

CANCER wellness

SUMMER 2020

**THE
INVISIBLE
MAN**
BREAKING
THE SILENCE
ON MEN &
CANCER

**TREATING THE
UNTREATABLE**

MAKING CANCER
TREATMENT LESS TOXIC

**THE
COVID
ISSUE**

HOW THIS
UNPRECEDENTED
PANDEMIC AFFECTS
CANCER

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ASK THE DOCTOR

Dr. Jonathan Banks, a New York based board-certified plastic surgeon and member of AiRS Foundation's Medical Advisory Board, answers your questions about the effects of COVID-19 and cancer surgery.



I HAD SURGERY SCHEDULED TO REMOVE A TUMOR BUT IT WAS RECENTLY CANCELED DUE TO THE RISE OF COVID-19 CASES IN MY STATE.

WHY DID THIS HAPPEN?

Depending on the specific condition and location in the country, if [medical professionals] feel that it is unsafe to bring patients into the hospital for things that are not emergent, they'll postpone [surgery] as to not expose them to the risk of contracting COVID-19 and to minimize the exposure of the staff to new patients. [It also] reduces their risk of exposure and unburdens the system from dealing with cases that could be postponed when currently most of the resources at many hospitals across the country are being devoted to care for the surge of coronavirus patients.

People that have cancer at various stages are currently being postponed [from surgery] in order to provide care for people that really have imminent threats to their lives. Now with cancer patients, while we consider it an urgent surgery, it is frequently not emergent, meaning it's not going to threaten one's livelihood within a matter of hours or days, which is the timeframe for COVID-19 patients. So patients that have stage 0 or a low stage of cancer may be able to have surgery postponed. Patients that have slightly more advanced disease, particularly surrounding diagnosis around the breast, may be amenable to having chemotherapy or hormonal therapy and postpone their oncological surgery until it's safe to do so. On rare occasions, cancer surgery is performed. This is what's going on in my neck of the woods with very few exceptions.

HOW LONG DO YOU THINK THESE POSTPONEMENTS CAN TAKE PLACE?

That's the trillion dollar question. No one really knows how long this pause is going to be in place. I would say that it really depends on the stage of the disease. But I would say for the early-stage cancers, waiting something like a three-month period from diagnosis is something we're going to have to accept. I can't say if it's safe or not, but that's what I feel is going to take place. Hopefully at that point, we'll be beyond the anticipated peak of the

wave of COVID patients and after that, the hospitals will be more available to take care of urgent cases, followed by elective cases.

Active cancer, I'd say the best bet is to consult with the oncologist or the breast surgeon if it's a breast cancer case and see what other options are available while we're in this pause. Chemotherapy, radiation therapy, hormonal therapy— they're all options for patients.

There are actually studies that completely choose the non-surgical approach for certain circumstances and that can be very valid in many cases. I would say for the majority of cases, surgery is still going to be what is preferred to do and the first line of treatment. But given the whole situation that's going on around the world, we don't have that privilege of going with our first choice and we have to go for second-best at this point, which might be patient dependent, disease dependent. And then later, complete the treatment with surgery.

WHAT WOULD YOU SAY TO ASSUAGE PATIENT FEARS ABOUT THIS PARTICULAR TIME OF PANDEMIC?

There's really no choice other than to look at this as the hospital trying to protect you. We're trying to protect you. We're not putting you in surgery. We know that it is reasonable to postpone surgery for a certain amount of time. We've never really studied how long it is safe to wait, but we definitely know it's okay to wait.

I'd say cancer for the most part doesn't get out of control within a matter of days or weeks. When we go past the three-month mark, we start to get concerns. But I do think that the hospitals are very much aware of that. Once these few weeks go by, we'll be able to make resources available and prioritize patients that are known cancer patients to be the first ones on the docket to have surgery. I know I, for one, and probably the rest of my team are going to work days, nights, and weekends and holidays to take care of as many people as we can, as soon as we can. And I feel many people around the country are going to do the same. We just have to make it safe for people first.