

# NCCP advice for medical professionals on the management of patients undergoing Prostate Cancer Radiotherapy 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>
- DoH Coronavirus (COVID-19) - <https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/>

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 undergoing Prostate Cancer Radiotherapy during the COVID-19 pandemic.

In general prostate cancers are either low risk and delaying treatment does not impact outcomes or patients hormone treatment can be continued, keeping the cancer controlled.

## 3 Risk stratification of prostate cancer patients

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

Risk group	Clinical/pathologic features	
<b>Low</b>	<ul style="list-style-type: none"> <li>• T1-T2a AND</li> <li>• Grade Group 1 AND</li> <li>• PSA &lt;10 ng/ml</li> </ul>	
<b>Intermediate</b>	Has no high- or very high-risk features and has one or more intermediate risk factors (IRF): <ul style="list-style-type: none"> <li>• T2b-T2c</li> <li>• Grade Group 2 or 3</li> <li>• PSA 10–20 ng/mL</li> </ul>	<p><b>Favorable intermediate</b></p> <ul style="list-style-type: none"> <li>• 1 IRF and</li> <li>• Grade Group 1 or 2 and</li> <li>• &lt;50% biopsy cores positive</li> </ul> <p><b>Unfavorable intermediate</b></p> <ul style="list-style-type: none"> <li>• 2 or 3 IRFs and/or</li> <li>• Grade Group 3 and/or</li> <li>• &gt;50% biopsy cores positive</li> </ul>
<b>High</b>	<ul style="list-style-type: none"> <li>• T3a OR</li> <li>• Grade Group 4 or Grade Group 5 OR</li> <li>• PSA &gt;20 ng/mL</li> </ul>	

## 4 Recommendations for prostate cancer radiotherapy during the COVID-19 pandemic

### 4.1 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 radiotherapy is considered the best treatment option then every effort should be made to facilitate this.
- Any delay that would be expected to impact a clinical outcome in a patient should be avoided if possible and these patients should be prioritised.
- Utilisation of private hospital facilities is encouraged for prostate cancer care.

Where capacity issues exist please refer to the recommendations below:

Risk group	Radiotherapy recommendations
<b>Low</b>	Delay radiotherapy
<b>Intermediate</b>	
Favourable intermediate	Delay radiotherapy
Unfavourable intermediate	Continue/consider commencing LHRH and delaying radiotherapy
<b>High</b>	
ISUP group 3 (Gleason 4+3),	Continue LHRH and delay radiotherapy
ISUP group 4 (Gleason 4+4)	Continue LHRH and delay radiotherapy
ISUP group 5 (Gleason 9 & 10)	Treat as normal or LHRH and delay radiotherapy (treating Radiation Oncologist to decide on case by case)

- This is guidance and it is expected that individual circumstances of patients will have to be taken into account by the treating clinician. For example, patients with High Risk disease but a low presenting PSA often respond poorly to hormones and it may need to commence treatment sooner.
- All patients should have PSA monitored, and if they are starting to fail then treatment should be commenced.
- It would be desirable that patients should not be on LHRH for longer than 8 months before commencing definitive RT treatment. This may be extended to a maximum of 12 months if there is continuing issues with treatment delivery.
- It should be recognised that these are also difficult times for patient. Any delay in treatment may cause distress in the patient. Informing patients about the delay in their treatment should be handled with sensitivity and by someone who is adequately trained and informed to answer and discuss any questions/concerns that the patient may have.

## 5 Guidance development group

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