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RESHAPING OF CLINICAL PRACTICE AND REORGANISATION OF CHEMOTHERAPEUTIC PROTOCOLS DURING COVID-19 PANDEMIC: *THE INITIATIVE OF THE NATIONAL INSTITUTE OF TUMORS*

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What was done?

Some therapy protocols have been modified for the treatment of blood, gastrointestinal, lung, breast, head and neck tumors, in order to obtain equally effective patterns but with longer intervals between doses.

Why was it done?

In accordance with regional provisions and national guidelines, the initiative has had the dual objective of reducing hospital access, and potential infections, and ensuring therapeutic continuity for cancer patients.

How was it done?

Patients have been stratified on the basis of the neoplasia location and biology, the general conditions and the treatments characteristics and they have been shifted to modified treatment regimes, even outside the indications temporarily authorized by regional decision:

FROM	TO	FOR
Nivolumab 240 mg Q2W	**Nivolumab** 480 mg Q4W	Hodgkin lymphoma Non-small-cell lung-cancer Squamous cell carcinoma of the head and neck
Paclitaxel once a week	**Docetaxel** every three weeks	Breast cancer
Pembrolizumab 200 mg Q3W	**Pembrolizumab** 400 mg Q6W	Lung cancer Melanoma

…remodulation of protocols including **fluoropyridines** and **platinum coordination compounds** for gastroenteric tumors.

What has been achieved?

The schedule modification allowed a reshaping of agendas to reduce the frequency of day-hospital access and the risk of infection with Sars-Cov-2 for patients, carers and health professionals, in addition to reducing the costs of outpatient services. Treatment interruption rate, with possible consequent progression of disease, as reported by early Chinese data in the literature, has been reduced.

What next?

The extraordinary health emergency changed the clinical practice and aroused interest especially in oncology, where the evaluation of the relationship between benefits and risks associated with therapies has required greater attention because they are life-saving therapies that cause immunosuppression in patients for which the adverse course of viral infection is more frequent than that of the non-neoplastic population.

The possibility of using the modified therapy schemes has been limited only to the emergency period and has not yet resulted in an extension of the indications. The achievement of the therapeutic objective, together with the feedback that the new dosages have not led to a significant increase in adverse events compared to normal clinical practice, encourage us to hope that the indications can be extended in Italy, as has already happened in Canada and USA for the Nivolumab.