

Management of digestive cancers during the COVID-19 second wave: A French intergroup point of view (SNFGE, FFCD, GERCOR, UNICANCER, SFCD, SFED, SFRO, ACHBT, SFR).

Title: Management of digestive cancers during the COVID-19 second wave: A French intergroup point of view (SNFGE, FFCD, GERCOR, UNICANCER, SFCD, SFED, SFRO, ACHBT, SFR).

Publication year: 2021

Journal: Digestive and liver disease : official journal of the Italian Society of Gastroenterology and the Italian Association for the Study of the Liver

Authors: Gastroenterology and Hepatology Department, Poitiers University Hospital, University of Poitiers, Poitiers, France. Electronic address: david.tougeron@chu-poitiers.fr.

Society: European Respiratory Society

Origin country: International (Europe)

Target countries: Europe

DOI: 10.1016/j.dld.2020.11.029

PMID: 33341421

Source: <https://pubmed.ncbi.nlm.nih.gov/33341421/>

Dig Liver Dis Dig Liver Dis 3815 pheelsevier 100958385 Digestive and Liver Disease 1590-8658 1878-3562 pmc-is-collection-domain yes pmc-collection-title Elsevier - PMC COVID-19 Collection PMC7836265 PMC7836265.1 7836265 7836265 33341421 10.1016/j.dld.2020.11.029 S1590-8658(20)31050-1 1 Guidelines Update Management of digestive cancers during the COVID-19 second wave: A French intergroup point of view (SNFGE, FFCD, GERCOR, UNICANCER, SFCD, SFED, SFRO, ACHBT, SFR) Tougeron David a ■ Michel Pierre b Lièvre Astrid c Ducreux Michel d Gaujoux Sébastien e Guiu Boris f Huguet Florence g Lecomte Thierry h Lepage Côme i Louvet Christophe j Maggiori Léon k Mariani Pascale l Aparicio Thomas m Bouché Olivier n on behalf of the Thésaurus National de Cancérologie Digestive (TNCD) on behalf of the Société Nationale Française de Gastroentérologie (SNFGE) on behalf of the Fédération Francophone de Cancérologie Digestive (FFCD) on behalf of the Groupe Coopérateur multidisciplinaire en Oncologie (GERCOR) on behalf of the Fédération Nationale des Centres de Lutte Contre le Cancer (UNICANCER) on behalf of the Société Française de Chirurgie Digestive (SFCD) on behalf of the Société Française d'Endoscopie Digestive (SFED) on behalf of the Société Française de Radiothérapie Oncologique (SFRO) on behalf of the Association de Chirurgie Hépato-Bilio-Pancréatique et Transplantation (ACHBT) on behalf of the Société Française de Radiologie (SFR) a Gastroenterology and Hepatology Department, Poitiers University Hospital, University of Poitiers, Poitiers, France b Normandie University, UNIROUEN, Inserm U1245, IRON Group, Rouen University Hospital, Gastroenterology and Hepatology Department, Rouen, France c Rennes 1 University, Rennes, France, Gastroenterology Department, Pontchaillou University Hospital, Rennes, France, INSERM UMR 1242, COSS "Chemistry, Oncogenesis, Stress Signaling", Rennes, France, Centre Régional de Coordination des Dépistage des Cancers, antenne d'Ille-et-Vilaine (Adeci 35), France d Digestive Oncology Department, Gustave Roussy Institut, Villejuif, Paris-Saclay University, France e Digestive Surgical Department, Pitié-Salpêtrière University Hospital, Paris, France f Radiology Department, Montpellier University Hospital, Montpellier, France g Radiotherapy Department, Tenon University Hospital, Institut Universitaire de Cancérologie, APHP, Sorbonne University, Paris, France h Gastroenterology, Digestive Oncology and Hepatology Department, Tours University Hospital, UMR INSERM 1069 N2C, Tours University, Tours, France i Gastroenterology and Hepatology Department, Le Bocage University Hospital, EPICAD INSERM LNC-UMR 1231, Bourgogne and Franche Comté University, Dijon, France j Medical Oncology Department, Mutualiste Montsouris Institut, Paris, France k Digestive Surgery Department, St Louis University Hospital, Paris, France l Oncologic Digestive Surgery Department, Curie Institut, Paris, France m Gastroenterology and Digestive Oncology Department, Saint Louis

Hospital, APHP, Nord, Université de Paris, Paris n Digestive Oncology Department, Reims University Hospital, Reims, France ■ Corresponding author. 3 2021 17 12 2020 53 3 373807 306 308 24 11 2020 25 11 2020 17 12 2020 26 01 2021 08 06 2021 © 2020 Editrice Gastroenterologica Italiana S.r.l. Published by Elsevier Ltd. All rights reserved. 2020 Editrice Gastroenterologica Italiana S.r.l. Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website. Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active. Introduction The COVID-19 pandemic has major impact of healthcare systems, including cancer care pathways. The aim of this work is to discuss in a multidisciplinary approach the therapeutic and/or strategies adaptations for patients treated for a digestive cancer during the European second wave of COVID-19 pandemic.

A collaborative work was performed by several French societies to answer how to preserve digestive cancer care with no loss of chance during the second wave of COVID-19. In this context, all recommendations are graded as expert's agreement according to level evidence found in literature until October 2020 and the experience of the first wave of the COVID-19 pandemic.

As far as possible, no therapeutic modification should be carried out. If necessary, therapeutic adjustments may be considered if they do not constitute a loss of chance for patients. Considering the level of evidence all therapeutic modifications need to be discussed in multidisciplinary tumor board meeting and with patient consent. By contrast to first wave cancer prevention, cancer screening, supportive care and clinical trials should be continued.

Recommendations proposed could limit cancer excess mortality due to the COVID-19 pandemic but should be adapted according to the situation in each hospital.

The European second wave of the COrona Vlrus Disease 2019 (COVID-19) pandemic requires us to think again our practice of digestive oncology. These proposals are based on a recent literature review, the first national digestive oncology guidelines group (TNCD) recommendations [1] and the experience of the first wave of the COVID-19 pandemic.

The risk of death from COVID-19 in patients treated for cancer was overestimated in the first studies [1] . In large European cohorts and a recent meta-analysis, death and severity of COVID-19 were mostly due to patients' characteristics with low impact of cancer treatments [2] , [3] , [4] . In the French GCO-002 CACOV19 cohort (n = 1289), independent factors associated with death, in multivariate analysis, were male gender, ECOG performance status ≥ 2 and the updated Charlson comorbidity index (ICCa) [2] .

The impact of the reorganization of healthcare systems during the first wave of the COVID-19 pandemic was major on cancer care pathways [5] , [6] , [7] , [8] . The French ONCOCARE-COV study confirmed a reduction in terms of colon cancer screening (–86%), histopathological (–48%) and biomolecular (somatic and germinal) (–69%) analyses, oncology announcement consultations (–54%), oncogeriatric evaluations (–86%) and new patients files discussed in multidisciplinary tumor board meeting (MTBM) (–39%) [5] . The decrease in cancer treatment was also significant concerning surgery (–30%) and to a lesser extent for radiotherapy (–16%) and chemotherapy (–9%); all clinical research trials were stopped for 3 months [5] . The prognostic impact of delay in diagnosis and treatment is not yet known, but population-based modeling analyses are worrying [9] .

Thus, due to the second wave of the COVID-19 pandemic, it seems essential to maintain cancer diagnosis and treatments if possible while preserving access to specialized tertiary cancer care and, when necessary, access to intensive care units to ensure continuity of care.

All recommendations were proposed by the steering committee (COPIL) of the TNCD on November 3rd, 2020 and based on an expert agreement in the absence of sufficient data from the literature. These proposals must be interpreted according to the intensity of the epidemic and its impact on the organization of healthcare structures. The present letter is a summary of the French intergroup guidelines available on the TNCD website (www.tncd.org).

- Cancer screening and diagnostic procedures (imaging and endoscopy) should be continued since the cumulative diagnostic and therapeutic delays could have major consequences.

Patients, as well as the whole population, must be reminded of the need not to forego care, screening and prevention actions when these are offered by health professionals and care establishments.

It is necessary to preserve, as much as possible, the diagnosis announcement procedure with the oncology nurses. They ensure a good understanding of the treatments and their potential side effects, the follow-up, the effectiveness of the surveillance, the continuity of home care, and the good management/compliance of oral drugs. They can also contribute to reschedule postponed medical cares.

Supportive and palliative cares should be preserved (pain management, diet counseling, psychological support, adapted physical activity, etc.).

It is recommended to vaccinate patients against Influenza and Streptococcus pneumoniae .

Except before surgery, there is no indication to screen for COVID-19 in asymptomatic patients (especially before chemotherapy courses or consultations).

- As far as possible, no therapeutic modification that could lead to a loss of chance (unplanned therapeutic reduction) and/or an increased toxicity (replacement of 5FU to unplanned oral capecitabine) should be carried out.

If therapeutic delays are necessary, they should only concern the patients at risk of a severe form of COVID-19: older patients and/or with poor general condition and/or with co-morbidities (heart disease, diabetes, chronic pulmonary disease, chronic renal failure, cirrhosis and/or body mass index > 40 kg/m²).

If necessary, therapeutic adjustments may be considered if they do not constitute a loss of chance for patients according to the recommendations of the first COVID-19 TNCD [1] .

Therapeutic adjustments must be recorded and/or discussed during a MTBM.

In case of COVID-19 infection, wait at least 14 days, and 48 h without cough and fever, and if possible 3 weeks, before resuming treatment with chemotherapy, tyrosine kinase inhibitors or immunotherapy (7 days is enough for asymptomatic form).

- Surgical units and non-COVID-19 postoperative critical cares should be preserved.

If possible, no oncologic surgery should be postponed.

If necessary, a postponement of surgery can only be considered if it is for a short duration and using a validated neoadjuvant treatment recorded and/or discussed during a MTBM and according to the recommendations of the first COVID-19 TNCD [1] .

If postponement of surgery is not possible but necessary due to the local situation, a transfer to another regional hospital should be discussed.

- If possible, no interventional radiology or radiotherapy should be postponed.

For the neoadjuvant treatment of rectal cancers, if the local context does not allow standard chemoradiotherapy, short course radiotherapy (5 × 5 Grays) followed by chemotherapy (9 courses of FOLFOX) is a new alternative validated by the RAPIDO trial [10] .

Radiation therapy should not be interrupted in case of COVID-19 infection except for patients with a severe form.

- If possible, oncology announcement consultations should be done face-to-face, given the potential loss of chance for patients to perform these consultations by phone or video consultation.

Follow-up consultations can be carried out by phone or video consultation if possible.

Postponement of imaging examinations and follow-up consultations can only be considered for patients at low risk of recurrence.

- If possible, patient inclusions in clinical trials should be continued, as well as monitoring of patients in clinical trials.

In conclusion, France's second wave of COVID-19 could be worse than the first. Adaptation of strategies in cancer care is necessary but postponement of cancer screening, diagnosis and treatment with late diagnostic and therapeutic delay have major consequences. Indeed, it seems important to ensure continuity of cancer care as much as possible. Present updated recommendations were based on a multidisciplinary overview and experts' agreement and should be adapted according to the situation in each hospital.

Di Fiore F. Bouché O. Lepage C. Sefrioui D. Gangloff A. Schwarz L. COVID-19 epidemic: proposed alternatives in the management of digestive cancers: a French intergroup clinical point of view (SNFGE, FFCD, GERCOR, UNICANCER, SFCD, SFED, SFRO, SFR) *Dig Liver Dis* 52 2020 597 603 32418773 10.1016/j.dld.2020.03.031 PMC7255323 2 Lièvre A. Turpin A. Ray-Coquard I. Le Malicot K. Thariat J. Ahle G. Risk factors for coronavirus disease 2019 (COVID-19) severity and mortality among solid cancer patients and impact of the disease on anticancer treatment: a French nationwide cohort study (GCO-002 CACOVID-19) *Eur J Cancer* 141 2020 62 81 33129039 10.1016/j.ejca.2020.09.035 PMC7543792 3 Zhang H. Han H. He T. Labbe K.E. Hernandez A.V. Chen H. Clinical characteristics and outcomes of COVID-19-infected cancer patients: a systematic review and meta-analysis *J Natl Cancer Inst* 2020 10.1093/jnci/djaa168 djaa168. Epub ahead of print PMC7665647 33136163 4 Pinato D.J. Zambelli A. Aguilar-Company J. Bower M. Sng C. Salazar R. Clinical portrait of the SARS-CoV-2 epidemic in European cancer patients *Cancer Discov* 10 10 Jul 31 2020 1465 1474 10.1158/2159-8290.CD-20-0773 PMC7668225 32737082 Epub ahead of print

Brugel M. Carlier C. Essner C. Debreuve-Theresette A. Beck M.F. Dramatic changes in oncology care pathways during the COVID-19 pandemic: the French ONCOCARE-COV study *Oncologist* Oct 28 2020 10.1002/onco.13578 PMC7873337 33111460 Epub ahead of print.

De Vincentiis L. Carr R.A. Mariani M.P. Ferrara G. Cancer diagnostic rates during the 2020 "lockdown", due to COVID-19 pandemic, compared with the 2018-2019: an audit study from cellular

pathology J Clin Pathol 2020 206833 10.1136/jclinpath-2020-206833 32561524 Jun
19:jclinpath-2020-206833. doi: 10.1136/jclinpath-2020-206833 . Epub ahead of print.

Mahase E. Covid-19: urgent cancer referrals fall by 60%, showing “brutal” impact of pandemic BMJ 369 2020 10.1136/bmj.m2386 m2386 32532710 8 Chang E.I. Liu J.J. Flattening the curve in oncologic surgery: impact of Covid-19 on surgery at tertiary care cancer center J Surg Oncol 10 2020 1002 10.1002/jso.26056 PMC7300602 32488866 9 Maringe C. Spicer J. Morris M. Purushotham A. Nolte E. Sullivan R. The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study Lancet Oncol 21 2020 1023 1034 32702310 10.1016/S1470-2045(20)30388-0 PMC7417808 10 van der Valk M.J.M. Marijnen C.A.M. van Etten B. Dijkstra E.A. Hilling D.E. Kranenbarg E.M. Compliance and tolerability of short-course radiotherapy followed by preoperative chemotherapy and surgery for high-risk rectal cancer - results of the international randomized RAPIDO-trial Radiother Oncol 147 2020 75 83 32240909 10.1016/j.radonc.2020.03.011 Funding None declared.

We thank the French cancer cooperative groups (GCO). We also thank Sheik Emambux for reviewing our original English-language manuscript.