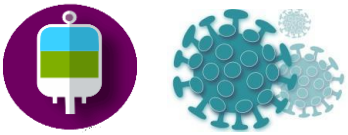
Document Information

Guidance:

Covid-19: Treatment with SACT: Principles for Clinical Decision Making



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This guidance is intended to lay out the principles for prioritizing SACT patients during Covid-19.

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This guideline should be read in conjunction with the following guidance:

- SACT Daycase Contingency Principles

- SACT Escalation Guidelines.

This guidance will be updated regularly. Please ensure that the most recent version is utilised.

1. Introduction

1.1 The aim of this guideline is to support senior clinicians in their decision making as to whether SACT treatment should be initiated or continued in patients during the Covid-19 Pandemic of 2020.

1.2 These guidelines have been developed taking into account:

- The risks to patients of receiving SACT Treatment with toxic side-effects during the Covid-19 Pandemic and
- That in some patients the benefits of receiving SACT will be reduced or negated compared to the risks of acquiring Covid-19 and
- Given that it is expected that NHS Wales capacity to safely manage these patients will be significantly reduced during the pandemic.

1.3 This guideline outlines principles by which senior medical staff should make their decision in order to ensure appropriate care for the whole of the patient population of Velindre Cancer Centre and the wider population of SE Wales.

1.4 This guideline cannot stipulate at individual patient level whether a patient should or should not proceed/ continue with SACT Treatment. This must be an individual decision made collaboratively between the patient and their Consultant/ senior medical staff.

1.5 All decisions made as to whether treatment should continue or proceed should be clearly documented within the patient's medical records on Canisc.

1.6 This guidance is applicable to all patients who are managed by VCC.

2. General principles – All SACT regimens

2.1 Patients who have self-isolated following Public Health Wales advice on displaying mild Upper Respiratory Tract Infection symptoms can be considered to (re)-initiate SACT treatment when their symptoms have resolved and if considered clinically appropriate.

2.2 Patients who have been significantly unwell with signs/symptoms of Covid-19 should be carefully re-assessed before (re)-initiating SACT treatment. Decision to be Consultant led.

3. General Principles - Cytotoxics and Immunotherapy SACT regimens

3.1 The risks and benefits of patients initiating or continuing cytotoxic and/or immunotherapy based SACT regimens should be carefully considered in all patients, and in particular patients:-

- Who are considered vulnerable to developing Covid-19 as stated by Public Health Wales
- Who have a Performance Status of >1
- Whose SACT regimen toxicity profile is significant and risks hospitalisation e.g. risk of neutropenic sepsis or
- Whose treatment is beyond 1st line palliative treatment.

3.2 Utilise regimens which are less hospital intense to reduce hospital stays/visits/ contact period/ risk of toxicity as appropriate e.g.

- Choose oral SACT regimens instead of parenteral regimens
- Omit drugs if acceptable, e.g. single agent carboplatin instead of paclitaxel/carboplatin
- Consider need for on-going maintenance treatments e.g. cetuximab for Head and Neck
- Consider shorter chemotherapy regimens e.g. carboplatin instead of cisplatin.

3.3 Do not significantly change prescribing habits as this may cause disruption with the pharmaceutical supply chain without first liaising with Pharmacy: e.g. do not increase usual numbers of cycles of oral SACT which are prescribed.

4. Treatment Intents

Radical / Primary Definitive patients

4.1 To maintain dose intensity and reduce risk of sepsis, G-CSF may be prescribed if clinically appropriate.

4.2 VCC will endeavour to teach patients to self-inject during this pandemic to reduce the burden on District Nurses.

Adjuvant/Neo-adjuvant patients

4.3 Consider the risk: benefit ratio of treatment. Do not initiate if benefit is borderline or risk outweighs benefit. Currently risks are thought to be higher than usual. E.g. ≤5% absolute survival improvement **may** not be considered of sufficient benefit to initiate SACT.

4.4 Ensure that patients understand that the decision not to proceed with adjuvant cytotoxic/immunotherapy SACT means that they will not be offered adjuvant therapy once the risks associated with Covid-19 have reduced i.e. treatment is omitted as opposed to deferred.

4.5 For adjuvant treatment consider reducing planned number of total cytotoxic SACT treatment cycles e.g. plan 4 cycles instead of 6 where clinically appropriate

Palliative patients

4.6 Consider reducing planned number of total cytotoxic/immunotherapy SACT treatment cycles, e.g. plan 4 cycles of SACT for palliative patients instead of continuing until disease progression.

4.7 Palliative patients in whom you suspect disease progression over the next few weeks/ months please refer to community palliative care (stating reason for referral) PLUS add a short anno within CANISC summarising the patients disease state and your expectation i.e where a patient has a limited life expectancy and limited further treatment options this should be documented in the patient's notes.

Where a DNA CPR discussion has been held with the patient, this should also be documented, preferably in the **Alert** tab CANISC notes.

5. General principles – Immunotherapy SACT Regimens

5.1 Consider risk: benefit ratio which will vary according to disease site and consider duration of treatment response.

5.2 Choose single agent immunotherapy regimens where clinically acceptable rather than combined chemotherapy-immunotherapy regimens or combination immunotherapy regimens.

5.3 Consider the risk of developing immune related toxicities and the capacity of NHS Wales to manage these on initiating and patient assessment throughout treatment.

6. General principles – Oral Targeted Therapies

6.1 Where clinically appropriate continue treatment with oral targeted therapies/ preferentially choose to initiate patient on targeted therapy according to NICE/AWMSG guidance where appropriate.

7. Related guidance

NHS England: Clinical Guide for the management of cancer patients during the coronavirus pandemic.

17 March 2020 Version 1. Approval Ref: 001559

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Specialty-guide_Cancer-and-coronavirus_17-March.pdf