Hematologic Malignancies and COVID-19 pandemic

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Abstract

The coronavirus pandemic has become a challenge for the entire world, especially for oncology patients, because they are the ones who are at increased risk of getting COVID-19 infection due to their immunosuppression. For this reason, hematology-oncology patients require special attention in terms of pharmacologic and nonpharmacologic treatment to reduce the risks and complications during the COVID-19 pandemic. The survival rates in cancer patients with COVID-19 has been poor, with the mortality rate of 30% after 1 month from a treatment. Our main purpose is to reduce the exposure to clinics for cancer patients, provide medicine delivery at home, start offering telehealth medicine, try to change the management if possible (reduce the dosage, increased the timing between therapies, etc.). Another concern is that even if the effective vaccine is created for the population against COVID-19, cancer patients' immune system will not be able to respond to it appropriately, so alternative management and care plan should be researched and created for immunosuppressed patients.

It should be noted that not enough data is available about the manifestations of COVID-19 in cancer patients, but it's clear that not all of them have the same presentation as in the general population. Cancer patients don't usually complain of fever, sore throat, or shortness of breath at the beginning when infected with the virus but GI symptoms like diarrhea. Not just manifestations but diagnosing the COVID-19 in patients with cancer is very challenging in terms of atypical radiologic findings, especially if the patient has lung cancer. Some hematologic malignancies with their blood counts may mask the infections and lead to delayed diagnosis. Despite the efforts, an effective approach to cancer patients during a pandemic is not evident and there is a need for further investigations to optimize therapies and consider risks and benefits.

Recent Publications

1.He W, Chen L, Chen L, et al. COVID-19 in persons with haematological cancers. Leukemia. 2020;34(6):1637–1645

2. Martín-Moro F, Marquet J, Piris M, et al. Survival study of hospitalised patients with concurrent COVID-19 and haematological malignancies. Br J Haematol.

3. Sahu KK, Jindal V, Siddiqui AD. Managing COVID-19 in patients with cancer: a double blow for oncologists. JCO Oncol Pract. 2020;16 (5):223–225.

4. Zhu W.J., Wang J., He X.H., Qin Y., Yang S., Hu X.S. The differential diagnosis of pulmonary infiltrates in cancer patients during the outbreak of the 2019 novel coronavirus disease. Zhonghua Zhong Liu Za Zhi. 2020;42(March (5)):E008.

5. Zhao Z., Bai H., Duan J.C., Wang J. Individualized treatment recommendations for lung cancer patients at different stages of treatment during the outbreak of 2019 novel coronavirus disease epidemic. Zhonghua Zhong Liu Za Zhi. 2020;42(0):E007.



I am Dr. Papidze, graduated recently from American MD program of Emory University. I am applying for internal medicine residency in the States. I've done three clerkships in the USA with scholarships: Harvard Medical School, Brigham and Women's Hospital, Emory University Hospital, Aurora Medical group. I work as an USMLE step 1 tutor at American MD program. Involved in genetic research about biomarkers of inborn errors of metabolism in infants. I am working on case reports in surgery, nephrology, rheumatology and neurology. Recently my abstract about Hashimoto encephalopathy was accepted for e- poster on ANA conference. I am involved in community projects, our latest one was about healthy lifestyle, "Stop smoking, Start running!". Also Rheumatology conference 2020 received my abstract about SAPHO syndrome and invited me as a speaker.

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