

COVID-19 Rapid Guideline: Delivery of systemic anticancer treatments (NG161)

What you need to know

NICE have published new COVID-19 rapid guidelines in relation to the delivery of systemic anticancer 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. A number of aspects are included in the guidance 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.

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

- When patients 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 systemic anticancer treatments are immunocompromised and may have atypical presentations of COVID-19. Also, symptoms of COVID-19, neutropenic sepsis and pneumonitis may be difficult to differentiate at initial presentation.
- Advise all patients to contact their local cancer chemotherapy helpline if they feel unwell to ensure their symptoms are appropriately assessed.
- If patients have fever, with or without respiratory symptoms, suspect neutropenic sepsis because this can be rapid and life threatening.

Prioritising patients for treatment

- When prioritising patients for treatment take in to account the level of immunosuppression associated with individual treatment and cancer types, and any other patient specific factors. Balance the risk of cancer not being treated optimally with the risk of the patient being immunosuppressed and becoming seriously ill from COVID-19.

Treatment Breaks:

- It is proposed that the current treatment break policy will not be applied during the COVID-19 outbreak
- Where a treatment break is needed clinicians should complete the approval form to restart treatment, indicating that the patient had a break because of COVID-19.

What you can do

- Consider modifications to usual care to reduce patient exposure.
- Consider the delivery of systemic anticancer treatments in different and less immunosuppressive regimes
- Discuss the risks and benefits of changing treatment regimens or having treatment breaks in with patients, their families and carers.
- Ensure you are aware of new guidance as it is published; the Quality Governance team will provide updates as and when new guidance is published from NICE.

Full guidance: <https://www.nice.org.uk/guidance/ng161>