COVID-19 cancer services response

Position paper

Background

Coronaviruses are a large group of viruses that can cause illnesses ranging from a mild common cold to severe disease such as Severe Acute Respiratory Syndrome (SARS CoV). The novel coronavirus disease (COVID-19) was recently identified in December 2019 and is caused by the newly identified SARS CoV-2. Understanding the behaviour and impact of COVID-19 is still developing. Current data indicate COVID-19 transmission occurs most commonly through person-to-person transmission in the form of respiratory droplets transmission. The incubation period ranges between one to 14 days, with screening and containment measures being the most effective in slowing the virus spread. The symptomology of COVID-19 is moderately severe in the general population and is highly transmissible. The clinical presentation of COVID-19 includes fatigue, fever and dry cough, with the symptoms generally milder in children than adults\(^1\).

Introduction

Some types of cancer and treatments such as chemotherapy can weaken the immune system and may increase risk of any infection, including with SARS-CoV-2, the virus that causes COVID-19. During cancer treatments there will be times when there is an increased risk of infection. Adults and children with serious chronic health conditions, including cancer, are at higher risk of developing more serious complications from contagious illnesses such as COVID-19\(^2\).

The current COVID-19 pandemic has created an unprecedented environment in which to maintain and provide optimal cancer care to people affected by cancer in Western Australia (WA). Health services are making frequent adjustments to the prioritisation of care by reappraising the risk-benefit ratio of some non-curative treatments through assessment on a case-by-case basis.

It is acknowledged that service providers are having to make challenging decisions regarding the provision of care for patients as the capacity for cancer diagnosis and treatment are impacted by the COVID-19 pandemic.

Urgent and curative treatments have not been impacted at the time of drafting this document. These guidelines are based on the current available knowledge of the transmission of COVID-19 and may change as more evidence becomes available.

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Purpose of the document
The purpose of this paper is to:

- provide links for clinicians to national and international guidance, literature and policies to support decision making;
- maximise the safety of patients with cancer; and
- support the best use of WA Health resources, while protecting staff from infection.

Health Service-specific information for health care workers managing COVID-19
The COVID-19 situation is changing frequently – advice will be updated and circulated to staff in a timely manner via WA Health intranet pages. Check regularly for the most current advice and protocols.

East Metropolitan Health Service (EMHS)

North Metropolitan Health Service (NMHS)

South Metropolitan Health Service (SMHS)

WA Country Health Service (WACHS)

WACHS WINGS is available to find a flight for regional patients who cannot find a flight on the regular patient transport. Freight options include chemotherapy and pharmaceuticals, again if usual transport methods are unavailable.

Department of Health
Information for people affected by cancer

Information for people affected by cancer regarding:

- Cancer and COVID-19 is available at the:
- Palliative Care in the context of COVID-19 is available at the Palliative Care WA website: https://palliativecarewa.asn.au/

Cancer services during the COVID-19 pandemic

As provision of care for patients is impacted by the COVID-19 pandemic, cancer services will:

- Reduce physical attendance at hospitals for cancer patients to mitigate unnecessary exposure, including:
  - providing telephone and videoconference consultation, wherever possible;
  - linking cancer patients with local pharmacies to facilitate telephone scripts.
- Utilise Multidisciplinary Teams (MDT) to consider alternate treatment pathways for cancer patients as usual services are diverted to the COVID-19 response.
- Maintain adequate records and tracking of patients who are offered alternate treatment pathways to assist recommencement of optimal care pathways once usual services resume.
- Manage symptoms of cancer outside of the hospital system wherever possible.

Clinicians may need to work in unfamiliar environments or outside of their subspecialist areas. WA Health acknowledges the profound psychological impact these decisions will have on patients, their families and loved ones, and those providing their care. The following attachment may provide some structured support in the management of distress and decision making:
Prioritising patients for treatment

From 28 April 2020, the Australian Government eased restrictions on elective surgery. Sites are transitioning back to full capacity services, whilst allowing for:

- Social distancing requirements for patients in wait rooms and throughout facilities.
- Patient reticence over attending hospital sites or engaging with general practitioners for referral.
- Interregional travel restrictions that may still be in place.

Modifications to usual and optimal care pathways

Optimal Care Pathways (OCPs) are national guidelines that promote best practice cancer care for specific cancer types. OCPs describe the key steps in a person’s cancer journey and expected standards of care at each stage. Tumour specific OCPs are available from https://www.cancer.org.au/health-professionals/optimal-cancer-care-pathways.html

WA Health acknowledges the impact COVID-19 may have on the ability to comply with OCPs and that innovative practice may be required to:

- Reduce patient exposure to COVID-19.
- Adjust service availability due to workforce; facility; equipment and logistical constraints.
Record keeping and decision sharing

All decisions made to alter cancer patient’s treatment from the usual optimal care pathways must be documented and justified. In order to safe-guard health care workers and patients the following should occur:

- Make decisions for the priorities of care as part of a MDT, where possible, and ensure each patient is considered on an individual basis.
- Record the rationale for the decision in the patient's medical record.
- Clearly communicate, with written documentation where possible, what the priorities for care are and the justification to patients, their families and carers.
- Clearly communicate, with written documentation where possible, what the priorities for care are and the justification to primary care providers.

Guidance and links

The Cancer Australia website contains links to advice from national and international peak bodies and colleges across multiple aspects of the cancer care continuum to support the management of cancer patients during the COVID-19 pandemic. This site is updated daily to reflect the latest peak body guidance for cancer care:


Additionally, the following specialty-specific links may be helpful:

Screening and diagnosis

- Royal College of Pathologists of Australasia: https://www.rcpa.edu.au/

Surgical patients

- Royal Australasian College of Surgeons guidelines for management of surgical patients during COVID-19:
  https://www.surgeons.org/media-centre/coronavirus-information-hub#Trainee%20update

- NICE Clinical guide for the management of non-coronavirus patients requiring acute treatment: Cancer, 23 March 2020, version 2:

Systemic cancer treatments

- American Society of Clinical Oncology:
- Australian & New Zealand Children’s Haematology/Oncology Group:
  https://anzcho.org/
- Society of Gynecologic Oncology:

health.wa.gov.au
The Lancet Oncology: https://www.thelancet.com/journals/lanonc/home

Radiation therapy

- Royal Australian and New Zealand College of Radiologists – Faculty of Radiation Oncology: https://www.ranzcr.com/our-work/coronavirus#pracG
Referral to palliative care and end of life care
The WA Cancer & Palliative Care Network has well-established pathways for referral to palliative care services in WA, as well as documentation and guides to support Goals of End of Life Care and Advance Care Planning.

The following links include clinical decision-making support tools for health care workers:

- Supportive and Palliative Care Indicators Tool (SPICT™): [https://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/End%20of%20Life/Goals%20of%20Care/PDF/SPICT.pdf](https://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/End%20of%20Life/Goals%20of%20Care/PDF/SPICT.pdf)

Conclusion
Cancer services and practices continue to be impacted by an evolving clinical environment that is still in a state of flux. There will be a need to monitor and respond to potential and real issues that result from COVID-19 on the entire health system and Western Australian community.

This document has been developed using the best available evidence and resources and is believed to be accurate at the time of publication. Information in this document is subject to change and it is essential that users of this document ensure they are accessing the most up to date online publication.

Requests to update information and links can be made via email to WACPCN.COVID19CancerResponse@health.wa.gov.au

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This document can be made available in alternative formats on request for a person with disability.

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