing homes or long-term care facilities, immunocompromised, liver disease, and cancer.^{9,10}

Also, the malignancy and anticancer treatments, such as chemotherapy or surgery cause systemic immunosuppressive state in Patients with cancer. This is the reason why cancer patients are more vulnerable to infection than others and for this reason patients with cancer are more vulnerable to infections than others and subsequently they are at high risk for COVID-19 and with a high probability of complications.^{11,12}

Additionally, severe events are most frequent amongst patients with cancer and patients whom had chemotherapy or surgery in the past month than respectively patients without cancer and patients whom did not had chemotherapy or surgery.¹¹

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Also, patients are recommended to avoid visiting hospitals because of the risk of infection. As a result, some clinical trials are delayed; complicates frequentation of the hospital for regular appointments and continuity of care and in the event of serious complications or emergency situations arise in patients with advanced cancer, treatment delays or unavailability of possible concerns.¹² Indeed, in this COVID-19 pandemic, the major concern for patients with cancer is the incapacity to get fundamental medical services due to the pandemic spread.¹²

Likewise, the diversion of attention exclusively to COVID-19 can have disastrous consequences especially for patients with cancer. The excessive deployment of medical and paramedical staff to the COVID-19 service can leave certain potentially vital activities uncovered, such as the administration of treatment, surgeries and assistance to hospitalized patients. Otherwise, it is well documented that delayed oncologic surgery can cause disease progressions and result in tumors no longer respectable, leading to worse survival outcomes.¹³

For example, for every month of delay of radiotherapy for patients with head and neck cancer risk of death increased at 16%.¹⁴ Furthermore, inferior survival was related to delays in receiving adjuvant chemotherapy for colorectal cancer and breast cancer.¹⁴

In Morocco, the AMOT (Moroccan Association of Thoracic Oncology), recommends three essential points, namely the prevention of contamination, the prioritization of care and the organization of the price in therapeutic charge of patients by the various oncology centers and services. In fact, to avoid contamination of patients, AMOT recommends increased vigilance through the temperature measurement and the search for respiratory and digestive symptoms on a regular basis, whether for patients or for nursing and administrative staff. The measures of distancing, wearing a mask and hand hygiene are also to be respected.

But not only, AMOT recommends personalizing the adaptation and adapting the treatments in order to minimize the frequency of visits to hospitals or offices by patients while indicating the most effective treatments. We also, note that these recommendations, shared with nearly 400 cancer specialists, should allow patients to continue the most optimal treatments, avoiding the risk of contamination with Covid-19 as much as possible.¹⁵

Fortunately, most of cancer patients continue their treatment during the COVID-19 pandemic. This will allow healing to progress and will avoid relapses as much as possible.

Conclusion

vigilance must continue as well as all preventive measures to avoid contamination of cancer patients with COVID-19, and more awareness programs for this category of patients must be conducted in order to educate them on the risks they run as well as the means of preventing contamination.

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Conflicts of Interest

The authors declare no conflict of interest.

References

1. Worldwide cancer data Global. Cancer statistics for the most common cancers. <https://www.wcrf.org/dietandcancer/cancer-trends/worldwide-cancer-data>
2. National Cancer Institute. Risk Factors for Cancer. <https://www.cancer.gov/about-cancer/causes-prevention/risk>
3. Global Cancer Observatory. Morocco. <https://gco.iarc.fr/today/data/factsheets/populations/504-morocco-fact-sheets.pdf>
4. National Cancer Institute. Cancer Treatment. <https://www.cancer.gov/about-cancer/treatment>.
5. Ait Addi R, Benksim A, Amine M, Cherkaoui M. COVID-19 Outbreak and Perspective in Morocco. *Electron J Gen Med* 2020;17(4):em204. <https://doi.org/10.29333/ejgm/7857>
6. Gao Y, Li T, Han M, et al. Diagnostic utility of clinical laboratory data determinations for patients with the severe COVID-19. *J Med Virol* 2020;1–6. <https://doi.org/10.1002/jmv.25770>
7. Bai Y, Yao L, Wei T, et al. Presumed Asymptomatic Carrier Transmission of COVID-19. *JAMA*. Published online Feb 21, 2020.
8. Kruse RL. Therapeutic strategies in an outbreak scenario to treat the novel coronavirus originating in Wuhan, China F1000Research 2020, 9:72 (<https://doi.org/10.12688/f1000research.22211.2>)
9. Centers for disease control and prevention. Coronavirus Disease 2019 (COVID-19) : People Who Are At Higher Risk. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>
10. Lambertini M, Toss A, Passaro A, et al. Cancer care during the spread of coronavirus disease 2019

- (COVID-19) in Italy: young oncologists' perspective. ESMO Open 2020;5
11. Hanping Wang, Li Zhang. Risk of COVID-19 for patients with cancer. The Lancet oncol 2020; 21 (4):E181
 12. Liang W, Guan W, Chen R, Wang W, Li J, Xu K, Li C, Ai Q, Lu W, Liang H, Li S, He J. Cancer patients in SARS-CoV-2 infection: a nationwide analysis in China. Lancet Oncol. 2020;21(3):335-337.
 13. Cortiula F, Pettke A, Bartoletti M, Puglisi F, Helleday T. Managing COVID-19 in the oncology clinic and avoiding the distraction effect. Ann Oncol. 2020;31(5):553-555.
 14. Hanna TP, Evans GA, Booth CM. Cancer, COVID-19 and the precautionary principle: prioritizing treatment during a global. Nat Rev Clin Oncol. 2020 May;17(5):268-270.
 15. Covid-19/Maroc : Ne pas oublier les patients atteints de cancer du poumon. <https://fr.hespress.com/142811-covid-19-maroc-ne-pas-oublier-les-patients-atteints-de-cancer-du-poumon.html>