

COVID-19 Rapid Guideline: Delivery of Radiotherapy (NG162)

What you need to know

NICE have published new COVID-19 rapid guidelines in relation to the delivery of radiotherapy treatments. The purpose of the guideline is to maximise the safety of patients with cancer during the COVID-19 pandemic, while protecting staff from infection. The guideline provides guidance on a number of aspects including:

Communication with Patients:

- Communicate with patients and support their mental wellbeing, signposting to support groups and charities where available, to help alleviate any anxiety and fear they may have about COVID-19.
- Minimise face to face contact; using methods such as telephone/ video consultations. Utilise home delivery or drive through pick up points for medication and local services for blood tests if possible.
- Advise all patients to contact their cancer team rather than NHS111 if they feel unwell, to ensure their symptoms are appropriately assessed.

Patients not known to have COVID-19:

- Ask patients to attend appointments without family members or carers
- Minimise time in the waiting area, by careful scheduling, encouraging patients not to arrive early for appointments and text patients when the clinician is ready to see them.

Patients known or suspected to have COVID-19

- For patients with known or suspected COVID-19, do not use COVID-19 alone as a reason to cancel radiotherapy.
- When patient with known or suspected COVID-19 have been identified follow the appropriate government guidance on infection prevention and control.

Patients with symptoms of COVID-19 at presentation

- Be aware that patients having radiotherapy for certain cancer treatments are immunocompromised and may have atypical presentations of COVID-19. If patients have fever, with or without respiratory symptoms, suspect neutropenic sepsis.
- Advise all patients to contact their local cancer chemotherapy helpline if they feel unwell to ensure their symptoms are appropriately assessed.
- If COVID-19 is later diagnosed in someone not isolated from admission or presentation, follow the government guidance on actions required when a case was not diagnosed on admission.

Grouping and Separating Patients to reduce risk

- To minimise cross infection, set up and review facilities and treatment schedules so that patients can be scheduled for treatment based on their COVID-19 status. Options include:
 - Scheduling treatment for patients with known or suspected COVID-19 at a specific time of day
 - Scheduling treatment for patients who are particularly at risk of severe illness from COVID-19 at a different time from patients with COVID-19
 - If possible, have separate entrances and facilities for patients who have / suspected of having COVID-19

Prioritising Radiotherapy Treatments

- When considering the prioritisation of radiotherapy treatments, consideration should be given to the risk of cancer not being treated optimally with the risk of the patient becoming seriously ill from COVID-19
- Patient specific risk factors should be considered including comorbidities and the risk of the patient becoming immunosuppressed
- Use the NHS England's speciality guide for the management of cancer patients during the coronavirus pandemic.

What you can do

- Consider modifications to usual care to reduce patient exposure.
- Consider individual treatment plans and discuss the risks and benefits of changing treatment schedules with patients, their families and carers.

Full guidance: <https://www.nice.org.uk/guidance/ng162>