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Global impact of COVID-19 pandemic on gastric cancer patients

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Gastric cancer is the 5th most common cancer worldwide and is one of the major causes of cancer related deaths [1]. The COVID-19 pandemic has significantly impacted the provision of cancer care [1]. The changes in health system capacity and healthcare-seeking behaviour have led to severe disruptions in healthcare delivery worldwide causing delayed diagnosis and treatment and, therefore, increasing the risk of adverse outcomes in cancer patients [1].

The Upper Gastrointestinal Surgical Society (TUGSS), through its Global Level of Harm Project (GLEOHUG) conducted a survey-based study with the participation of 145 centers from 50 countries around the world. This study showed that during the first year of the pandemic the management of gastric cancer patients was globally affected by decreasing the frequency of multidisciplinary team meetings (43,4%) and the number of elective gastrectomies (54,5%). Moreover, there was a higher clinical stage migration (29,0%), a higher metastatic disease rate (33,8%), an increased need of definitive palliative treatment (26,9%), patients' frailty (21,4%), waiting list times (52,4%), the number of urgent (26,9%) and palliative surgeries (16,6%), overall complication rates (16,6%), Clavien-Dindo 3 or higher complications (13,1%), leak rate (7,5%) and pulmonary infections (26,9%). Besides this, there was a high rate of postoperative COVID-19 infection (43,8%) and associated mortality (18,7%).

The COVID-19 pandemic has put cancer patients at risk of adverse outcomes due to delays in diagnosis and treatment [2]. Experienced multidisciplinary teams have had a critical role in tailoring management in order to ensure oncological outcomes and quality of life for these patients [1]. While in high-income countries gastric cancer surgical treatment could be safely delayed provided that neoadjuvant treatment (NAT) was administered [1], in low-medium-income countries where patients could not receive neither NAT nor surgery, these delays could lead to increased recurrence rates and excess mortality [2]. Furthermore, those patients who underwent surgery were prone to have a decreased compliance with ERAS protocols, higher complication rates and mortality, especially those who underwent urgent procedures or developed postoperative COVID-19 infection. Additionally, the hospital work overload may have made rescue from postoperative complications difficult, increasing the severity of complications and the mortality rate [3].

One may think that the worst part of the COVID-19 pandemic and its effects were limited to its first year. However, in the case of cancer patients, the effects of the pandemic can go beyond its duration. A Canadian study [4] showed that cancer care disruptions would lead to an essential increase in cancer mortality with the highest excess expected for 2022. Therefore, it is extremely important that cancer pathways are strengthened and patients' prioritization improved in order to reduce avoidable deaths before future severe care disruptions emerge [3].

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