

Adapting Neuro-Oncologic Care During the COVID-19 Pandemic: Challenges and Strategies

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Perspective

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DESCRIPTION

A interdisciplinary field called neuro-oncology is dedicated to treating people with nerve system tumours. Neurologists or medical oncologists with fellowship training are frequently neuro-oncologists. The majority of care is focused on treating primary brain tumours, the majority of which are incurable and have few curative options, metastatic brain and spinal cord cancer, central nervous system (CNS) lymphoma, and side effects of cancer or cancer treatment like paraneoplastic syndromes and drug toxicity. Patients with primary CNS malignancies are treated by neuro-oncologists from the time of diagnosis suspicion until the end of life and into survival. Neurosurgeons, oncologists, radiation oncologists, neurologists, nurses, supportive services, and others must collaborate to provide neuro-oncologic care.

Patients with cancer are left with deviations in care and a larger need for supportive services as COVID-19 holds the health-care system hostage, and doctors struggle to maintain clinical operations in the face of previously unanticipated risks and scarce resources. During the pandemic, healthcare professionals, patients, and carers are rushing to redesign health services, leading to new paradigms and opportunities for improvement. For example, high dependence on video visits from home, which dismantles traditional access to care barriers while introducing new ones, decentralised access to specialised resources through isolated non-COVID-19 health centres, and reliance on subspecialty clinics to cut down on emergency room and Intensive Care Unit (ICU) utilisation are just a few examples.

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Resource limitations, mitigation of COVID-19 risks to patients and providers under the assumption that every contact with a healthcare provider is an infection risk, observation of altered therapy-related comorbidities, and potential undertreatment of incurable and fatal diseases are all necessary considerations in order to balance the risks of COVID-19 in vulnerable neuro-oncologic populations. Standard of care (SOC) recommendations should be followed whenever possible, however during a pandemic this may not be practicable. Since this population suffers from a disease that is largely incurable but has a wide range of potential outcomes, including the possibility of many years of high-quality life with the right interventions, neuro-oncologists have an additional responsibility to advocate within the healthcare system for the prioritisation of resources, including ICU beds and operating room access.

Reorganizing oncologic care is a dynamic, ever-changing process that is determined by regional conditions. Plans for treatment may be changed to reduce exposure to COVID-19 settings, decrease reliance on hospital resources, and avoid difficulties from anticipated anticancer treatments in the presence of a possible COVID-19 infection. In health systems that have multiple hospitals or regional federations of hospitals isolating non-COVID-19 cancer services to dedicated centers may reduce exposure. With radiologic imaging, interdisciplinary specialist clinics, supportive services, and clinical trial staff all in one place to ensure an effective patient experience, our core neuro-oncologic services are centred at the quaternary hospital. We dispersed operations as hospital resources transferred to COVID-19 management.

In order to increase safety, we modified clinical trial protocols. Moreover, we got MRI imaging in a satellite facility that was far from COVID-19 care facilities, reducing patient exposure. To ensure the program's survival, measures to limit exposure among the care team are also important because neuro-oncology teams are frequently tiny and may only have one or two clinicians in each specialism in a hospital or geographic area.