EDITORIAL



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Care During a Pandemic: Managing Radiation Treatment Amid COVID-19

The impact of COVID-19 around the world has left a catastrophic and unimaginable toll on global economies, health care systems and, most regrettably, lives. Many in the health care field have witnessed this devastation firsthand, with a tremendous strain on resources compounding the problem. The effect on cancer care has been particularly dire especially when factoring in potential consequences of delaying medical treatments.

In this month's issue, which focuses on COVID-19, authors from Wuhan, New York and other areas discuss their experiences and strategies of providing radiation treatments during an uncertain time, which has brought much emotional distress and fear. The review article, *Leading a Radiation Medicine Department from the Epicenter of the COVID-19 Pandemic in the United States*, describes techniques for resource allocation, including ways to prioritize patients for treatment initiation, maximize telemedicine, and design hospital avoidance strategies at Northwell Health. The authors also describe implementation of evidence-based hypofractionation guidelines and strict personal protective equipment regulations.

A second review, *Management of Head and Neck (HN) Cancer Patients During the Epidemic of COVID-19 in Wuhan*, details strategies for balancing the risks of contracting COVID-19 with the benefits of radiation therapy for head and neck cancer, a common malignancy in China. The authors also discuss their specific approach for diagnosis and treatment during the outbreak, reflecting on issues such as ward management, epidemic surveillance, radiation and chemotherapy management, nutrition education, psychological interventions, and follow-up care.

Both reviews, which offer SA-CME credit, provide excellent accounts of treatment management strategies from hospitals located in the epicenters for COVID-19.

The two case reports, Radiation Therapy Continuation for a Patient Diagnosed with COVID-19 in a High-volume Radiation Oncology Practice and Brachytherapy for Cervical Cancer in an Asymptomatic Patient with Confirmed COVID-19 Diagnosis, further underscore a critical theme during an infectious pandemic: the need for uniform policies and procedures to ensure staff and patient safety while optimizing care.

Finally, we are pleased to feature a Resident Voice column and guest editorial on COVID-19. The former, titled *The Impact of COVID-19 on Radiation Oncology Department Workflow in the United States*, discusses hypofractionation, physician recruitment to frontline treatment, and paradigm-changers such as telemedicine's expanding role. The latter article, *Precious Moments: Lessons Learned During COVID-19*, shares how guidance, new safety measures, virtual consults and follow-ups, daily huddles and numerous concerted efforts helped a large Detroit institution mount a courageous battle in a time of crisis. Moreover, it describes Dr. Ben Movsas' poignant personal experience of overcoming the virus, grappling with vulnerability and questions of fate, like so many of our cancer patients.

As communities continue to reopen, what happens next remains uncertain, but through kindness, empathy and understanding, we will get through this pandemic together. Your commitment, courage and humility are inspiring. Thank you for your extra efforts to ensure cancer patients receive timely radiation treatments during the pandemic.