

HOW RESIDENTS' LIFE IS CHANGING DURING COVID-19 EMERGENCY? A REPORT FROM THE EUROPEAN INSTITUTE OF ONCOLOGY (Milan)

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During the last month our routine has been dramatically affected by the COVID-19 emergency. We are residents of the University of Milan, practicing our clinical activity at European Institute of Oncology (IEO) in Milan, one of the mostly involved city in the pandemic. Before that, as one of the biggest referral oncological Centre in Italy, we used to treat almost 200 patients per day from all over Italy.

Lombardy is the Italian epicenter of the crisis with the major number of infections and deaths: consequently, several hospitals had to concentrate their own resources to fight the diffusion of the virus and part of the physicians were engaged in Intensive Care Unit (ICU). Furthermore, the mortality of common pathologies (such as heart attack) increased due to patients' fear to access to emergency rooms. In this setting, our center has become a hub hospital for oncology.

In our Division, as radiation oncologist residents (16 residents in total, rotating in eight groups of pathology), we are involved in every step of radiotherapy (RT) treatment: tumor boards, first visit, CT simulation, planning and management of side effects related to RT.

While COVID-19 spread infection continues, we still have to maintain the same high standard of care of the pre COVID-19 era and find the balance between the risk of infection and cancer progression. In fact, oncological patients are more likely to develop severe COVID-19 infections, considering age, comorbidities, immunosuppression and fragility.

To reduce the gatherings of residents in medical rooms, we modified our routine with two daily shifts. Out of IEO, we spend the rest of the day at home, studying and following scientific research projects. Education activities and tumor boards are organized online. Some colleagues showing mild symptoms are in quarantine as a preventive measure as required by current safety standards.

Before entering the hospital, a quick triage of clinical condition with temperature control is performed. For staff, access to the Division is only permitted with proper personal protection equipment (PPE), such as surgical masks, cuffs, gloves and daily uniforms. We are aware of the importance to stay updated by everyday news and the resulting decisions of our central and regional government. In the same way, we also modified our everyday home life, avoiding contacts with our relatives to minimize risk of contagions.

Most of the available guidelines come from the WHO, national authorities, and RT and oncology societies [1-4]. In order to limit accesses in IEO, for each patient an evaluation between pros and cons of RT is done. Firstly, when possible, RT is postponed (for example adjuvant RT for breast and prostate cancer in selected cases). Furthermore, RT treatments near homes are encouraged. Finally, in case of RT in IEO, hypofractionated schedules are preferred. A three levels triage path has been settled, in which we are also involved, in order to distinguish between symptoms suspected COVID-19 vs RT side effects.

Unfortunately, it is impossible to predict when COVID-19 emergency will end. Instead, we are conscious that the battle against cancer remains of strategic importance for our health system. Our purpose is still to face this double edge sword.

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Picture: IEO residents wearing PPE and keeping the safety distance