

Covid-19 and cancer care: bullets for cancer clinical practice

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These guidelines are a summary derived from national and international guidelines^{1,2,3,4,5,6,7}

Cautionary measures

- Cancer centers should do everything possible to continue providing high-quality cancer care to patients.
- National and institutional precautionary rules instituted in the hospitals also apply to cancer patients.
- Cancer patients should be handled as individuals with increased risk for mortality upon a Corona infection⁸.
- Patients should be informed regarding the symptoms of COVID-19 and trained in proper handwashing, hygiene, and minimizing exposure to sick contacts and large crowds.

Diagnostics

- Check incoming patients and accompanying person (one) for viral symptoms so that you can detect possibly infected patients in time.
- Perform proper diagnostics in cancer patients with fever or other symptoms of infection, including Covid-19 testing.
- In newly diagnosed cancer, it is reasonable to limit staging procedures to those essential in determining the initial treatment plan.

Treatments

- Curative therapy and systemic treatments of advanced and metastatic disease should, in principle, be continued.

Systemic treatment

- Analyze urgency for each IV administration on an individual basis, considering the indication for chemotherapy/immunotherapy and the goals of care. For example, the risk/benefit for chemotherapy in patients with untreated extensive small cell lung cancer is different from that for patients on maintenance pemetrexed for metastatic NSCLC.
- Immune checkpoint inhibitors: it may be appropriate to adjust to less frequent dosing intervals if approved.
- Maximize prophylactic G-CSF: also use for treatment regimens at a lower level of expected risk (e.g., >10% risk) to minimize the risk of neutropenic fever and the potential need for emergency care.
- Prescribe empiric antibiotics in patients who are febrile and neutropenic, but clinically stable, as determined by telemedicine. Deliver the prescription electronically.

- Transfusions: use only in serious or symptomatic cancer/treatment-related anemia. Use the minimum number of RBC units needed to relieve symptoms or make the patient safe. Avoid prophylactic transfusion in asymptomatic patients based on laboratory values-only. Maximize the use of erythropoietin-stimulating agents.
- Oral anticancer treatments: use telemedicine as much as possible and send the medication or have medicine retrieved, preferably by a patient representative at a lower risk.
- Central venous catheters/ports: flush as per routine practice q3 months.
- Stem cell transplantation and cellular immunotherapies are curative treatments for many with aggressive disease and, in many cases, cannot be delayed^{9,10}.

Surgery

- Cancer surgery is not elective, but surgical intervention also needs prioritization. For example, for breast cancer, months of endocrine therapy and delay in surgery may be appropriate for some older patients with early-stage hormone receptor-positive breast cancer^{2,11,12}. The capacity of the intensive care units available should be considered as part of decision making.

Radiotherapy

- Apply hypofractionated schedules if considered reasonable to limit patient travels and hospital contact.
- The risks of delay in treatment for patients with rapidly progressing, potentially curable tumors outweighs the risk of COVID-19 exposure/infection.
- Radiotherapy for symptom control could potentially be safely delayed if alternative and effective treatments for symptom control are available.

Clinical trials

- Ongoing clinical trials can be continued; pause the inclusion of new patients unless there might be an important immediate benefit to the patient (confer with the sponsor).
- The initiation of new trials is postponed.
- Monitors are not allowed to visit the hospitals.

Follow-up after treatment

- Follow-up consultations should be postponed or conducted by telemedicine.

Cancer prevention

- Cancer screening exams (mammograms, colonoscopy, other) are postponed

References

¹ <https://www.bsmo.be/covid-19-and-cancer/>

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- ³ <https://www.nccn.org/covid-19/>
- ⁴ <https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19>
- ⁵ [https://www.estro.org/About/Newsroom/News/COVID-19-ESTRO-statement-\(1\)](https://www.estro.org/About/Newsroom/News/COVID-19-ESTRO-statement-(1))
- ⁶ <https://www.astro.org/Daily-Practice/COVID-19-Recommendations-and-Information>
- ⁷ <https://www.astro.org/Daily-Practice/COVID-19-Recommendations-and-Information/COVID-19-FAQs#q8>
- ⁸ [https://www.who.int/publications-detail/report-of-the-who-china-joint-mission-on-coronavirus-disease-2019-\(covid-19\)](https://www.who.int/publications-detail/report-of-the-who-china-joint-mission-on-coronavirus-disease-2019-(covid-19))
- ⁹ <https://www.astct.org/connect/astct-response-to-covid-19>
- ¹⁰ <https://www.ebmt.org/ebmt/news/coronavirus-disease-covid-19-ebmt-recommendations-update-march-23-2020>
- ¹¹ https://www.breastsurgeons.org/docs/news/The_COVID-Pandemic_Breast_Cancer_Consortium_Recommendations_EXECUTIVE_SUMMARY.pdf
- ¹² <https://www.surgonc.org/resources/covid-19-resources/>