Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

evidence that is updated almost in real time. One such tool is Living Systematic Reviews, in which systematic reviews are conducted leaving open a review window that allows the incorporation of new evidence as it is published and may even result in changes in the recommendations based on emergent data. These are extremely useful and pertinent to the current situation.

There is already a live repository of scientific evidence on the effectiveness of antimalarials against coronavirus infection that currently includes, among many other things, 20 systematic reviews, 4 clinical trials that report results and 115 registered ongoing randomized trials. This facilitates rapid, effective decision-making with the best and most up-to-date data available.[7]

The COVID-19 pandemic has forced us to adapt our health care and has also shown us that scientific information must be available to clinicians when they need it, which requires an immediate capacity to respond. Meeting this challenge is essential not only for the efficacy of treatments but also for their safety. Live evidence is in the running to be one of great assets of evidence-based practice of our time.

CONFLICTS OF INTEREST

G. Rada and F. Verdugo-Paiva have links with Epistemonikos and the L·OVE database for systematic reviews. All authors are members of the COVID-19 L OVE Working Group.

Azucena Santillán-García,[a,*] Rocío Bravo-Jeria,[b] Francisca Verdugo-Paiva,[b,c] and Gabriel Rada[b,c,d]

[a]*Servicio de Cardiología, Hospital Universitario de Burgos, Burgos, Spain*
[b]*Centro Evidencia UC, Centro Asociado Cochrane Chile, Pontificia Universidad Católica de Chile, Santiago, Chile*
[c]*Fundación Epistemonikos, Santiago, Chile*
[d]*Departamento de Medicina Interna, Facultad de Medicina, Pontificia Universidad Católica de Chile, Santiago, Chile*

[*] Corresponding author:
E-mail address: ebevidencia@gmail.com (A. Santillán-García).

Available online 29 May 2020

REFERENCES

1. Ioannidis JPA. Coronavirus disease 2019: the harms of exaggerated information and non-evidence-based measures. *Eur J Clin Invest.* 2020. http://dx.doi.org/10.1111/eci.13222.
2. Soria Arcos F, Romero-Puche A, Vicente Vera T. Controversias sobre el tratamiento con IECA/ARA-II y COVID-19. *Rev Esp Cardiol.* 2020;73:516.
3. Gao J, Tian Z, Yang X. Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies. *Biosci Trends.* 2020;14:72–73.
4. Gautret P, Lagier J, Parola P, et al. Hydroxychloroquine and azithromycin as a treatment of COVID-19: results of an open-label non-randomized clinical trial. *Int J Antimicrob Agents.* 2020. http://dx.doi.org/10.1016/j.ijantimicag.2020.105949.
5. Twitter. Donald Trump (@realDonaldTrump), 21 mar 2020. Available at: https://twitter.com/realDonaldTrump/status/1241367239900778501. Accessed 4 May 2020.
6. Zaidel EJ, Wyss Quintana FS, Sosa Liprandi A, et al. *Hidroxicloroquina Mensajes desde la cardiología en tiempos de pandemia por coronavirus Medicina (Buenos Aires).* 2020;80. Available at: https://www.medicinabuenosaires.com/revistas/vol80-20/destacado/revision.pdf. Accessed 4 May 2020..
7. Fundación Epistemonikos. L OVE Platform. Antimalarials for Coronavirus infection. Available at: https://app.iloveevidence.com/loves/5e6fdb9669c00e4ac072701d?question_domain=5b1dcd8ae611de7ae84e8f14&population=5e6fdab269c00e4ac072701c&intervention=5d168392daeedf730326b7ce. Accessed 4 May 2020.

https://doi.org/10.1016/j.rec.2020.05.016
1885-5857/

Cardio-onco-hematology patients' management in the context of the current COVID-19 pandemic

Tratamiento de pacientes de cardio-onco-hematología durante la pandemia actual de COVID-19

To the Editor,

In the context of the current COVID-19 pandemic, the European Association of Cardiovascular Imaging has published recommendations on precautions, indications, prioritization and protection (for parents and health care workers alike) regarding cardiac imaging studies.[1] However, in this context, there are still insufficient studies on the treatment of cardiotoxicity in patients with cancer to provide official guidelines or a consensus statement. However, the Council of Cardio-Oncology of the European Society of Cardiology has just published an expert opinion on the subject.[2] They emphasize that delaying or avoiding any care required due to the COVID-19 pandemic could result in an increased rate of adverse events. Therefore, a careful risk-benefit assessment should be made for each echocardiogram or cardiology consultation arranged, and the recommendations of the European Association of Cardiovascular Imaging should be followed.[1].

During the current pandemic, patient visits to hospital have decreased to a minimum of essential visits only. In our hospital, cardio-onco-hematology assessment of outpatients is performed in a clinic that is dedicated exclusively to this activity and that has its own echocardiography facilities. Before scheduling any in-person hospital appointment for oncology patients for requested cardiological or echocardiographic review, we carry out a telephone consultation. This telephone consultation firstly may be able to replace certain selected in-person visits, and secondly can also determine the patient's priority. In addition, due to the telephone consultation, we can detect patients with symptoms suspicious for COVID-19 before their in-person visit to organize further assessment.

It should be noted that all the cardio-onco-hematology visits have been coordinated with other essential visits to the hospital (oncology or hematology appointments, intravenous treatment, or blood tests) to ensure these are all done in the same morning and minimize the time in hospital. Patients and hospital staff use the personal protective measures recommended by the health authorities (hand washing or alcohol-based hand gel, masks etc.). Inpatient echocardiograms are performed with a different machine, also in line with the recommendations of the European Association of Cardiovascular Imaging[1].

In our hospital, with these precautions and an individual risk-benefit assessment, we have continued to assess as a priority patients whose cardiac condition may require starting or continued hemo-oncological treatment and those who develop new signs or symptoms compatible with cardiotoxicity or significant cardiovascular complications. For now, the long-term cardiotoxicity prevention programs for asymptomatic patients are being managed by telephone, and echocardiogram is delayed unless there are any concerning signs. The organization of the Cardio-Onco-Hematology Program will continue to adapt to the evolution and management of the pandemic in our hospital.

Regarding the cardiological treatment of our patients, it is important to reflect on the importance of angiotensin-converting enzyme inhibitors and angiotensin-receptor blockers not only in hypertension,[3] but also in ventricular dysfunction. It has been reported that treatment with angiotensin-converting enzyme inhibitors or angiotensin-receptor blockers could facilitate infection with coronavirus.[4] However, to date, there is an insufficient evidence base for withdrawing these treatments in patients who are already taking them. As has already been discussed in this journal, the complications of their indiscriminate withdrawal could be worse than their theoretical adverse effects.[5]

Rebeca Lorca,[a,b,*] Reyes López Triviño,[a] and César Morís[a,b]

[a]*Programa de Cardio-Onco-Hematología, Área del Corazón, Hospital Universitario Central de Asturias (HUCA), Oviedo, Asturias, Spain*
[b]*Instituto de Investigación Sanitaria del Principado de Asturias (IISPA), Oviedo, Asturias, Spain*

[*] Corresponding author:
E-mail address: lorcarebeca@gmail.com (R. Lorca).

Available online 4 June 2020

REFERENCES

1. Skulstad H, Cosyns B, Popescu BA, et al. COVID-19 pandemic and cardiac imaging: EACVI recommendations on precautions, indications, prioritization, and protection for patients and healthcare personnel. *Eur Heart J Cardiovasc Imaging.* 2020. http://dx.doi.org/10.1093/ehjci/jeaa072.
2. Council of Cardio-Oncology of the European Society of Cardiology (ESC). Routine cardiotoxicity echo screening for chemotherapy patients during COVID-19. Available at: https://www.escardio.org/Councils/council-of-cardio-oncology/News/routine-cardiotoxicity-echo-screening-for-chemotherapy-patients-during-covid-19?twitter&fbclid=IwAR2p-k6xiQGjfbihZbJ9mgKHONDnaOipjc2VyHzTzqQxJHeQPCfcYwcay2U. Accessed 29 Apr 2020.
3. O'Mara GJ. Rapid response: Could ACE inhibitors, and particularly ARBs, increase susceptibility to COVID-19 infection. *BMJ.* 2020. Available at: https://www.bmj.com/content/368/bmj.m406/rr-13. Accessed 29 Apr 2020.
4. Grupo de Trabajo de la SEC para la guía ESC ESH 2018 sobre la hipertensión arterial, Revisores expertos para la guía ESC ESH 2018 sobre la hipertensión arterial, Comité de Guías de la SEC. Comentarios a la guía ESC/ESH 2018 sobre el diagnóstico y tratamiento de la hipertensión arterial. *Rev Esp Cardiol.* 2019;72:104-108.
5. Soria Arcos F, Romero-Puche A, Vera TV. Controversias sobre el tratamiento con IECA/ARA-II y Covid-19. *Rev Esp Cardiol.* 2020;73:516.

https://doi.org/10.1016/j.rec.2020.05.017
1885-5857/