



Filling in for missed cancer treatment at hospitals

With the global health crisis continuing to outbreak in several Asian countries, all focus has been shifted to battling the pandemic, leaving the needs and wants of cancer patients far behind. **Phoebe Ho**, CEO of the Integrated Oncology Centres, notes the importance of cancer care in pandemic times, and explains how the network has stepped in to manage it.

In Southeast Asia, research has shown that over two million people were diagnosed with cancer in 2020. With the emergence of COVID-19, all eyes have been focused on managing the public healthcare crisis at hand, and so the silent struggle of the community facing cancer may have been overlooked.

Based on research, those with pre-existing co-morbid conditions are most likely to experience COVID-19 more severely. That said, cancer patients are estimated to have a two-fold risk of contracting the virus as compared to the general population. Cancer patients regularly go through treatment for their cancer, and this may render them more immunocompromised, exposing them to a higher risk of infection.

Further complicating things for patients is their treatment routine. What was seemingly easy and ordinary before becomes a challenge because this aspect is greatly affected as healthcare providers need to implement numerous protective measures such as swab tests and social distancing.

Furthermore, cancer patients as a whole may need to make alterations or postponements to their treatments such as surgery, radiotherapy, chemotherapy, or immunotherapy in order to minimise their risk of contracting COVID-19. Unfortunately, the necessary adherence to such standard operating procedures (SOPs) will lead to interruptions of their treatment plans. This will create a feeling of anxiety and frustration – none of which are conducive to their wellbeing.

The SOPs set in place to help contain the virus are necessary but may be too much to handle for the patients. Still, while the pandemic may be a challenge, it does not mean that the quality of care should be sacrificed.

The Integrated Oncology Centre's (IOC) in the Philippines, Central Luzon Integrated Centre (CLIOC), created a unique algorithm to help triage patients for them to safely receive treatment even with SOPs in place, under the directives of medical director Dr. Misael Cruz. Due to this method being effective, other cancer



centres have incorporated the same system as well.

Some important preventive measures in triaging of patients, according to Dr. Cruz, include:

- Use of rapid antigen or COVID-19 test prior to consultation;
- Appointment and scheduling system carried out via online or telephone for patients;
- Creation of our own screening

data sheet to be accomplished by patients/relatives;

- Strict adherence to minimal health measures: hand washing/sanitising, physical distancing, wearing of masks;

- Enforcing a no-relative policy or if needed at most 1:1 relative and patient ratio; and

- Wearing of personal protective equipment by staff.

This system proved to be successful as the entire team of doctors and staff were well-prepped and aligned with the strategies, which also resulted in a better work-flow structure. Furthermore, using our very own screening data form helped us keep better track of patients.

Cancer care and treatment requires full involvement of multi-disciplinary teams throughout the trajectory from diagnosis to

rehabilitation. Patients will receive a collaborative assessment from different clinicians and undergo necessary/appropriate laboratory or imaging tests for diagnosis, staging, and monitoring of treatment efficacy. During this pandemic, it is important that healthcare providers take the best treatment measures/approaches while minimising the risks that stem from COVID-19. They must also weigh the pros and cons of continuing anticancer therapy.

Taking all these into consideration, when it comes to cancer care, we must adopt a patient-centric mindset in terms of addressing the impact of the pandemic on cancer patients. They go through quite a journey and we need to provide the necessary support when it comes to resource allocation, clinical care, and the consent process. ■

Pharmacist Phoebe Ho has over 20 years of experience in healthcare and has served in various senior executive positions with Fortune 500 pharmaceutical companies.

Formerly vice president and general manager of GlaxoSmithKline Ltd., Phoebe was instrumental in establishing new businesses that covered vaccines and dermatology for the group in China and Hong Kong. With her extensive marketing, sales, and general management experience, she is well versed with the healthcare landscape in both private and public sectors and also has strong connections with doctors across different specialities across Asia.

As CEO of the IOC, Phoebe now provides strategic leadership and direction to seven oncology centres across Asia including Hong Kong, Indonesia, the Philippines, and Vietnam, and her role is pivotal in strengthening the clinical partnership between doctors and health professionals within the IOC regional network.

Founded in 2015, the IOC is one of Asia's first connected oncology networks. It aims to develop a cohesive, integrated, and multidisciplinary approach to the provision of cancer care for patients. According to global data, there has been a rise in the number of cancer cases globally and the call to provide patients with the best treatment is now louder than ever.

By Bich Thuy

Cancer patients in Vietnam are still struggling to receive sufficient treatment at hospitals during the ongoing pandemic, triggering questions about possible impacts on suppliers of relevant oncology drugs.

Hang Pham, a 40-year-old white-collar worker living in Hanoi, is feeling powerless as she does not know how to protect her father from growing lung cancer, with the latest COVID-19 outbreak possibly delaying his treatment for months.

"I have been living in constant fear since the Lunar New Year holiday. My father has not been able to receive chemotherapy since then. This can lead to metastasis, unless he gets treatment soon. However, all we can do now is to stay at home and wait," she told *VIR*.

"Even worse, we are now in a 21-day quarantine at home after visiting the National Cancer Hospital (K Hospital) a few days ago where new infections were found. We are not certain when my father can visit the hospital again," she said.

Following the outbreak in the northern province of Hai Duong in February, Hanoi, especially K Hospital and its facilities, as well as 20 other cities and provinces have been hit by the pandemic, delaying critical treatments for patients.

"I know many cancer patients

Oncology medication disrupted by gridlock



Vietnamese hospitals are often forced to prioritise COVID-19 prevention over oncology work

who are in the final stages or should be getting chemotherapy and are quarantined instead," Pham said. "I am waiting for treatment, including oncology drugs."

Due to pandemic restrictions, the National Cancer Hospital and many others are now applying strict outbreak prevention and fight protocols – which sometimes includes the

difficult choice to delay cancer treatment to ensure safety for all.

Vu Phuong Tran, country lead in Vietnam at the Integrated Oncology Centres told *VIR*, "During the social distancing period in April 2020, due to limited travel from province to province, we saw patients experiencing difficulty in reaching big centres like Hanoi and Ho Chi

Minh City for treatment. The impact on cancer patient care needs to be observed further if the COVID-19 situation remains uncontained."

Healthcare experts said that the pandemic not only affects patients but also hospitals as they face a fall in the number of patients and revenues, and cancer treatment is not the only health segment impacted.

Bach Mai Hospital in Hanoi, one of the top-tier hospitals in the country, has admitted to having difficulties during the pandemic, along with the Hanoi Medical University Hospital and the Vietnam-German Hospital, which also reported a strong fall in the number of patients.

Pham Nhu Hiep, director of Hue Central Hospital told *VIR*, "Back before the pandemic we welcomed all cancer patients, but now we encourage light cases to get treatment at home and only receive serious cases for safety reasons."

However, while treatment at hospitals is suspended unless necessary, patients still need to buy their medicine. Without hospital prescriptions, however, their purchases are not covered by health insurance, leading to skyrocketing private expenses.

At the hospital, Glivec is commonly used to treat certain blood cancers. Currently, health insurance will cover about 80 per cent of the drug cost, while the remaining 20 per cent is paid by patients. With health insurance, patients spend about VND2.7 million (\$117) a month on average on their Glivec medication. Without health insurance, they would need to pay more than VND10 million (\$435).

As the coronavirus outbreak continues, more challenges will await cancer patients – necessitating a more appropriate approach to ensure sufficient treatment for them. ■