



COVID-19 outbreak [8]. Treatment varies according to the stage of HCC and various other factors and scenarios. The treatment prioritized by scrutinizing the situation and the health condition of the patient [9]. Cancer prone patients are at higher risk of getting affected by COVID-19 as their immune system is weakened because of anticancer treatments such as chemotherapy and other high dose medicines [10]. They need to be treated in COVID-19-free hospitals. The working group discussed different scenarios that must be considered to carry out the therapy for HCC patients. Patients who need liver transplant and surgical resection may be taken on priority [11]. Patients should be tested for COVID-19 before surgery. Patient who have comorbidities are easily vulnerable to COVID-19, so they must avoid from resection and treated with medicines by postponing the surgery. Radiofrequency ablation (RFA) therapy can be carried out based on the tumor characteristics and admitted the hospital only in urgent case [12]. The patients can be treated with tumor suppression therapy instead if there is lack of necessary amenities in the COVID-19 free hospitals. Trans arterial chemoembolization (TACE) should be carried based on stage of tumor. It is mandatory to evaluate the risks, complications, and benefits of TACE before taking decision about the treatment. Patients who can take advantage of systemic therapy can be considered based on performance status [13]. The no of hospital visits can be reduced and visiting interval can be increased by treating them with telephone-based consultations. Hepatic arterial infusion chemotherapy (HAIC) can benefit the patients who are not responding to the systemic therapy or advanced vascular invasion. Patients with comorbidities cannot be considered for this treatment as they get easily exposed to COVID-19 infection. The JAM-TT working group developed a CONTINGENCY GUIDE due to two reasons. First, there were shortage of resources in some areas of Japan and lack of in-patient beds to treat HCC patients due to rapid spread of COVID-19. Second, it was important to be prepared for the situation as the pandemic spreads rigorously thereby making it immensely essential to assess how to carry out treatment for HCC when there is decline of necessary services in healthcare centers [14]. With the surge in international public health emergency, cancer patients are special population who cannot be ignored. The immunity of cancer patients will be suppressed after undergoing multiple anti-tumor treatments and are more susceptible to SARS-CoV-2 infection. The data of 9 cancer patients who are infected by SARS-CoV-2 was collected from a hospital and studied. The disease was also called Novel Corona Virus Infected Pneumonia (NICP). The clinical characteristics of patients were analysed. The study indicated that severity of the disease is more in aged group and cancer comorbidity did not had direct link in extreme cases [15].

Conclusion

The work gave review about the influence of COVID-19 on HCC infected patients. The work discussed on the clinical characteristics, effects on liver enzymes, tumor characteristics which were affected by COVID-19 infection. The current survey explained the challenges being faced by healthcare industry in accommodating the HCC infected patients. HCC patients were easily vulnerable to COVID-19 infection due to lack of immunity as they undergo anti-cancer treatments along

with consumption of high dose medicines. Various case studies were carried out in the surveyed paper that gave protocols to administer cancer patients requiring immediate attention and thereby reducing the risk of exposure to infection. The current work assessed papers that delivered the approaches to manage the treatment of HCC and related liver derangements during COVID-19 pandemic.

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