

# Responding to the COVID-19 Pandemic: Perspectives from Two Radiation Oncology Departments in the Philippines

## Introduction

On January 30, 2020, the Philippines reported its first case of severe acute respiratory syndrome coronavirus-2 (COVID-19). The number of cases and deaths have continued to increase since, drastically changing the landscape of healthcare delivery in the country. As of June 25, 2020, the country has reported over 34,000 cases and more than 1,200 deaths. Radiation oncology departments worldwide have been forced to adopt certain changes in workflow and clinical practice in order to ensure continued delivery of care to cancer patients, while mitigating the risk of infection among patients and the workforce. Cancer patients are burdened with an increased risk of severe complications and mortality from the infection, while navigating the challenges of cancer diagnosis and treatment. In particular, those requiring radiotherapy may have an increased risk of acquiring the COVID-19 infection brought on by repeated facility visits during fractionated radiotherapy treatment. In this report, we describe our experience in St. Luke's Medical Center (SLMC) which operates two radiation oncology departments in Metro Manila. We describe the challenges faced, and propose institutional guidelines and policy recommendations for other radiation oncology centers during the COVID-19 pandemic.

## Methodology

In this report, we review institutional changes in clinical practice, policy, workflow, staff organization, and infection control measures implemented in two radiation oncology centers in Metro Manila, Philippines.

## Results

We established a Pandemic Working Group (PWG) whose task was to oversee the implementation of department policies, evaluate all new cases referred for radiation therapy, provide clinical recommendations regarding patient prioritization, and assess the safety and feasibility of postponing radiation treatment for some patients, and promote the utilization of hypofractionated radiotherapy regimens when applicable. A three-tiered patient prioritization system was implemented in order to minimize the deleterious effects of unnecessary treatment delays for patients who need radiotherapy urgently, minimize the risk of exposure for patients whose treatment can be safely postponed without adversely affecting outcomes, while simultaneously reducing clinical load as the department faces a reduced workforce. We also describe changes in the staff organization, training, and support designed to prepare our workforce for the challenges of the pandemic. Infection control measures were put in place in coordination with the hospital infection control committee in order to minimize the risk of infection transmission within the department. Finally, the utilization of telemedicine and other online virtual platforms have been instrumental in maintaining open lines of communication between patients, radiation oncologists, and other members of the oncology team.

## Conclusion

The current global pandemic has dramatically affected the practice of radiation oncology in our institution and the world at large, forcing us to rapidly adapt to a volatile situation. In this report, we have shown how our institution has adopted mechanisms in order to anticipate and prevent potential problems that could force our centers to severely restrict or halt operations, with ultimate the goal of continuing the delivery of life-saving and quality-of-life-improving radiotherapy services, while at the same time protecting our staff and patients. We hope that other institutions may benefit from a similar approach.

## Country or Int. Organization

Philippines

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