

How to Manage Febrile Neutropenia During the COVID Pandemic?

We have read with great interest the article entitled “A Practical Approach to the Management of Cancer Patients during the Novel Coronavirus Disease 2019 (COVID-19) Pandemic: An International Collaborative Group” by Al Shamsi et al. [1]. We totally agree with the recommendations made by the authors in order to prevent infections, such as wide use of granulocyte colony-stimulating factor and dose adaptations. But even if these approaches will lower the rate of febrile neutropenia induced by cancer treatments, we should anticipate life-threatening situations. The common practice is to identify patients with neutropenia who are at high risk of complications, to admit them in the hospital, and to treat them empirically with intravenous antibiotics [2–4]. But, in this context of the pandemic, all patients with febrile neutropenia will be at risk and potentially already COVID-19 positive. We think that despite the absence of a high level of evidence, in cases of febrile neutropenia, a chest computed tomography (CT) scan should be systematically performed even in the absence of a cough. This practice would be justified by the data published by Liang et al. showing that the CT lesions of COVID were more frequent in patients with cancer (94.4% vs. 70.8%, $p = .033$) [5]. Polymerase chain reaction–based biological tests could be done depending on availability and the results of the CT scan. This systematic screening of COVID-19 among febrile neutropenia can reduce intra-hospital contagion and allow early treatment.

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DISCLOSURES

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