National Cancer Control Programme

NCCP advice for Medical Professionals on the management of patients undergoing Systemic Anti-Cancer Therapy (chemotherapy) in response to the current novel coronavirus (COVID-19) pandemic

1 Overview

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 receiving Systemic Anti-Cancer Therapy (SACT) and make the best use of HSE resources, while protecting staff from infection. It will also enable services to match the capacity for cancer treatment to patient needs if services become limited due to the COVID-19 pandemic.

This advice is available on the NCCP website here[1]. The NCCP asks that this advice is not posted on hospital websites or elsewhere due to the risk of out of date versions being in circulation. We would advise that sites wishing to add this advice to their own websites should link directly to the NCCP webpage. This will ensure that the correct version is available.

There is also patient advice on the NCCP website which is available here[2]. This is also updated regularly.

2 NPHET, HSE and DoH advice:

Hospitals and hospital staff 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) - www.hse.ie/coronavirus
- DoH Coronavirus (COVID-19) - https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/

[1] https://www.hse.ie/cancerinfocovid-19hcp
[2] https://www.hse.ie/eng/services/list/5/cancer/patient/covid-19.html

3 Communication with patients receiving Systemic Anti-Cancer Therapy (SACT) (Chemotherapy) for the treatment of cancer

1. Communicate with patients and support their mental wellbeing, signposting to charities and support groups where available, to help alleviate any anxiety and fear they may have about COVID-19.
2. Patients should have the opportunity to discuss and consider the following when suggested by their Consultant:
    - Proposal for a treatment deferral or treatment break
    - Modifications to their treatment to reduce the risk of immunosuppression or reduce the number of day ward attendances required to deliver the treatment
3. Patients who continue to attend for treatment should be:
    - Contacted 24-48 hours prior to their planned SACT appointment to ascertain their COVID-19 exposure status.
    - Advised to follow the relevant parts of the guidance of the NPHET, the HSE and the DoH
    - Advised to attend appointments without family members or carers, where possible, to reduce the risk of contracting or spreading the infection.
    - Advised to contact their dayward acute oncology service if they feel unwell to ensure their symptoms are appropriately assessed.
    - Informed as to the steps being taken in the hospital to reduce the risk of infection by:
        i. Minimising face to face contact
        ii. Ensuring that any patients with COVID-19 symptoms are identified for the safety of the patient and others
        iii. Minimising the time patients spend in daywards and waiting rooms

4 Advice on cocooning

Cocooning is advised for people over 70 years of age and for those who are at very high risk of severe illness from coronavirus (COVID-19) because of an underlying health condition. Cocooning is a practice used to reduce the chance of vulnerable patients coming into contact with someone who has the virus. Full advice is available on the HPSC[3] and HSE[4] websites.

Patients should ideally start to cocoon two weeks before their treatment commences.

Patients should be advised at the end of treatment as to how long they should continue to follow cocooning recommendations, according to the predicted duration of ongoing immunosuppression.

[3] Full guidance on cocooning is available here https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/COVID-19%20Guidance%20for%20extremely%20medically%20vulnerable%20groups.pdf

[4] https://www2.hse.ie/conditions/coronavirus/cocooning.html

Those with cancer who are advised to follow cocooning advice are listed as follows[5]:

- people with cancer who are undergoing active chemotherapy
- people undergoing radical radiotherapy for lung cancer
- people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of active treatment
- people having immunotherapy or other continuing antibody treatments for cancer
- people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs

5 Patients, COVID-19 exposure and treatment decisions

Information on the exposure of patients to COVID-19 will inform treatment decisions. The risk of cancer not being treated in line with the original treatment plan must be balanced with the risk of the patient being immunosuppressed and becoming seriously ill from COVID-19.

COVID-19 testing is available to patients commencing or continuing SACT on the clinical recommendation of their clinician.

In terms of COVID-19 exposure patients may:

1. Have active COVID-19 disease – these patients should have their SACT treatment deferred until they are clinically well and no longer infectious (defined by the Health Protection Surveillance Centre (HPSC) as a minimum of 10 days since onset of first symptoms and 5 days fever free[1]). Given the possibility of prolonged viral shedding in profoundly immunosuppressed patients, they should be considered potentially infectious for a period of 21 days since onset of first symptoms and receive their treatment in isolation during this period, to minimise contact with other vulnerable patients.
2. Have suspected COVID-19 disease as per the HPSC algorithms – these patients should be tested in line with the HPSC algorithm and their treatment deferred. Where there is a strong clinical suspicion of COVID-19, particularly if known to be a contact with a confirmed case, then a negative test result should be interpreted with caution due to the false negative rate. Separately, where testing turnaround time is considerably delayed, patients should be risk assessed as if they have confirmed COVID-19 disease, noting that if clinically well they can resume treatment once 10 days have passed since onset of first symptoms and they are 5 days fever free.

[5] Advice for patients is available:
https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html#cocooning
https://www.hse.ie/eng/services/list/5/cancer/news/covid-19.html

[1] National Infection Prevention and Control Guidance is available at https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/

3. Be a close contact[2] (e.g. household contact) of either a suspected or confirmed case of COVID-19 but have no symptoms. As per HPSC recommendations, close contacts of suspected cases are advised to restrict their movements until the test result of the suspect case is known. Close contacts of a confirmed case are advised to "restrict their movements[3]" until 14 days since last close contact, even where testing of the contact shows no virus detected. These patients should have their SACT treatment deferred until the 14 days[4] has passed unless it is deemed necessary that the treatment should proceed by the treating Consultant, considering the risk:benefit ratio of treatment. If proceeding with treatment the patient should receive their treatment in isolation from other patients receiving treatment.
4. Have had no known exposure - these patients should continue with their SACT treatment in line with the recommendations in Section 5 below.

6 Use of facemasks by patients in ambulatory care settings

1. Patients should be reminded that hand hygiene and social distancing remain the key measures by which they can protect themselves and others from COVID-19.
2. Face masks or face coverings are recommended for everyone attending a healthcare setting but it is not a mandatory requirement and some people may find them upsetting or uncomfortable to wear.
3. All patients attending for ambulatory oncology/haematology care, including frequent attenders for chemotherapy treatment, who wish to wear a face mask or covering should be facilitated to do so.
4. A patient may wear their own mask or face covering or they will be provided with a mask.

There is information on how to use a face covering available on the HPSC website[6]

7 Advice for Oncology/Haematology SACT Day Ward and Inpatient Wards Services

1. Consult the most up-to-day information for health care professionals on the HPSC website[7] and link with your local infection prevention and control team for specific advice.
2. Operate under the hospital advice.

[2] CLOSE CONTACTS: Any individual who, within the past 14 days, has had greater than 15 minutes face-to-face (<2 metres distance) contact with a laboratory confirmed case, in any setting. Details on the definition of close contacts is available at - https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/

[3] Restricted movements: You need to restrict your movements for at least 14 days if you live with someone who has symptoms of coronavirus, but you feel well; are a close contact of a confirmed case of coronavirus or have returned to Ireland from another country. If the person you live with has had a test and it is negative, you don't need to wait 14 days. You should still follow the advice for everyone - stay at home as much as possible. Further information on restricted movement is available at: https://www2.hse.ie/conditions/coronavirus/self-isolation-and-limited-social-interaction.html

[4] Note that due to current turnaround time for testing, contacts of suspect cases should be treated as contacts of confirmed cases for this risk assessment, rather than having a focus on the test result. This will be kept under review.

[6] https://www2.hse.ie/conditions/coronavirus/face-masks-disposable-gloves.html

[7] https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/

3. Patients receiving supportive care treatment only should have their treatment deferred based on the recommendation of their treating Consultant considering the risk: benefit ratio of treatment.
4. Patients receiving treatment for their cancer should continue treatment based on the recommendation of their treating Consultant considering the risk:benefit ratio of treatment. This should consider:
    a) The intention of treatment - balancing the risk of cancer not being treated in line with the original treatment plan with the risk of the patient being immunosuppressed[8] and becoming seriously ill from COVID-19.
    b) The level of immunosuppression associated with the proposed treatment and cancer type, and any other patient-specific risk factors particularly those with respiratory disease in addition to their cancer
    c) Patients with significant lymphocytopenia
5. Inpatient Oncology/Haematology wards: Hospitals should maintain their inpatient Oncology/Haematology wards to allow patients to continue to be cohorted appropriately. These wards may be relocated during the COVID-19 situation.
6. Out-patients / Day wards
    a) Minimise face-to-face contact by:
        - Implementing telephone or video consultations (particularly for follow-up appointments and pretreatment consultations) in line with the State Claims Agency Risk Advisory Notice - Providing Telehealth: Virtual Sessions
        - Deferring non-essential face-to-face follow up
        - Using community/home delivery services for medicines if capacity allows
        - Using local services for blood tests if possible.
        - Hospitals should consider off-site or physically separate phlebotomy services for cancer patients on SACT treatment not requiring dayward attendance
    b) Minimise time in the dayward waiting area by:
        - Careful scheduling
        - Encouraging patients not to arrive early
        - Texting patients when you are ready to see them, so that they can wait in a lower risk environment e.g. their car.
    c) Consider relocating SACT day wards to a site that can maintain a COVID-19 free environment and has an entrance for patients that is not shared with patients attending other areas of the hospital.
        - Clear governance arrangements should be in place where daywards are relocated or patients treatment location is moved
    d) SACT daywards should be reconfigured to maintain the social distancing as advised. It is acknowledged that this may result in a decrease in chairs available for treatment in some cases.
    e) Contact patients 24-48 hours prior to their planned SACT appointment to ascertain their COVID 19 exposure status.

[8] Patients may have their treatment plan modified to reduce the risk of immunosuppression

f) Consider triaging patients attending for chemotherapy in a separate area to the day ward. This triage should include confirming their COVID-19 exposure status and a temperature check.

g) Day wards should implement options to isolate patients (as detailed in Section 4 Patient and COVID-19 exposure) who are defined as a 'close contact' from other patients.

h) Consideration must also be given to the patient's means of transport to the unit, with shared transport alongside other patients to be avoided during the 14-day 'close contact' follow up.

7. Isolation facilities[9] should be prioritised for patients:
   a) With significant lymphocytopenia
   b) With significant respiratory co-morbidity

   If there are insufficient isolation facilities available, patients should be prioritised according to the expected treatment benefit
8. If a SACT service experiences capacity issues[10] due to the COVID-19 pandemic then patients should be prioritised based on treatment intent and the risk:benefit ratio of treatment. Priority should be given to the continuation of treatment for those with curative intent, including, where necessary, the transfer of a patient to an alternative location to continue treatment.

[9] Access to isolation facilities to facilitate SACT treatment, particularly in the in-patient setting, may be limited depending on service demands.

[10] Such as limited resources (workforce, facilities, intensive care, equipment)

8 Advice on future delivery of Systemic Anti-Cancer Therapy Services

Cancer services in hospitals have put many steps in place to adapt and respond to the initial challenges of dealing with COVID-19, many of which meant that a reduced and/or modified service was available. As hospitals emerge from the initial phase of the COVID-19 situation, there will be unique challenges in returning to previous service levels while continuing to respond to the constraints of the COVID-19 pandemic.

Cancer services need to consider the following areas when agreeing SACT future delivery steps as certain deferred services resume and increased diagnosis of and surgical treatment of cancers is predicted.

1. **Patients and treatment scheduling**

The next phase will see patients re-enter the hospital system who may have had delays/ deferrals to their ongoing treatment. It is important to continue to communicate with these patients and to consider the individual risk:benefit ratio of SACT when making treatment decisions with patients.

a. Consideration will be required for the COVID-19 exposure of patients[11] and options on the cohorting of patients for treatment, where appropriate, to minimise on-going risk of transmission. In all cases, national guidance should continue to be adhered to as appropriate in your service.
b. Patients should continue to be triaged 24 - 48hours prior to their planned SACT appointment.
c. Hospitals should embed the two day model of pre-SACT treatment bloods utilising community services.
d. Scheduling of assessments and appointments should ensure minimal waiting times for patients in communal waiting areas.

2. **Infrastructure**

a. Physical distancing measures will need to remain in place. This may require reconfiguration of daywards which may result in loss of capacity.
    i. Additional space and extended opening hours/days may be required to ensure that capacity is maintained.
b. Waiting rooms may also require reconfiguration.
c. Reconfiguration/ Relocation of day wards should consider;
    i. The requirement for isolation capacity including an option to create additional isolation capacity utilising existing chair/bed space.
    ii. Ensuring that the entrance is not shared with patients attending other areas of the hospital.
d. A triage area is required in a separate area to the day ward for the triage of patients attending the dayward.
e. Co-location of oncology daywards and oncology outpatients is recommended.
f. Where patients are required to attend the hospital for phlebotomy services these services should be provided in an area which supports physical distancing and minimal waiting times.
g. Telemedicine should remain in place for outpatient clinics and assessments where appropriate.
h. Inpatient beds allocated to cancer services should be cohorted.

[11] Patients may have no suspicion of COVID-19 exposure or may have active COVID-19 disease, suspected COVID-19 disease or be a close contact of either a suspected or confirmed case of COVID-19

9 Staffing and Capacity

Hospitals should maintain their cancer services staff to support the running of the cancer service.

Cancer services staff should be maintained where possible or prioritised for return from re-deployment as appropriate to the ongoing COVID-19 situation in each hospital. Additional resources may also be required to scale up services that have been deferred during the initial COVID-19 response.

Service reconfiguration as a result of the requirements outlined above will require additional staffing to support the return to previous service levels and to maintain those service levels in the future.