



# Impact of COVID-19 Pandemic on Gynecological Cancer Care Delivery: A Tertiary Care Hospital Experience

Bindiya Gupta<sup>1\*</sup>, Amita Suneja<sup>1</sup>, Kiran Guleria<sup>1</sup>, Shalini Rajaram<sup>2</sup>, Yasmin<sup>1</sup>

<sup>1</sup>Department of Obstetrics and Gynecology, UCMS & GTB Hospital, Delhi, India

<sup>2</sup>Division of Gynecologic Oncology, AIIMS, Rishikesh, Uttarakhand, India

## ARTICLE INFO

### \*Correspondence:

Bindiya Gupta  
dr\_bindiya\_gupta@  
yahoo.co.in

Department of  
Obstetrics and  
Gynecology, UCMS &  
GTB Hospital, Delhi,  
India

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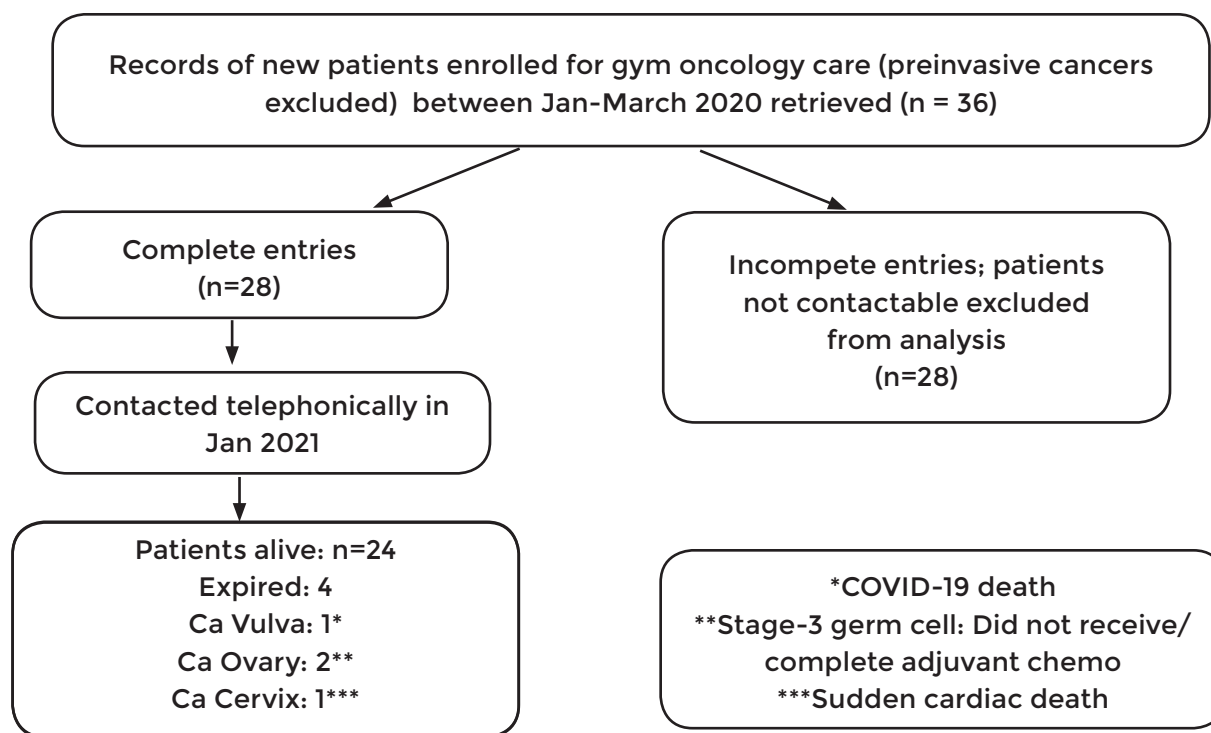
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Challenges have been faced in cancer care throughout the world due to COVID-19 pandemic like surgical delay, interruption of chemotherapy cycles, and early cessation of palliative treatment causing significant patient harm.<sup>1,2</sup>

The impact of the COVID-19 pandemic on gynecological cancer care delivery was analyzed at our tertiary care center during the pandemic in 2020. All elective work including oncology services had been suspended from March 2020 and the hospital was declared a COVID-only facility from June 2020 till February 2021. Patients who had received or were enrolled for treatment three months before the pandemic (Jan-March 2020) were contacted telephonically once the hospital reopened in 2021. Baseline details regarding diagnosis, treatment planned or given were noted from the records. Information was obtained regarding their current health status, symptoms and completion of adjuvant treatment i.e., radiotherapy or chemotherapy. Verbal informed consent was obtained telephonically. Institutional review board clearance was not obtained as it was a telephonic follow-up consultation for all the patients.

Out of 36 cases, 28 patients could be contacted, while 8 had missing or wrong phone numbers or addresses while four patients had died (Figure 1). In the cancer cervix group (n=9); one out of seven had completed chemoradiation, while others had interrupted treatment. Two patients who had undergone surgery could not come for follow-up. Out of 6 patients operated on for endometrial cancer, 3 patients could not receive adjuvant treatment and 1 completed brachytherapy but did not receive external beam radiation. Two patients who did not require any adjuvant treatment could not come for the scheduled follow-up. Out of 11 cases of ovarian cancer 3 did not require adjuvant chemotherapy as the histology was low-grade serous stage 1a, borderline tumor, and granulosa cell tumor stage 1a; but they could not follow up. Three women with high-grade serous cancer completed chemotherapy from another hospital, two patients could not receive treatment while one had interruption after two cycles. Both the patients of germ cell tumor were advanced stage and had an interruption in chemotherapy and died. Overall, treatment was completed



**Figure-1:** Patient flow diagram

in only 17.8%, 35.7% had partial/ interrupted adjuvant treatment, 21.4% did not receive adjuvant treatment and follow-up was delayed in 25%.

In conclusion, approximately 80% of gynecologic oncology care services were adversely impacted. The main lesson learned was that oncology should continue as an emergency service and there should be a referral system in place for COVID-designated centers.

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