NICE National Institute for Health and Care Excellence

COVID-19 rapid guideline: delivery of systemic anticancer treatments

NICE guideline

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Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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Overview

The purpose of this guideline is to maximise the safety of patients with cancer and make the best use of NHS resources, while protecting staff from infection. It will also enable services to match the capacity for cancer treatment to patient needs if services become limited because of the COVID-19 pandemic.

This guideline is for:

- health and care practitioners

- health and care staff involved in planning and delivering services

- commissioners

The recommendations bring together

- existing national and international guidance and policies

- advice from specialists working in the NHS from across the UK. These include people with expertise and experience of treating patients for the specific health conditions covered by the guidance during the current COVID-19 pandemic.

NICE has developed these recommendations in direct response to the rapidly evolving situation and so could not follow the standard process for guidance development. The guideline has been developed using the interim process and methods for developing rapid guidelines on COVID-19. The recommendations are based on evidence and expert opinion and have been verified as far as possible. We will review and update the recommendations as the knowledge base and expert experience develops.

1 Communicating with patients

1.1   Communicate with patients and support their mental wellbeing, signposting to charities and support groups where available, to help alleviate any anxiety and fear they may have about COVID-19.

1.2   Minimise face-to-face contact by:

- offering telephone or video consultations (particularly for follow-up appointments and pretreatment consultations)

- cutting non-essential face-to-face follow up

- using home delivery services for medicines if capacity allows

- introducing drive-through pick-up points for medicines

- using local services for blood tests if possible.

1.3   Tell patients who still need to attend services to follow relevant parts of UK government guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults.

2   Patients not known to have COVID-19

2.1   Ask patients to attend appointments without family members or carers, if they can, to reduce the risk of contracting or spreading the infection.

2.2   Minimise time in the waiting area by:

- careful scheduling

- encouraging patients not to arrive early

- texting patients when you are ready to see them, so that they can wait in their car, for example.

3 Patients known or suspected to have COVID-19

3.1 When patients with known or suspected COVID-19 have been identified, follow appropriate UK government guidance on infection prevention and control. This includes recommendations on patient transfers, transport and options for outpatient settings.

3.2 All healthcare workers involved in receiving, assessing and caring for patients who have known or suspected COVID-19 should follow UK government guidance on infection prevention and control. This contains information on using personal protective equipment (PPE), including visual and quick guides for putting on and taking off PPE.

4   Patients with symptoms of COVID-19 at presentation

4.1   If a patient not previously known or suspected to have COVID-19 shows symptoms on presentation, the general advice is to follow UK government guidance on investigation and initial clinical management of possible cases. This includes information on testing and isolating patients.

4.2   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.

4.3   Advise all patients to contact their local cancer chemotherapy helpline (rather than NHS 111) if they feel unwell to ensure their symptoms are appropriately assessed.

4.4   Screen and triage all patients to assess whether they are known or suspected to have COVID-19, or have been in contact with someone with confirmed infection.

4.5   If patients have fever (with or without respiratory symptoms), suspect neutropenic sepsis because this can be rapid and life-threatening, and follow the NICE guideline on neutropenic sepsis, which recommends:

- referring patients with suspected neutropenic sepsis immediately for assessment in secondary or tertiary care

- treating suspected neutropenic sepsis as an acute medical emergency and offering empiric antibiotic therapy immediately.

4.6   If COVID-19 is later diagnosed in someone not isolated from admission or presentation, follow UK government guidance on actions required when a case was not diagnosed on admission.

5   Staff who are self-isolating

5.1   If a healthcare professional needs to self-isolate, ensure that they can continue to help by:

- enabling telephone or video consultations and attendance at multidisciplinary team meetings

- identifying patients who are suitable for remote monitoring and follow up and those who are vulnerable and need support

- carrying out tasks that can be done remotely, such as entering data.

5.2   Support staff to keep in touch as much as possible, to support their mental wellbeing.

6 Prioritising patients for treatment

6.1 Use table 1 to help inform prioritisation if patients need to be prioritised for systemic anticancer treatment. Take into account:

- the level of immunosuppression associated with individual treatments and cancer types, and any other patient-specific risk factors

- capacity issues, such as limited resources (workforce, facilities, intensive care, equipment)

- balancing the risk of cancer not being treated optimally with the risk of the patient being immunosuppressed and becoming seriously ill from COVID-19.

Table 1 Prioritising patients for systemic anticancer treatment

Priority level	Categorisation based on treatment intent and risk:benefit ratio of treatment
1	Curative treatment with a high (more than 50%) chance of success
2	Curative treatment with an intermediate (15% to 50%) chance of success
3	Non-curative treatment with a high (more than 50%) chance of more than 1 year extension to life
4	Curative therapy with a low (0% to 15%) chance of success or non-curative therapy with an intermediate (15% to 50%) chance of more than 1 year extension to life
5	Non-curative therapy with a high (more than 50%) chance of palliation or temporary tumour control and less than 1 year expected extension to life
6	Non-curative therapy with an intermediate (15% to 50%) chance of palliation or temporary tumour control and less than 1 year expected extension to life

Table adapted from NHS England's clinical guide for the management of cancer patients during the coronavirus pandemic.

6.2 Make prioritisation decisions as part of a multidisciplinary team and ensure each patient is considered on an individual basis. Ensure the reasoning behind each decision is recorded.

6.3   Clearly communicate, with written documentation if possible, what prioritisation is and the reason for the decision to patients, their families and carers.

7 Modifications to usual service

7.1 Think about how to modify usual care to reduce patient exposure to COVID-19 and make best use of resources (workforce, facilities, intensive care, equipment).

7.2 Try to deliver systemic anticancer treatment in different and less immunosuppressive regimens, different locations or via another route of administration where possible. Options include:

- switching intravenous treatments to subcutaneous or oral alternatives where this would be beneficial (subject to agreement with commissioners)

- using shorter treatment regimens

- decreasing the frequency of immunotherapy regimens, for example moving to 4-weekly or 6-weekly

- providing repeat prescriptions of oral medicines or other at-home treatments without patients needing to attend hospital

- deferring treatments that prevent long-term complications such as bone disease

- using home delivery of oral medicines where possible (but check the resilience of home care providers)

- using treatment breaks for long-term treatments (possibly for longer than 6 weeks).

7.3 Make policy decisions about modifications to usual care at an organisational level.

7.4 Ensure each patient is considered on an individual basis by the multidisciplinary team. Record the reasoning behind each decision.

7.5 Discuss the risks and benefits of changing treatment regimens or having treatment breaks with patients, their families and carers.

7.6 Think about retraining nurses who have moved to other cancer nursing specialist roles to be systemic anticancer therapy (SACT) nurses (using the UK Oncology Nursing Society SACT Competency Passport) and provide

supervision.

7.7   Retrain nurses who:

- have administered SACT within the previous 2 years

- have completed theoretical training (such as the passport or accredited course)

- complete the relevant passport clinical competencies with a practice assessor.

Treatment breaks

7.8   It is proposed that the current treatment break policy, which applies to both Cancer Drugs Fund (CDF) and non-CDF treatments, will not be applied during the COVID-19 outbreak.

7.9   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. The request will be approved even if their disease has progressed, providing the clinician indicates there is a reasonable chance that disease control can be regained on restarting treatment. It is expected that the response to treatment will be reviewed 2 or 3 cycles after restarting. If disease control has not been regained treatment should be stopped.

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