Radiotherapy and Oncology 148 (2020) 227–228

Contents lists available at ScienceDirect

Radiotherapy and Oncology

journal homepage: www.thegreenjournal.com

COVID-19 Rapid Letter

COVID-19 and gynecological cancers: A Moroccan point-of-view ☆

Nabil Ismaili [a,b,*]

[a] University Mohammed VI of Health Sciences, Casablanca (UM6SS); and [b] Department of Medical Oncology, Cheikh Khalifa University Hospital, Casablanca, Morocco

Dear Editor

The corona virus (covid-19) pandemic has a major impact on Moroccan population particularly those suffering from cancer [1]. On May 06, 2020, more than 5400 COVID-19 cases, and more than 180 deaths related to coronavirus, have been reported in Morocco. And like other countries, recommendations for the management of cancer patients have been established. In the case of gynecological cancers, general measures are necessary, such as the wearing a mask by medical staff and patients, the use of the hydro-alcoholic solution, the systematic taking of temperature, and postponing of unnecessary consultations and screening procedures for 3–6 months. In addition, non-urgent treatments such as surgery for low risk endometrial cancers (Stage IA, low grade, endometrioid type), or adjuvant treatments by radiotherapy after surgery for endometrial cancer may be postponed until crisis resolves. The use of granulocyte colony stimulating factors is strongly recommended with chemotherapy.

In our context, and given that the impact of the epidemic is much less significant than that of other neighboring countries such as Europe and United States of America, few changes have been reported in our current practice in the Cheikh Khalifa University Hospital. In cervical cancer, which remains a public health problem in Morocco with a vast majority of cases diagnosed at advanced and non-operable stages, the treatment of choice is a combination of radio-chemotherapy plus brachytherapy. Concurrent chemotherapy with weekly cisplatin at a dose of 40 mg/m^2 is preferred [2]. In endometrial cancer, little changes have been proposed in the management. In early stages (stage I and II), consider surgery first followed by adjuvant treatments including chemotherapy (4 cycles of carboplatin/paclitaxel) and radiotherapy/brachytherapy in case of adverse prognosis factors (high histological grade, non-endometrioid histological types, degree of invasion and Age). In locally advanced stages (Stage III and IVA), surgery first, then chemotherapy (6 cycles of carboplatin–paclitaxel) followed by radiotherapy and brachytherapy is the preferred strategy. In symptomatic metastatic stages, chemotherapy is the treatment of choice based on the carboplatin plus paclitaxel. In certain cases, mono-chemotherapy or hormone therapy may be recommended (old age and poor PS) [3]. In ovarian cancer, no change in the management of localized stages (I and II). In the advanced stages, favor a strategy starting with neoadjuvant chemotherapy followed by interval surgery. No recommendation for adjuvant therapy for R0 disease. However, in R1 or R2 resection, additional treatment with 3 courses of paclitaxel carboplatin plus Bevacizumab followed by maintenance with Bevacizumab is indicated [4]. In stage IV, chemotherapy with carboplatin/paclitaxel plus maintenance with Bevacizumab is the treatment of choice. In vulvar cancer, consider surgery in localized stage, and chemoradiotherapy in locally advanced stage of the disease [5]. For patients with vaginal cancer, radiotherapy plus brachytherapy is preferred in early stage, and chemoradiotherapy plus brachytherapy in locally advanced stages. No changes have been reported in the management of trophoblastic and germ cell tumors [6].

Competing interests

The authors declare that they have no competing interests.

Author's contribution

Nabil Ismaili wrote and approved the final manuscript.

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* Corresponding author Address: Mohammed VI University of Health Sciences (UM6SS), Casablanca, Morocco.

E-mail address: ismailinabil@yahoo.fr

https://doi.org/10.1016/j.radonc.2020.04.029
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