

Proposed pathway to minimise exposure to Covid 19 for patients requiring Immuno suppressant chemotherapy

Outcome of discussion on 10 June 2020

Draft version 5

Background

At the request of the South West and Peninsula Cancer Alliances, the South West Clinical Senate coordinated a discussion between clinicians from the cancer alliances and the senate, supported by expert input from Infection Prevention Control Leads and colleagues from Public Health England to agree a pathway for the delivery of immunosuppressant chemotherapy that acknowledges:

- that patients who contract coronavirus during a course of immunosuppressant chemotherapy have worse outcomes than the general population and may have a mortality rate as high as 30%
- that patients before and during their course of treatment are likely to be adhering to a strict isolation regime which is only broken to attend for treatment
- the responsibility to minimise the risk of exposure during treatment to an absolute minimum
- That the NHS Operating Framework suggests testing and isolation regimes are determined locally
- The Royal College Of Radiologists Guidance on SARS-CoV-2 antigen testing for asymptomatic healthcare workers (HCW) and patients in non-surgical oncology in the UK published the day before the discussion

The following slides represents the outcome of that discussion.

General Observations

- Rigorous implementation of universal precautions should be the mainstay of minimising transmission in both patient and staff groups.
- The pathway described is relevant while the prevalence of Covid in the general population is low and the r value is 1 or lower. The pathway will need to be reviewed if this changes.
- Currently prevalence and transmission of COVID is low in the South West. Risk of transmission can be reduced through the universal precautions of Hand washing, PPE & Social distancing such that the additional risk of coronavirus is minimised. With these measures the benefits to most patients of priority 1-4 treatments will outweigh the risks and the decision to treat should be made jointly by the oncology team and patient, taking into account personal wishes.
- The pathway takes into account the national policy context and the stage of development of testing approaches at the time. This pathway will need to be reviewed as this changes.
- The implementation of this pathway is dependent on providers being able to deliver results of swab tests in less than 48 hours to avoid disruption of pathways and potential wastage of chemotherapy agents.
- The pathway should be applied to all attendances throughout primary, secondary and community care.

Clinical pathway to minimise exposure to Covid for patients on immunosuppressant chemotherapy

Decision to treat	<p>Stratify patients by nationally agreed criteria (ref 6). Informed consent and undertakings with patients recognizing that the knowledge of the disease is changing and guidance evolving.</p>
Isolate	<p>Patients should, where possible, isolate for 14 days prior to commencing treatment and between treatments. Inability to isolate should not be a barrier to treatment. Patients should be encouraged to be vigilant for symptoms and seek advice immediately.</p>
Patient testing	<p>Swab test no more than 72 hours before each treatment course. Delay treatment for patients with positive test result or Covid symptoms. Consider restarting treatment after 7 days of onset of symptoms in patients who are well with a negative test result. Consider treatment delays in the context of patient symptoms and the priority of treatment.</p>
Staff testing	<p>All staff working in the area should declare symptoms and isolate appropriately and observe social distancing when not in PPE. Any testing of staff should be consistent with the testing strategy in the organization which will depend on local prevalence and should allow for more frequent review in areas where either patients or staff are at higher risk.</p>
Admit	<p>Check Covid screening questions and temperature with a tympanic thermometer. Covid test result from last 72 hours. Isolation areas should be used for individuals who are covid positive or are immunocompromised but treatment is clinically indicated.</p>
Treatment	<p>Universal precautions should be the priority for reducing transmission. All patients to wear a face covering. PPE for staff consistent with current guidelines.</p>
Discharge	<p>Patients should shield between treatments and for at least 6 weeks following completion of chemotherapy. This may need to be longer if prevalence or r value is increasing. Patients should be vigilant for symptoms and seek advice immediately.</p>

Contributors



Vest
Senate

Rachel Herrington	Luke Curtis Cancer Services Manager YDH	David Halpin: Vice Chair SWCS	Amelia Randle: Chair SWAG Cancer Alliance
Rachel Perry: SWCS	Mandy Pocock	Hannah Marder Cancer Services Manager UHB&WNFSFT	Andy Tometski. Paediatric Cardiologist SWCS
Claire Smith	Martin Plummeridge Cancer Lead NBT	Sadaf Haque GP Clinical Lead Gloucestershire CCG	Caroline Osbourne Lead Cancer Clinician Yeovil District Hospital
Steve Falk: Oncologist UHB&WNFSFT	Jonathan Macfarlane Associate Medical Director for Cancer RUH	Helen Dunderdale SWAG Cancer Alliance	Clare Barlow Consultant Oncologist T&S
Tariq White Managing Director SWAG Cancer Alliance	Miles Wagstaff: Paediatrician SWCS	Jane Jacobi: NICE SWCS	Ann Lyons Colorectal Surgeon NBT
Vivek Mohan Medical Oncologist UHB&WNFSFT	Neil Borley: Cancer clinical lead, Gloucestershire	Adam Dangoor: Chair SWAG Lung Cancer Clinical Advisory group	Jonathan Cullis Lead Cancer Clinician Salisbury NHSFT
Alison Wint Clinical Lead Specialised Care BNSSG CCG	Nick Pennell; Citizens' Assembly, SWCS	Belinda Ockrim: Lead Cancer Nurse YDH	John Graham Lead cancer Clinicians Somerset NHSFT
Peter Wright	Ousaima Alhamouieh: SWAG Cancer Alliance	Helen Winter: Medical oncologist at the Bristol Cancer Institute	Emma Cattell Consultant Medical Oncologist T&S
Jen Richardson	Nicola Gowen: SWAG Cancer Alliance	Caroline Gilleece: Lead cancer Nurse RUH	Ellie Devine: Manager SWCS
Patrick Nagle	Patricia Trim: SWCS	Jonathan Roberts: Consultant in Public Health PHE	Ed Nicolle Cancer Services Manager RUH
Sam Gugliani; Oncologist Gloucestershire Hospitals NHSFT	Sally Pearson; Chair SWCS	Robert Porter: IPCN RD&ENHSFT	

References

1. **NHS Operating framework for urgent and planned services in hospital settings during COVID-19. 14 May** <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/Operating-framework-for-urgent-and-planned-services-within-hospitals.pdf>
2. **Academy of Medical Royal Colleges. Principles for reintroducing healthcare services May 2020** <https://www.aomrc.org.uk/wp-content/uploads/2020/05/COVID-19-Principles-for-reintroducing-healthcare-services-0520.pdf>
3. **Cancer Alliance Information on Managing Cancer Referrals**<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/cancer-alliance-information-on-managing-cancer-referrals-19-march-2020.pdf>
4. **NHS Advice on maintaining cancer treatment during the COVID-19 response. 30 March**<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0119-Maintaining-cancer-services-letter-to-trusts.pdf>
5. **NICE guideline [NG161] COVID-19 rapid guideline: delivery of systemic anticancer treatments. Published date: 20 March 2020 Last updated: 27 April 2020** <https://www.nice.org.uk/guidance/ng161/chapter/3-Patients-known-or-suspected-to-have-COVID19>
6. **NHS Clinical guide for the management of non-coronavirus patients requiring acute treatment: Cancer . 23 March** <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/specialty-guide-acute-treatment-cancer-23-march-2020.pdf>
7. **COVID-19 mortality in patients with cancer on chemotherapy or other anticancer treatments: a prospective cohort study.** Lee. Lancet published online 28 May 2020
8. **National UK Coronavirus Cancer Monitoring Project on 02/06/2020**
9. **Guidance on SARS-CoV-2 antigen testing for asymptomatic healthcare workers (HCW) and patients in non-surgical oncology in the UK. June 2020 . Royal College of Physicians** <https://www.rcr.ac.uk/sites/default/files/guidance-covid19-testing-asymptomatic-hcw-patients-oncology.pdf>