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# Cancer in the time of COVID-19: expert opinion on how to adapt current practice

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**Our current thoracic oncology practice could/should be adapted to the COVID-19 pandemic by reducing time in hospital and patient contacts with healthcare workers, whilst maintaining quality of care. This letter offers expert advice on how to do so.** <https://bit.ly/2JR2IoT>

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## *To the Editor:*

The susceptibility of cancer patients to the adverse outcomes of viral infections is well known from past experiences: influenza increases the risk of hospital admission with respiratory distress four times, and the risk of death 10 times, compared with patients without cancer [1]. This risk is particularly elevated in patients with neutropenia or lymphopenia, which is often the case in patients treated with chemotherapy. In Wuhan, China, 1% of patients with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) were reported to suffer from cancer, which is more than three times the incidence of cancer in the Chinese population in 2015 [2]. In addition, in 39% of cancer patients (compared with 8% of patients without cancer), transfer to the intensive care unit was necessary, with their illness deteriorating more rapidly (13 *versus* 43 days to severe event) [2]. Chemotherapy or surgery <1 month before was an important risk factor (OR 5.34,  $p=0.0026$ ).