The Covid-19 pandemic, which is still far from over, is continuing to take center stage in most debates on current cancer research and care. A year after Covid-19 outbreak and the first lockdown, it is clear that the disease had a heavy toll on cancer patients impacting on every stage from screening to diagnosis and treatment (1-3). With the availability of anti-SARS-CoV2 vaccines, recent debates focused also on the vaccination strategies for cancer patients and for those eligible to access oncology clinical trials (4, 5).

In our previous issue we discussed how the pandemic affected the number of new cancer diagnoses, showing a reduction compared to the same period in the preceding year (1, 6), and our authors presented some of the challenges faced from oncologists during the first wave of the pandemic (7, 8). In this issue of Annals of Research in Oncology, Lucia Fratino and Diego Serraino focus on some clear cut questions regarding SARS-CoV-2 infection, cancer, cancer therapies and immune suppression which demand attention and, possibly, guidelines, although recommendations for the management of cancer patients in the context of SARS-CoV-2 infection have been mostly produced outside the traditional “Evidence Based” benchmark because of the urgency (9).

Luigi Cavanna and colleagues, who pioneered home treatment of Covid-19 patients, report in this issue on their successful experience in a Northern Italy area, which was heavily affected by the disease during the first wave (10). Cavanna and colleagues, defined as ‘heroes of the front lines’ by the Time (11), show how the early diagnosis and treatment of the infection in cancer patients could avoid hospitalization and death in their cohort, strongly suggesting that early home management and monitoring through telemedicine should be implemented (10).

Daniela Fanni and co-authors present a case of a 63-year-old patient affected by Covid-19 with progressive respiratory failure. Histological evidence allowed the diagnosis of pulmonary capillary hemangiomatosis (PCH), which reinforces the hypothesis that the endothelial dysfunction, capillary thrombosis and neoangiogenesis induced by SARS-CoV-2 infection could evolve toward PCH, leading to the disruption of lung architecture (12).

For the launch of Annals of Research in Oncology the chief editors, Antonio Giordano and Carmine Pinto, with the Edra Chief business and content officer Ludovico Baldessin, in collaboration with the Center for American Studies (https://centrostudiamericani...
nately, this cancer type often relapses requiring sec-

ondary cytoreduction surgery, so the authors investigated whether the primary treatment could affect the pattern of recurrent disease and secondary surgery. Their study suggests that the primary treatment, consisting either of primary debulking surgery or neoadjuvant chemotherapy followed by interval debulking surgery, should be considered among the selection variables for secondary cytoreduction surgery further implementing other parameters such as clinical score based on ascites, performance status, and absence of residual disease upon primary surgery (13).

Lucia Mangone and colleagues present in this issue data from the Italian Association of Cancer Registries (AIRTUM Working Group) on the epidemiology of neuroendocrine neoplasms (NEN) in Italy. The authors collected data from thirty-eight cancer registries spanning the 1976-2012 period concerning a total of 9,707 NENs. The study showed that the incidence of NENs increased almost sevenfold since 1976 and a fifth of all cases showed an association with another cancer, which might affect clinical management decision strategies (14).

Alessandro Lambiase and colleagues review the latest advancements in the classification and treatment of ocular surface tumors, which include a range of lesions involving the conjunctiva and cornea, ranging from benign lesions to life-threatening malignancies. The authors report recent evidence that topical chemotherapy has been showing complete tumor resolution and a low recurrence rate with less injury compared to surgical removal (15).

Finally, we asked Massimo Di Maio, Professor of Medical Oncology and Secretary of the Italian Association of Medical Oncology, AIO, to comment on the value of health-related quality of life (QoL) and patient-reported outcomes (PROs) in oncology clinical trials (17). The article, written in a question & answer, interview format, will provide readers with a timely overview on the crucial need to implement clinical trials with both QoL assessment and PROs along with methodological steps that will help us to inch closer to a more patient-centered approach.
REFERENCES