

COVID-19 global pandemic: options for management of gynecologic cancers. The experience in surgical management of ovarian cancer in the second highest affected Italian region

Emilia-Romagna represents the second highest affected Italian region for covid infections (more than 20 000 cases). Under these circumstances, guidelines for the management of gynecologic cancer during the covid epidemic¹ suggest postponing/canceling surgery, especially for ovarian cancer. This implies a reduction in the quality of treatment of the cancer.² The solution to this issue could be to identify some covid-free areas far from hospitals with patients infected with the virus. To respond to this problem, our regional policy has transformed private hospitals in cancer centers of the NHS, and the Gynecological Oncology Unit of the Sant'Orsola Hospital, Regional Ovarian Cancer Center, has been transferred into one of these hospitals to guarantee surgical procedures at the lowest risk of infection. Before admission patients awaiting surgery were: (1) contacted by telephone and checked for symptoms related to the covid virus and submitted to swabs 48 hours before surgery (the result was available after 24 hours); (2) in the case of a negative swab, the interview was repeated by medical staff on the day of admission before surgery; (3)

no relatives were admitted into the ward; and (4) at hospital discharge patients were recommended to avoid contact for 1 month. Treatment was postponed/canceled only in cases of suspected covid infection. To date, this strategy has permitted us to adhere to surgical protocols for ovarian cancer.

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REFERENCES

- Ramirez PT, Chiva L, Eriksson AGZ, *et al*. COVID-19 global pandemic: options for management of gynecologic cancers. *Int J Gynecol Cancer* 2020;30:561–3.
- Colombo N, Sessa C, Bois Adu, *et al*. ESMO-ESGO consensus conference recommendations on ovarian cancer: pathology and molecular biology, early and advanced stages, borderline tumours and recurrent disease. *Int J Gynecol Cancer* 2019;29:728–60.