COVID-19 and Cancer

Stay in touch with your cancer care team about how the new pandemic will affect you and your treatment.

June 15, 2020 By Liz Highleyman

The novel coronavirus that emerged in late 2019 (officially known as SARS-CoV-2) raises new concerns for people living with cancer, ranging from worry about whether you're at higher risk to the prospect of delayed cancer treatment.

COVID-19, the respiratory disease caused by the new coronavirus, is mild to moderate in about 80% of cases. Symptoms may include fever, cough, shortness of breath, chills, muscle pain, headache, sore throat and new loss of taste or smell. However, some people have no symptoms at all. About one in five people will develop severe disease that may progress to pneumonia and respiratory failure.

While anyone can contract the coronavirus, certain individuals are at greater risk for severe disease, namely people over age 60, those with compromised immune systems and people with underlying health conditions, such as chronic lung disease, heart disease, diabetes or high blood pressure. Some studies have found that people living with cancer may be more likely to become seriously ill.

Some chemotherapy drugs can cause a low white blood cell count (neutropenia), a temporary immune suppression that makes you more susceptible to infections. People who receive bone marrow transplants or CAR-T therapy are especially susceptible. Hormone therapy and checkpoint inhibitors, however, do not appear to increase the risk.

The pandemic may affect your treatment because hospitals are short on staff and supplies, and infection risk is higher in medical settings. Some care providers are relying more on telemedicine. If you have scheduled surgery, infusions or scans, you may experience delays, depending on the stage of your cancer. In some cases, it may be possible to receive treatment at home. If you are in a clinical trial, follow the guidance of the research staff. Most people at average risk for cancer can safely delay routine screenings, such as mammograms.

Maintain good communication with your care team to discuss the best options. If you do need to receive treatment or scans at a medical facility, the staff may employ extra safety measures.

Everyone should take precautions to prevent COVID-19, but these are especially important for

people at higher risk. A new type of test can show who has developed antibodies, but it is not yet clear whether these offer protection against the coronavirus, or, if so, how long such immunity might last. Prevention measures include staying away from people who are sick—and avoiding others if you are ill—washing your hands thoroughly, using hand sanitizer, wearing a face mask and not touching your mouth, nose or eyes. Get your annual flu shot, and ask about a vaccine to prevent pneumonia.

Social distancing will remain important even after local stay-at-home orders have been relaxed. Avoid crowds, work from home if you can and stay at least six feet away from people you don’t live with.

If you have mild symptoms, you can often manage them at home by drinking plenty of fluids and using over-the-counter fever, cough and pain medications. But check with your care team to see whether these might interfere with your cancer treatment. Get further care if you have trouble breathing. Call ahead before you go to a clinic or hospital.

Currently, no medications are approved for the treatment of COVID-19, but hundreds of studies are underway. Be cautious about rumors and overly optimistic information about treatments that have not been tested in randomized clinical trials.

Many coronavirus vaccine trials are also ongoing. Experts predict a vaccine could be available by the end of 2021.

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