

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

# بسم الله الرحمن الرحيم





MONA MAGHRABY



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# جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



MONA MAGHRABY

# Knowledge, Attitude and Perception of a sample of breast cancer patients towards COVID-19 pandemic

## AThesis

Submitted for partial fulfillment of Master Degree in Clinical Oncology and Nuclear Medicine

By

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#### **List of Abbreviations**

# Abbr. Full-term

**AI** : Aromatase inhibitors

**BC** : Breast cancer

**CDC** : Center for Disease Control and Prevention

**CoV** : Coronaviruses

**DFS**: Disease free survival

**ECG** : Electrocardiography

**ESMO** : European Society for Medical Oncology

**HER2** : Human epidermal growth factor receptor 2

**IHC**: Immunohistochemistry

**MERS-CoV**: Middle East respiratory syndrome coronavirus

NAC : Neoadjuvant chemotherapy (NAC

OS : Overall survival

**QoL** : Quality of life

**SARS-Cov-2**: Severe acute respiratory syndrome coronavirus 2

**SD** : Standard deviation

**SPSS** : Statistical package for social science

**TNBC**: triple negative breast cancer

**WHO**: World Health Organization

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## Introduction

Coronaviruses (CoV) include severe acute respiratory syndrome (SARS), the Middle East respiratory syndrome-related coronavirus MERS-CoV and a novel coronavirus, which was named later as COVID-19. These viruses spread on 2002, 2012 and 2019 respectively (Shahin, 2019).

In December 2019, the infection started in Wuhan, China, since then it spread across the globe (Lai et al., 2020).

On 30<sup>th</sup> January 2020, the World Health Organization (WHO) declared the current outbreak of COVID-19 (**Li et al., 2020**) and later on 11<sup>th</sup> of Mar-2020 the number of cases outside China has increased and the number of affected countries has increased, that made the WHO to declare the COVID-19 as a global pandemic (WHO, 2020).

Infection with COVID-19, till April 5<sup>th</sup>, 2021, has resulted in more than 131 million laboratory-confirmed cases of COVID-19 and more than 2,850,000 confirmed deaths (WHO, 2021).

In April 5<sup>th</sup>, 2021, there are 205,000 COVID-19 cases and 12,163 total deaths in Egypt (**WHO**, **2021**).

The COVID-19 has brought huge impacts to all people, especially to the medical and health systems. It has

also brought great challenges to the treatment of patients with cancer (Li et al., 2020) due to the nature of the cancer disease, characteristics of cancer patient (who usually have other comorbidities) and the nature of their Immunosuppressive treatments. Patients with cancer may suffer more during this epidemic period, as their immunocompromised bodies are less likely to be able to fight against the COVID-19 if they got infected (Zhao et al., 2020).

The Center for Disease Control and Prevention (CDC) has published the largest case series to date of COVID-19 in mainland China and reported a case fatality rate of 5.6% among patients with cancer (**Wu et al., 2020**).

In one study, coronavirus pneumonia had a 24% mortality in cancer patients compared to 3% in non-cancer patients (**Kim et al., 2019**).

Most chemotherapeutic agents can depress the immune system which increase infection risks for cancer patients. Cyclophosphamide, cisplatin, methotrexate and taxanes are among the most potent agents that result in bone marrow suppression in the form of thrombocytopenia, neutropenia & lymphopenia (Ménétrier-Caux et al., 2019). Lymphopenia can induce progression to pneumonia amongst patients with respiratory viral infection. (Han et al., 2021)

A study from India showed that oncology patients are more worried about cancer progression than the COVID-19 and wish to continue chemotherapy during this pandemic (Ghosh et al., 2020).

# **Aim of the Work**

OVID-19 pandemic scares everybody especially cancer patients. Some people were afraid from COVID-19 more than cancer, others were afraid from cancer more than COVID-19. This affects the treatment protocols for some patients. This is to assess the knowledge, attitude and perception among breast cancer patients to COVID-19 pandemic.

## **COVID-19**

#### 1. Epidemiology

In December 2019, a hospital in Wuhan reported a cluster of unknown severe pneumonia cases for the first time. Chinese scientists had isolated a novel coronavirus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; previously known as 2019-nCoV), from these patients with virus-infected pneumonia (**Zhou et al., 2020**). In January, 2020, the pathogen of this pneumonia was finally confirmed as severe acute respiratory syndrome coronavirus 2. (**Perlman 2020**).

#### 2. <u>Transmission</u>

Although the outbreak is likely to have started from a zoonotic transmission event, it soon became clear that efficient person-to-person transmission was also occurring (**Cui et al., 2020**). The clinical spectrum of SARS-CoV-2 infection appears to be wide, including asymptomatic infection, mild upper respiratory tract illness, and severe viral pneumonia with respiratory failure and even death, with many patients being hospitalized with pneumonia (**Zhou et al., 2020**).

## 3. Incubation period

The time from exposure to COVID-19 to the moment when symptoms begin is, on average, 5-6 days and can range from 1-14 days. This is why people who have been exposed to the virus are advised to remain at home and stay away

from others, for 14 days, in order to prevent the spread of the virus, especially where testing is not easily available (Lauer et al., 2020).

#### 4. Symptoms

The most common symptoms of COVID-19 are fever, dry cough and fatigue-(Chen et al., 2020). Other symptoms that may affect some patients include loss of taste or smell, nasal congestion, conjunctivitis (also known as red eyes), sore throat, headache, muscle or joint pain, different types of skin rash, nausea or vomiting, diarrhea, chills or dizziness (Yang et al., 2020).

Symptoms of severe COVID-19 disease include shortness of breath, loss of appetite, confusion, persistent pain or pressure in the chest and high grade fever (above 38 °C). Other less common symptoms are irritability, reduced consciousness (sometimes associated with seizures), anxiety, depression, sleep disorders, more severe and rare neurological complications such as strokes, encephalitis, delirium and nerve damage (**Hui et al., 2020**) (**Asselah et al., 2021**).

Most people infected with COVID-19 virus have mild disease and recover. Approximately 80% of laboratory confirmed patients have had mild to moderate disease, which includes non-pneumonia and pneumonia cases, 13.8% have severe disease (dyspnea, respiratory rate ≥30/minute, blood