

NCCP advice for medical professionals on surgical oncology during the 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](https://www.hse.ie/eng/services/list/5/cancer/profinfo/covid-19.html) 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

NCCP remains committed to Surgical Centralisation as per Recommendation 21 in the National Cancer Strategy (2017), however, owing to the current COVID-19 pandemic, the NCCP Clinical Leads in association with RCSI and NPHET have developed the following advice.

3 Key Principles

- Cancer surgery should proceed when clinically possible and recommended by the MDT.
- Where cancer surgery is considered the best treatment option then every effort should be made to facilitate this.
- Surgical treatment of cancers should not be excessively delayed.
- Hospital groups should ensure protected pathways for cancer surgery.
- Utilisation of private hospital facilities is supported for urgent cancer surgical care.
- Each discipline of cancer surgery will identify a prioritisation for cancer surgical care.
- Where hospital groups are unable to identify safe surgical facilities within their region, NCCP will work with the HSE and relevant Crisis Management Team, the National Clinical Programme for Surgery, the DoH and the Hospital Group Management Teams to support this surgical activity being provided in other appropriate locations.

4 Recommended Surgical Oncology Procedures

- **Breast** – operate on patients with triple negative and those with larger tumours. Patients who are post neo-adjuvant chemotherapy and who are now in the surgery time-frame are one of the most important sub-groups of breast cancer patients who require surgery.
- **Colorectal** – prioritise operating on patients with lesions that potentially can obstruct, require frequent transfusions, cancers with concern about local perforation and sepsis. Thereafter, prioritise colon cancers, straight to surgery rectal cancers and those that have completed neoadjuvant chemotherapy (with a priority to those with no response to therapy).
- **Skin** – please refer to NCCP website for skin guidance:
<https://www.hse.ie/eng/services/list/5/cancer/profinfo/covid-19.html>
- **Thoracic** – early curable lung cancer should receive surgery in a timely fashion.
- **Oesophageal/Gastric** – Patients with oesophageal/gastric cancer who have completed neoadjuvant chemotherapy and those with a possible obstructing lesion should undergo surgery.
- **Neurology** – urgent surgery should continue.
- **Urology** – large renal tumours and high grade prostate cancer should have surgery. Invasive bladder tumours which require cystectomy should not be delayed longer than 6 weeks.
- **ENT/Head & Neck/Skull base/Thyroid** – surgery should proceed when clinically possible and when recommended by the MDT. Where cancer surgery is considered the best treatment option then every effort should be made to facilitate this.
- **Pancreatic** – resectable pancreatic lesions should undergo surgery.
- **Hepatobiliary** – scheduling of chemotherapy and timing of surgery may be adjusted during the pandemic to defer liver resection until conditions are more favourable for elective admission for surgery.

- **Gynaecology** – elective surgery with expectations to cure should continue, which may include: pelvic confined masses suspicious of ovarian cancer, early stage cervical cancer, high grade/high risk uterine cancer and resection of primary vulval tumour in selected patients. Where possible, interval debulking surgery for ovarian cancers may be deferred with use of further cycles of neoadjuvant chemotherapy.

5 Surgical Documents – Clinical Guidance for Surgeons

The most up-to-date versions of the COVID-19 surgical guidance documents are available at:

<https://www.rcsi.com/dublin/coronavirus/surgical-practice/clinical-guidance-for-surgeons>

<https://www.hse.ie/eng/services/list/5/cancer/profinfo/covid-19.html>