# CHEMOTHERAPY TREATMENT MODIFICATIONS DURING THE COVID-19 OUTBREAK AT A COMMUNITY CANCER CENTER IN NEW YORK CITY

[**Dong D. Lin**](https://ascopubs.org/author/Lin%2C+Dong+D) BS; [**Trishala Meghal**](https://ascopubs.org/author/Meghal%2C+Trishala) MD, MBBS; [**Pooja Murthy**](https://ascopubs.org/author/Murthy%2C+Pooja) MD; [**Lan Mo**](https://ascopubs.org/author/Mo%2C+Lan) MD, PhD; [**Ashley D’Silva**](https://ascopubs.org/author/D%27Silva%2C+Ashley) MD2; [**Yiwu Huang**](https://ascopubs.org/author/Huang%2C+Yiwu) MD, PhD2; and [**Yiqing Xu**](https://ascopubs.org/author/Xu%2C+Yiqing) MD, PhD2

Division of Hematology/Oncology, Department of Medicine at Maimonides Medical Center

6300 8th Avenue, Brooklyn, NY, 11220

**BACKGROUND:** As a result of their immunocompromised status associated with disease and treatment, cancer patients face a profound threat for higher rates of complications and mortality if they contract the coronavirus disease 2019 infection. Medical oncology communities have developed treatment modifications to balance the risk of contracting the virus with the benefit of improving cancer-related outcomes. In our New York City community cancer center, we wanted to know how often chemotherapy schedules were modified and key factors that influenced the decision-making process.

**METHODS:** We systemically examined our community cancer center database to display patterns of change and to unveil factors that have been considered with each decision. We studied a cohort of 282 patients receiving treatment and found that 159 patients (56.4%) had treatment modifications.

**RESULTS:** The incidence of treatment modification was observed in patients undergoing adjuvant and neoadjuvant (41.4%), palliative (62.9%), or injectable endocrine or bone-modulating only (76.0%) treatments. Modifications were applied to regimens with myelosuppressive (56.5%), immunosuppressive (69.2%), and immunomodulating (61.5%) potentials. Treatment modifications in 112 patients (70.4%) were recommended by providers, and 47 (29.6%) were initiated by patients. The most common strategy of modification was to skip or postpone a scheduled treatment (49%).

**CONCLUSIONS:** Our observation and analysis suggested that the primary goal of treatment modification was to decrease potential exposure. The pattern also reflected the negative impact of the pandemic on health care providers who initiated these changes. Providers have to consider individualized recommendations incorporating multiple factors, such as treatment nature and route, and disease severity.

**CONTENT CATEGORY:** Patient care

**KEYWORDS:** *COVID-19, cancer, chemotherapy, modifications, immunosuppression*