NCCP guidance for Medical Professionals on the management of patients with Prostate Cancer in response to the current novel coronavirus (COVID-19) pandemic

This document relates to patients who do not have COVID-19 or are not suspected of having COVID-19.

Current events surrounding the COVID-19 pandemic are challenging and all public health bodies are placing the safety of patients, staff and communities first in all decisions.

This is an evolving situation. This advice is based on current information, it is additional to the advice of the NPHET, the HSE and the DoH, and will be updated as necessary.

The NCCP acknowledges that each hospital is working under individual constraints, including staff and infrastructure, and as a result will implement this advice based on their own unique circumstances.

The purpose of this advice is to maximise the safety of patients and make the best use of HSE resources, while protecting staff from infection. It will also enable services to match the capacity for cancer care to patient needs if services become limited due to the COVID-19 pandemic.

Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient’s care or treatment.

COVID-19 vaccination is now available and is being rolled out to priority groups as agreed nationally. More information on the vaccine and its roll-out is available online from the HSE here: https://www2.hse.ie/screening-and-vaccinations/covid-19-vaccine/getting-covid-19-vaccine.html

Information for cancer healthcare professionals on vaccinations for adult patients with cancer is available on the NCCP website at: https://www.hse.ie/eng/services/list/5/cancer/profinfo/covid-19.html.

Receipt of the vaccine (in either healthcare workers or their patients) does not eliminate the need to use appropriate PPE and to adhere to public health advice in relation to COVID-19.

1 NPHET, HSE and DoH advice

Hospitals will operate under the overarching advice of the National Public Health Emergency Team (NPHET), the HSE and the DoH. Information is available at:

- HSE HPSC - https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/
- HSE Coronavirus (COVID-19) - https://www2.hse.ie/conditions/coronavirus/coronavirus.html

The NCCP has defined a number of principles to underpin the delivery of cancer care, where this needs to be delivered outside of cancer centres or the usual designated place of care. These are outlined on the NCCP website at: https://www.hse.ie/eng/services/list/5/cancer/profinfo/covid-19.html
2 Purpose
The purpose of this guidance document is to provide guidance to medical professionals on the management of patients referred to urology clinics, patients awaiting biopsy tests and patients diagnosed with prostate cancer during the COVID-19 pandemic.

3 New patients referred to urology clinics with suspected prostate cancer

3.1 Patients classified as having a high clinical suspicion for prostate cancer
Patients classified as having a high clinical suspicion for prostate cancer following review in the Rapid Access Prostate Clinic should be referred for an MRI.

The need for MRI is at consultant discretion following review of the most urgent Rapid Access Prostate Clinic referrals following appropriate triage.

4 TRUS biopsy

4.1 All patients awaiting biopsy test
Patients defined as having a high clinical suspicion for prostate cancer should have a prostate biopsy. If a prostate biopsy is performed based on clinical need, informed consent must be obtained. If TP biopsy is available it can be considered.

PPE should be worn by the operator performing the prostate biopsy.

The following PPE is required:
- Surgical face mask
- Gloves
- Apron
- Eye protection (visor or goggles)
## 5 Risk stratification of prostate cancer patients

### Table 1 Risk stratification (NCCN, 2020)

<table>
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<tr>
<th>Risk group</th>
<th>Clinical/pathologic features</th>
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| **Very Low** | Has all of the following:  
- T1c  
- Grade Group 1  
- PSA <10 ng/mL  
- Fewer than 3 prostate biopsy fragments/cores positive, ≤50% cancer in each fragment/coree  
- PSA density <0.15 ng/mL/g |
| **Low** | Has all of the following but does not qualify for very low risk:  
- T1-T2a AND  
- Grade Group 1  
- PSA <10 ng/mL |
| **Intermediate** | Has all of the following:  
- No high-risk group features  
- No very-high-risk group features  
- Has one or more intermediate risk factors (IRF):  
  - T2b-T2c  
  - Grade Group 2 or 3  
  - PSA 10–20 ng/mL |
| **Favorable intermediate** | Has all of the following:  
- 1 IRF and  
- Grade Group 1 or 2 and  
- <50% biopsy cores positive |
| **Unfavorable intermediate** | Has one or more of the following:  
- 2 or 3 IRFs  
- Grade Group 3  
- >50% biopsy cores positive |
| **High** | Has no very-high-risk features and has at least one high-risk feature:  
- T3a OR  
- Grade Group 4 or Grade Group 5 OR  
- PSA >20 ng/mL |
| **Very High** | Has at least one of the following:  
- T3b–T4  
- Primary Gleason pattern 5  
- 2 or 3 high-risk features  
- >4 cores with Grade Group 4 or 5 |
6 Patients diagnosed with prostate cancer

6.1 Key principles
- Patients diagnosed with prostate cancer should be treated in line with National Guidelines and treatment should proceed when clinically possible and recommended by the MDT.
- Where prostate cancer surgery is considered the best treatment option then every effort should be made to facilitate this.
- Treatment of prostate cancer should not be excessively delayed.
- Hospital groups should ensure protected pathways for prostate cancer surgery.
- Utilisation of private hospital facilities is supported for urgent prostate cancer care.

Where capacity issues exist please refer to the recommendations below 6.2 – 6.5:

6.2 Recommendation for treatment of patients with low risk prostate cancer
Patients diagnosed with low risk prostate cancer should be placed on active surveillance and PSA should be reviewed in 3 months.

6.3 Recommendation for treatment of patients with favourable intermediate risk prostate cancer
Patients diagnosed with favourable intermediate risk prostate cancer could be considered for active surveillance or curative treatment depending on individual patient characteristics and risk.

6.4 Recommendation for treatment of patients with unfavourable intermediate risk and high risk non-metastatic prostate cancer
Patients with unfavourable intermediate risk and high risk non-metastatic prostate cancer that are awaiting definitive treatment should be offered curative therapy as soon as a date is available. Staging scans should be offered to the above patients.

6.5 Recommendation for treatment of patients with metastatic prostate cancer
Patients with metastatic prostate cancer should be referred for treatment to medical oncology and/or radiation oncology as recommended by the multidisciplinary team meeting.

7 Multidisciplinary team meeting
All patients should be discussed at a multidisciplinary team meeting.