

Frequently asked questions about the coronavirus and cancer

Source: the website 'Alles over Kanker' (Everything about Cancer) www.allesoverkanker.be/corona-en-kanker (13/04/2021)

The spread of the novel coronavirus and the COVID-19 outbreak raises questions among many (former) cancer patients and their loved ones. On this page, you will find where you can get general information, supplemented with specific information about the virus and cancer.

General

1. I have specific complaints. Is it better for me to postpone contact with the doctor until after the coronavirus crisis?

Absolutely not. Cancer patients and people with health problems that are unrelated to the coronavirus can still contact their GP or specialist. If you wait too long with complaints, you run the risk of them getting worse and requiring treatment that is more intensive. So certainly do not postpone contact with your doctor, treating physician or the emergency department.

2. Do I not run a risk of infection when I go to the hospital for treatment?

People who have to go to the hospital for an operation, chemotherapy or radiotherapy treatment can be assured that the hospital does everything possible to avoid infection. GPs also observe many measures for safe care.

3. What if a cancer patient develops a fever and the doctor recommends going to the hospital? Is that safe?

Yes, you can safely visit all hospital departments: emergency department, intensive care and other hospital departments. After all, the emergency departments and intensive care departments are again separate: for COVID patients and non-COVID patients.

Everywhere, doctors, nurses, healthcare experts and many other staff are ready to give the best possible care. If you are currently having treatment for cancer, it is very important that you call the hospital's cancer coach or oncologist immediately if you have a fever of more than 38 °C or a sustained slight temperature (of for example 37.5 °C). Read more about the side effects of chemotherapy here.

4. Should people with cancer go to the hospital alone, or may someone go with them?

If someone feels strong enough to go to a consultation or examination alone, then preferably alone. If not, then the patient may be accompanied by a maximum of one person. In this case, the patient and the accompanying person will be asked to wear a face mask in the waiting room and sit at a sufficient distance from one another.

No visiting is currently allowed in the hospital wards, except for parents of children under 18 or close relatives of patients in a critical condition or in the palliative phase. Find out what rules currently apply in your hospital. You will find that for example on the hospital's website.

5. I belong to the risk group and I need home nursing or family care. Is that safe?

All healthcare workers, so that includes home nurses and family carers, take very strict hygiene measures to prevent the transmission of an infection. They follow the Health and Safety Agency's guidelines and, among other things, they apply strict hand hygiene. They currently also wear masks and wear an apron for protection.

Do you have any questions about this? Ask the coordinator of your home nursing department or your contact person at the department for family care and additional home care whose services you use.

6. Can palliative care still be done at home at this time?

Yes, the multidisciplinary support teams for palliative care at home may carry on working. Home nurses and GPs may come to your home (see the question about home nursing and family care), although it will always be considered whether for example a telephone intervention may be possible instead of a home visit. Many volunteers are usually engaged in palliative care for visits or night care. Volunteers are not normally used during this period, unless there is no alternative.

7. I have just lost a loved one. How can I say goodbye in these times of social distancing?

The website [Wijrouwenmee](#) is an initiative that wants to provide support and comfort for anyone who loses a loved one in these times of coronavirus. How to still make a remote farewell a little closer? What can you do as a family member or friend? What options are there to still bring a little closeness in this period of social distancing? ... You will find answers to all these questions and you will get plenty of tips and ideas.

With [PlantTroost](#), the Ferm network wants to give everyone the opportunity to find and offer solace together. You will find comfort tips, videos and testimonies.

Take another look at the webinar '[Parting, loss and grief in times of coronavirus](#)' of the Flemish Palliative Care Federation.

Specifically for cancer

8. Will the cancer treatment be stopped if a cancer patient is infected with the coronavirus?

Chemotherapy and targeted therapy that can lead to a sharp reduction in the number of white blood cells, will be stopped.

When the likelihood of a viral infection with the coronavirus is smaller, immune therapy can be started and administered again.

Hormone therapy continues as normal.

9. Are certain cancer treatments still postponed or modified?

Oncologists remain vigilant and careful and ensure that the resistance of people who are having treatment for cancer is undermined as little as possible.

A curative treatment (intended to cure a patient, ed.) or an adjuvant treatment (in addition to the curative treatment, ed.) with chemotherapy, radiotherapy or targeted therapy are better not delayed as far as is possible.

If someone has yet to start chemotherapy, chemotherapy regimens can be adjusted. Oncologists try to avoid too a sharp reduction in the white blood cell count, for example by temporarily administering

only one type of medication (monotherapy) instead of a combination of several types of medication (combination therapy). In monotherapy, the risk of decreased immunity is, after all, less than in combination therapy.

In certain cases, medical oncologists now start sooner with growth factors because they contribute to getting the immune system back in order more quickly.

10. Am I at an increased risk of infection by the coronavirus during my cancer treatment?

Everyone is equally likely to become infected with the coronavirus.

However, in certain risk groups, the risk of complications from infection is greater than in others. So these groups are no more likely to become infected, but to become ill for longer and/or more severely. Those risk groups are:

- people older than 65 years
- people with diabetes
- people with heart diseases, lung or kidney diseases
- people with a weakened immune system

The latter group includes people being treated for very active cancer tumours, various secondary tumours or haematological cancer types (such as leukaemia). Often, lung cancer patients infected with the coronavirus will also have symptoms that are more serious. In most of them there is in fact a case of pulmonary emphysema, damage to the alveoli. Among other things, the coronavirus affects the lung function. When that happens in lungs that work less well anyway, it can complicate recovery and increase the risk of complications.

According to the most recent surveys, other cancer patients have no clear increased risk of serious complications. Initially, (limited) research showed that all patients being treated with chemotherapy or immunotherapy would also be more susceptible to complications, but that turns out not to be the case. Radiotherapy and hormonal therapy do not give an increased risk of a serious infection either; that may be the case with highly toxic and highly immunosuppressive treatments. If you are still very worried, please do get in touch with your treating physician.