



# International Journal of Medical and All Body Health Research

## How to treat with gynecological cancers during COVID-19 pandemic: A review

**Samira Karimkhani**

Urmia University of Medical Sciences, Urmia, Iran

\* Corresponding Author: **Samira Karimkhani**

---

### Article Info

**ISSN (online):** 2582-8940

**Volume:** 04

**Issue:** 04

**October-December 2023**

**Received:** 02-11-2023;

**Accepted:** 04-12-2023

**Page No:** 50-52

### Abstract

The COVID-19 pandemic has created difficulties in managing gynecological malignancies, leading to limitations on routine visits, reduced face-to-face appointments, postponements of surgeries and interventions, and necessary adjustments to treatment strategies. Hospitals have been overwhelmed with COVID-19 cases, making resource allocation a focal point. The pandemic significantly impacted the mental well-being of women with gynecological cancers, leading to heightened anxiety, worries about treatment delays, and increased stress, depression, and fear. Strategies to support mental health, such as telehealth-based mental health services offering online therapy and support groups, have proven beneficial. Additionally, incorporating mindfulness techniques and meditation practices into daily routines could assist patients in coping with stress and anxiety, ultimately fostering emotional resilience. The COVID-19 pandemic has complicated the traditional approach to prioritizing cancer treatment based on cancer stage. Certain gynecological cancers and their treatments can weaken patients' immune systems, making them more susceptible to severe COVID-19 complications. Advanced-stage and aggressively growing cancers pose a particular risk, as postponing treatment due to COVID-19 concerns could lead to disease progression and impact treatment success and patient survival. The urgency of therapeutic decisions during the pandemic is influenced by cancer stage and aggressiveness, with advanced and rapidly progressing cancers requiring prompt intervention. Patient age and overall health status also play crucial roles, as younger patients with strong immune systems may tolerate treatment delays better than older patients with underlying health conditions. COVID-19 outbreak has undeniably disrupted traditional approaches to managing gynecological malignancies, but it has also spurred creativity and adaptation. Treatment decisions for gynecological cancer patients must consider age, overall health, and cancer stage. By embracing telemedicine, using risk assessment models, and prioritizing collaborative patient management, a more resilient and patient-centered healthcare system can be developed to address current and future pandemic challenges.

**DOI:** <https://doi.org/10.54660/IJMBHR.2023.4.4.50-52>

**Keywords:** COVID-19, SARS-CoV-2, women, gynecology, cancer

---

### Introduction

The COVID-19 pandemic has indeed posed challenges in the management of gynecological malignancies such as the limitation of routine visits to alleviate congestion in waiting areas and safeguard vulnerable patients with compromised immune systems; numerous facilities reduced face-to-face appointments. The allocation of resources became a focal point as hospitals became overwhelmed with COVID-19 cases, resulting in postponements of surgeries and other interventions for gynecological cancers. Furthermore, adjustments in treatment strategies were necessary as certain diagnostic procedures and therapy plans had to be modified due to constraints imposed by the pandemic (1).

### Therapeutic procedure/surgery during COVID-19

The occurrence of a pandemic plays a pivotal role in medical consultations, enabling remote follow-ups, prescription refills, and provision of mental health support. In the context of surgeries amid the COVID-19 crisis, prioritization was given to urgent surgeries, leading to potential postponement of non-urgent procedures and modifications in treatment plans, including abbreviated courses of radiation therapy or different chemotherapy regimens (2, 3). The global healthcare delivery system experienced a significant impact due to the emergence of the COVID-19 pandemic, particularly affecting the management of oncological cases (3). Women with gynecological malignancies encountered distinctive obstacles in accessing timely and optimal treatment, influenced by concerns regarding viral transmission and resource constraints (4). This scholarly article delves into the varied challenges encountered in managing gynecological cancers during the pandemic, while highlighting the innovative strategies adopted by healthcare professionals (5). Various constraints were encountered by individuals, such as adherence to social distancing measures and apprehensions related to exposure in hospitals, resulting in reduced in-person consultations, which in turn impeded early diagnosis, delayed treatment initiation, and disrupted essential follow-up appointments, despite stringent hygiene practices and utilization of personal protective equipment (PPE) to minimize the risk of COVID-19 transmission within healthcare facilities (6). Healthcare institutions devised risk stratification models to prioritize surgeries for patients with high-risk or rapidly progressing cancers, alongside ensuring sufficient capacity for critical COVID-19 cases. Oncologists meticulously reevaluated treatment strategies, taking into account variables like patient age, overall health status, and cancer stage, which could involve exploring alternative surgical approaches, utilizing radiation therapy with condensed but intensified sessions, or enforcing stringent infection prevention measures during surgical procedures (7).

### Mental health issues following COVID-19

The pandemic had a significant impact on the mental well-being of women with gynecological cancers, beyond the physical challenges they faced. Heightened anxiety related to potential COVID-19 exposure, worries about treatment delays, and social isolation resulting from safety measures all contributed to elevated levels of stress, depression, and fear (8). As a result, various strategies to support mental health have proven beneficial, such as the utilization of "telehealth-based mental health services" which offer online platforms for the provision of both individual and group therapy sessions, enabling patients to receive professional assistance from a distance. Online support groups have also provided a secure environment for women to exchange experiences, connect with others in similar situations, and provide each other with mutual support. The incorporation of mindfulness techniques and meditation practices into daily routines could assist patients in coping with stress and anxiety, ultimately fostering emotional resilience (9, 10).

### Factor affecting therapeutic decision during COVID-19

Traditionally, the primary factor influencing the urgency of treatment is the stage of cancer. Nevertheless, the emergence of the pandemic has necessitated a more intricate approach (11). This is exemplified by the heightened risk posed by certain gynecological cancers during the COVID-19 era.

Specifically, conditions such as "Immunosuppression" associated with certain gynecological cancers and their corresponding treatment protocols can compromise the immune system of patients, rendering them more vulnerable to severe complications of COVID-19. Such vulnerabilities are particularly evident in cases of advanced-stage cancers and those necessitating intensive treatments like chemotherapy, as these highly aggressive cancers with rapid growth rates present a distinct peril (12). The potential consequences of postponing treatment due to COVID-19 apprehensions include the progression to a more advanced stage by the time intervention is initiated, potentially influencing the success of treatment and the overall survival of the patient. The pivotal determinants in making therapeutic decisions in the context of COVID-19 are the stage and aggressiveness of the cancer, as advanced stages and rapidly progressing cancers typically require swifter intervention (13). In addition to these factors, patient age and overall health status play crucial roles in decision-making during the COVID-19 era. It is observed that younger patients with robust immune systems may handle treatment delays more effectively than older patients with underlying health conditions (14).

### Conclusion

The outbreak of COVID-19 has unquestionably caused significant disruptions to conventional strategies for managing gynecological malignancies. Nevertheless, it has also functioned as a driving force for creativity and adjustment. Factors such as age, overall health status, and the stage of cancer must be taken into account when making treatment decisions for individuals diagnosed with gynecological cancer. Through the adoption of telemedicine, the utilization of risk assessment models, and the prioritization of collaborative patient management, a more robust and patient-focused healthcare system can be developed, equipped to tackle the current and future challenges posed by pandemics.

### References

1. Uwins C, Bhandoria GP, Shylasree TS, Butler-Manuel S, Ellis P, Chatterjee J, Tailor A, Stewart A, Michael A. COVID-19 and gynecological cancer: a review of the published guidelines. *International Journal of Gynecologic Cancer*. 2020 Sep 1; 30(9).
2. Akladios C, Azais H, Ballester M, Bendifallah S, Bolze PA, Bourdel N, Bricou A, Canlorbe G, Carcopino X, Chauvet P, Collinet P. Recommendations for the surgical management of gynecological cancers during the COVID-19 pandemic-FRANCOGYN group for the CNGOF. *Journal of gynecology obstetrics and human reproduction*. 2020 Jun 1; 49(6):101729.
3. Wang Y, Zhang S, Wei L, Lin Z, Wang X, Wang J, Hua K, Cui M, Wang J, Wang S, Di W. Recommendations on management of gynecological malignancies during the COVID-19 pandemic: perspectives from Chinese gynecological oncologists. *Journal of gynecologic oncology*. 2020 Jul; 31(4).
4. Dessai S, Nachankar A, Kataria P, Abyankar A. Management of patients with gynecological cancers during the COVID-19 pandemic. *Cancer Research, Statistics, and Treatment*. 2020 Apr 1; 3(Suppl 1):S40-8.
5. Tsibulak I, Reiser E, Bogner G, Petru E, Hell-Teutsch J, Reinhaller A, Weirather C, Weiss T, Bozsá S,

- Puschacher B, Hall M. Decrease in gynecological cancer diagnoses during the COVID-19 pandemic: an Austrian perspective. *International Journal of Gynecologic Cancer*. 2020 Nov 1; 30(11).
6. Singh P, Bhandoria G, Maheshwari A. Pharmacological prophylaxis and personal protective equipment (PPE) practices in gynecological cancer surgery during COVID-19 pandemic. *Indian journal of gynecologic oncology*. 2021 Mar; 19:1-7.
  7. Alkatout I, Karimi-Zarchi M, Allahqoli L. Gynecological cancers and the global COVID-19 pandemic. *Journal of the Turkish German Gynecological Association*. 2020 Dec; 21(4):272.
  8. Chen YS, Zhou ZN, Glynn SM, Frey MK, Balogun OD, Kanis M, Holcomb K, Gorelick C, Thomas C, Christos PJ, Chapman-Davis E. Financial toxicity, mental health, and gynecologic cancer treatment: the effect of the COVID-19 pandemic among low-income women in New York City. *Cancer*. 2021 Jul 15; 127(14):2399-408.
  9. Gultekin M, Ak S, Ayhan A, Strojna A, Pletnev A, Fagotti A, Perrone AM, Erzeneoglu BE, Temiz BE, Lemley B, Soyak B. Perspectives, fears and expectations of patients with gynaecological cancers during the COVID-19 pandemic: A Pan-European study of the European Network of Gynaecological Cancer Advocacy Groups (ENGAGe). *Cancer Medicine*. 2021 Jan; 10(1):208-19.
  10. Panda SR. Management of Gynaecological cancers during COVID-19 pandemic. *A Handbook of Obstetrics and Gynaecology Care during pandemic of a novel respiratory virus*. 2020 Dec 28; 7.
  11. Ramirez PT, Chiva L, Eriksson AG, Frumovitz M, Fagotti A, Martin AG, Jhingran A, Pareja R. COVID-19 global pandemic: options for management of gynecologic cancers. *Obstetrical & Gynecological Survey*. 2020 Jul 1; 75(7):410-1.
  12. Manchanda R, Oxley S, Ghaem-Maghani S, Sundar S. COVID-19 and the impact on gynecologic cancer care. *International Journal of Gynecology & Obstetrics*. 2021 Oct; 155:94-101.
  13. Algera MD, Van Driel WJ, Slangen BF, Kruitwagen RF, Wouters MW, Baalbergen A, Ten Cate AD, Aalders AL, van der Kolk A, Kruse AJ, Van Haaften-de Jong AM. Impact of the COVID-19-pandemic on patients with gynecological malignancies undergoing surgery: A Dutch population-based study using data from the 'Dutch Gynecological Oncology Audit'. *Gynecologic Oncology*. 2022 May 1; 165(2):330-8.
  14. Bogani G, Brusadelli C, Guerrisi R, Lopez S, Signorelli M, Ditto A, Raspagliesi F. Gynecologic oncology at the time of COVID-19 outbreak. *Journal of gynecologic oncology*. 2020 Jul; 31(4).