developed for specific cancers, making notes that such guidelines are typically
needed for each individual—will better tolerate therapies that destroy cells expressing
it difficult to determine which surgeries should take priority or how to use
other shared hospital resources.
To aid in decision-making, Spratt and his team developed oncoCOVID
(see http://onccovid.med.umich.edu). The tool—linked to multiple large can-
cer registries and the Johns Hopkins COVID-19 dashboard—assesses more
than 40 factors, including patients’ type and stage of cancer, age, preexist-
ing conditions, geographic location, and the potential length of the delay. It
then estimates the risk associated with delayed versus immediate treatment.
“The motive behind oncoCOVID is to integrate this massive amount of data
into a quantitative estimate” so that patients can receive personalized care duri-
genome alterations. The hope is that patients with high-
risk acute myeloid leukemia (AML) who receive VOR33—manufactured
for each individual—will better tolerate therapies that destroy cells expressing

COVID-19 Challenges
Status Quo for Cancer Care

Due to the COVID-19 pandemic, oncologists have had to balance pa-
patients’ need for treatment with the risk of contracting the disease, somet-
times prompting them to adjust standard treatment and/or rethink its timing. Further complicating the situation, many hospitals have limited surgeries when COVID-19 cases surge and a surgical backlog once cases decrease, requiring tough decisions about the timing of operations.

Several organizations have pub-
lished recommendations to help with these decisions. But Daniel Spratt,
MD, of the University of Michigan School of Medicine in Ann Arbor,
notes that such guidelines are typically developed for specific cancers, making