

COVID-19 Oncology Protocol

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INTRODUCTION

THIS GUIDANCE DOCUMENT WILL CONTINUE TO CHANGE AS NEW EVIDENCE BECOMES AVAILABLE.

This document provides direction to all NSHA Cancer Care Program (CCP) staff and physicians regarding oncology service adjustments in response to the COVID-19 pandemic. This has been informed by NSHA Cancer Care Program clinical leadership as well as by other cancer agency pandemic plans and approved by NSHA Clinical Medical Advisory Committee and Emergency Operations Committees.

This is supplemental to general NSHA guidance and is specific to **adult** medical and radiation oncology and malignant hematology patients across the NSHA. This document does not address the needs of surgical oncology patients. Please refer to [all NSHA Covid-19 guidance](#).

Guidance for [pediatric oncology and hematology patients](#) will come from the IWK and the Atlantic Provinces Pediatric Hematology Oncology Network (APPHON).

It is recognized that there is a need to treat cancer patients during a pandemic.³ Resources may affect the capacity for centres to treat nearly as many patients as usual. Determining which patients will be treated may be necessary. It is also recognized that patients with cancer can be immunocompromised and therefore at a greater risk of infection with poorer outcomes.¹

Please note that as of March 31st, New Brunswick facilities will no longer be accepting new Nova Scotia cancer patient referrals. Nova Scotia patients currently being treated in New Brunswick will be allowed to cross the provincial border to continue their treatment. Processes have been implemented at the QEII Cancer Centre and Northern Zone to accommodate Nova Scotia residents who under normal circumstances would be seen and treated in New Brunswick.

GENERAL PRINCIPLES

1. The NSHA Cancer Care Program will continue to provide care and treatment to oncology patients as well as provide support for our front-line teams:
 - Cancer Site Team case conferences will continue. Case conferencing will be by Skype. No in person case conferencing will occur.
 - Processes to support discussion/decision making regarding exceptional status drug requests, and other drug-related issues will continue but may be modified.
2. Patients will be screened for COVID-19 according to [NSHA guidance](#) and [NSHA Quick Reference Guide for Ambulatory Clinics](#).
 - 2.1 Patients will be contacted the day before their scheduled appointment and screened for 'pandemic-related symptoms' using the [Oncology Pre-Appointment Screen Script](#).^{1,3}
 - 2.2 Radiation Therapy patients will be contacted before their CT simulation appointment and before their first day of treatment. Radiation Therapy Departments will put processes in place to ask patients to inform them if they develop symptoms between treatment appointments. Patients will be checked for symptoms each treatment day.
3. For patients on active treatment who exhibit pandemic related symptoms or require self-isolation because of travel as per current Public Health advisories or contact with a confirmed patient, continuing treatment will be at the clinical judgment of the attending physician. Arrangements must be made prior to such visits to minimize exposure to other patients and staff. Arrangements will be made for COVID-19 testing if applicable.
4. To protect staff and other patients, follow NSHA Infection Prevention & Control (IPAC) [Point of Care Risk Assessment](#) and [aerosol generating medical procedures](#) guidance for those patients attending a clinic who have pandemic-related symptoms thought to be cancer-related or a treatment side effect, in case the patient does have an infection.^{3,4}
5. Wherever possible, care that can be provided remotely (e.g. telephone, telehealth) should be provided remotely.¹
 - Laptops with Real Presence software installed will be provided to physicians who are in self-isolation to support virtual care clinics through the robust telehealth system.
 - Virtual Oncology visits are preferred where possible.
 - Toxicity assessments will be done by telephone when appropriate.
 - Zoom for Healthcare should be used when neither a telephone nor Telehealth appointment is feasible.
 - Refer to [CCP Appointment Decision Tree](#).
6. All group teaching/education sessions are suspended until further notice.
 - Patients newly starting systemic therapy can be directed to [online learning modules](#) and/or provided with one-on-one teaching with an oncology nurse.

7. All volunteer programs will be suspended until further notice.
 - Support rooms are closed.
8. A system to determine a priority for consultation and treatment of patients with cancer is necessary to have a consistent approach for all facilities across the province.
9. Laboratory, diagnostic imaging and other medical services used in the decision making and management of cancer patients will have limited services available.
 - 9.1 Restrict laboratory testing to urgent or testing required for immediate diagnosis and management of chronic illnesses.⁴
 - 9.2 COVID-19 tests cannot be prioritized by the microbiology laboratory for cancer patients; they will be processed as received.⁴
 - 9.3 Once completed, all lab and DI test results will be available in Millennium, the Clinical Portal and SHARE portal. Do not call the lab for results.⁴

FOR ALL ONCOLOGY CLINICS AND PATIENTS

This section applies regardless of phase of pandemic prioritization.

1. Teams will put processes in place to review patient lists and determine which patients can be managed by telephone, video, etc.¹
2. All patients will be called prior to their appointment to screen for possible COVID-19 infection/other infections using the [Oncology Pre-Appointment Screen Script](#).^{1,3}
 - 2.1 The script and [documentation](#) for pre-screening assessment will be updated as required to reflect best evidence and recommendations.
3. Refer to [COVID-19 Oncology Telephone Guide](#) to determine appropriate actions when receiving phone calls from patients.
4. Urgent referral to COVID-19 Assessment Centre will be arranged for any patients that meet the criteria for testing either during an in person or telephone assessment, including pre-appointment screening assessment.
 - 4.1 For patients identified as requiring COVID-19 testing during a telephone assessment, [fax referral form](#) to the nearest [COVID-19 Assessment Centre](#) and request for Centre to contact patient with an appointment for screening.
 - 4.2 If operationally feasible, COVID-19 testing can be performed in an oncology clinic.
5. For patients in clinic who are potentially symptomatic for COVID-19 or have been potentially exposed to COVID-19, refer to the [COVID-19 Oncology Ambulatory Care Clinic Guide](#) to determine appropriate actions.
6. Staff working in oncology ambulatory care clinics should wear a surgical mask as per [NSHA guidelines](#).

PATIENT PRIORITY STRATIFICATION

- In the event pandemic prioritization is required, [COVID-19 Oncology Patient Priority Stratification](#) will be implemented.

NEW PATIENTS^{2,3}

For definitions of priority levels, refer to [COVID-19 Oncology Patient Priority Stratification](#).

- New patient intake and triage should continue for cancer patients in the ambulatory care setting, *subject to increased disease transmission protection protocols*, including:^{2,3}
 - A revised new patient triage process for new patient referrals in the event pandemic prioritization will be required. A process to review referrals to determine priority 1, 2 or 3 should be established.
 - Priority 1 patients should be contacted with an appointment.
 - Consider if the patient needs to be seen in person or if an appointment over the phone or video might suffice.
 - Priority 2 patients should have a phone consultation to explain the process for appointments. Patients should be put on a list and informed that they will be contacted again for an appointment when it becomes safe to do so.
 - Provide the patient with a number to call if the clinical condition changes.
 - Priority 3 patients will not be accepted at this time.
- COVID-19 screening criteria should be completed prior to first patient appointment.
 - If the patient is symptomatic for COVID-19, the appointment should be delayed unless such a delay could compromise patient's outcome from cancer.⁷

FOR SYMPTOMATIC PATIENTS

1. **For patients who meet testing criteria for COVID-19, all treatment will be on hold pending test results unless it is deemed to be a life-threatening situation.**³
 - 1.1. **If COVID-19 negative:** Proceed with treatment at the discretion of treating oncologist.
 - 1.2. **If COVID-19 positive:**
 - 1.2.1. Curative/significant prolongation of survival intent treatment or significant expectation of improved quality of life: Careful risk-benefit analysis of urgency of treatment initiation versus treatment delay with close monitoring of condition and consideration of treatment when asymptomatic. Consider age and risk of severe COVID-19- related complications.

- 1.2.1.1. To protect staff and other patients, follow NSHA IPAC [Point of Care Risk Assessment](#) and [aerosol generating medical procedures](#) guidance for those patients attending a clinic who have pandemic-related symptoms in case the patient does have an infection.
 - 1.2.2. Palliative intent treatment: Reassess after 14 days self-isolation.
2. As soon as staff become aware of a symptomatic patient, refer to the [COVID-19 Oncology Ambulatory Care Clinic Guide](#) to determine appropriate actions including:
 - 2.1. Instruct the patient to wash their hands, don a mask and re-wash their hands.
 - 2.2. Isolate patient on [contact](#) and [droplet](#) precautions and don [appropriate PPE](#) (gloves, gown, mask and face shield).
3. On patient discharge from the clinic or treatment area, clean any contact points in clinic (e.g. chair, table, care equipment) with a hospital-grade disinfectant (virucidal product).

FOR ASYMPTOMATIC PATIENTS

1. **Asymptomatic patients who have travelled outside the Maritime Canada (NS, NB, PEI) within the past 14 days, or who have been in close contact with someone who has tested positive for or suspected of having COVID-19, or who live in a [community or facility cluster](#):**
 - 1.1. If the patient is clinically well:
 - Curative/significant prolongation of survival intent treatment or significant expectation of improved quality of life: Proceed at the discretion of the treating oncologist.
 - 1.2. Palliative-intent treatment: Delay treatment until 14 days of self-isolation is complete.
2. **Asymptomatic patients who have been in close contact with someone who has travelled outside of Nova Scotia within the last 14 days:** proceed as per standard oncology principles for all patients regardless of treatment intent.
4. As soon as staff become aware of a patient who has been potentially exposed to COVID-19, refer to the [COVID-19 Oncology Ambulatory Care Clinic Guide](#) to determine appropriate actions including:
 - 4.1. Instruct the patient to wash their hands, don a mask and re-wash their hands.
 - 4.2. Place the patient on [contact](#) and [droplet](#) precautions and don [appropriate PPE](#) (gloves, gown, mask and face shield).

TREATMENT-SPECIFIC ADJUSTMENTS

Systemic Therapy Adjustments

1. Bisphosphonate:
 - All bisphosphonate treatment for adjuvant breast cancer is delayed until further notice.
 - Bisphosphonate treatment for multiple myeloma will be assessed on an individual basis.
 - All bisphosphonate treatment for solid tumor bone metastases being delivered on a monthly schedule will be changed to a once every 3 month schedule unless the patient is coming for systemic therapy more frequently.
 - Bisphosphonate treatment for hypercalcemia will not be delayed.
2. Telephone toxicity assessments can be done for more than one cycle of systemic therapy. The oncologist-primary nurse team will determine how many sequential telephone toxicity assessments can be performed for each patient. Policy Statement 4 [CL-ON-001 Toxicity Assessment by Telephone for Patients Receiving Chemotherapy for Cancer](#) is suspended until further notice.
 - These will be recorded in OPIS as PHONE visits (not TELTOX).
3. All non-urgent appointments including non-treatment decision appointments (e.g. scan review, endocrine therapy review for breast/prostate cancer, long-term follow-up, etc.) will be changed to telephone appointments or delayed until further notice.
4. For patients followed by Gynecologic Oncology, only new patients and those on active treatment will be seen.
5. All patients on systemic therapy who have been given a Yellow or Orange Alert Card will also be given a [COVID-19 Pandemic Instructions for Cancer Patients on Active Treatment Card](#) at their first face to face appointment.

Radiation Oncology Adjustments

1. Regular review clinics are suspended. Only patients with concerns, symptoms or side effects will be seen.¹
 - 1.1 Whenever possible, follow-up appointments and new consultations will be conducted via virtual care to avoid patients having to visit a cancer centre in person.
2. It should be possible to determine, at the time of consultation, whether the risks of the pandemic infection outweigh the risks of delaying treatment for that individual patient. It should be noted that a delay in instituting radiation treatment should be as short as possible, so the decision rests on an assessment of relative risks for an individual patient.³
3. Adjust current protocols favoring hypofractionated or short-course regimens or a course of hormone treatment, for example in selected patients with breast or prostate cancer prior to commencing with radiotherapy, when appropriate.¹⁰

Cervical Cancer Prevention Program and Colposcopy Adjustments

Refer to [Cervical Cancer Prevention Program and Colposcopy COVID-19 Service Adjustments](#).

PATIENTS WITH FEVER OR OTHER SYMPTOMS OF INFECTION

1. Patients with a fever (suspected febrile neutropenia) or new cough (suspected pneumonitis) who are currently on systemic therapy and/or have been directed to carry a Yellow or Orange Alert Card should still present to the nearest Emergency Department for assessment.
 - 1.1 If patient has presented in clinic and is suspicious for febrile neutropenia, refer for urgent blood work and assessment following standard clinic processes. Refer for urgent COVID-19 testing if [criteria](#) met.
2. Patients on active treatment for cancer with a fever or new cough who have not been instructed to carry a Yellow or Orange Alert Card (e.g. hormonal therapy, radiation therapy) should call the cancer clinic during regular clinic hours for a telephone assessment with the clinic team to determine appropriate response.
3. Patients not currently on treatment for cancer or with a history of cancer should contact 811 for advice and possible referral to a COVID-19 Assessment Centre.
 - 3.1 . Patients with a history of receiving radiation therapy to the chest (lung, breast) who have tested negative for COVID-19 and still have a fever and/or cough, notify radiation oncologist.

COMMON AREAS (e.g. waiting rooms)

1. To minimize number of people in waiting rooms, patients will be instructed during the pre-screening call not to report to cancer centre or clinic until their appointment time.
 - 1.1. Instruct Full Bladder/Empty Rectum patients to do their voiding/drinking prior to arriving for their appointment. If patients are traveling for their appointment, they will be instructed to drink their water and wait in their vehicle until their appointment time.
2. Recognizing the fine balance between the real needs for emotional support and the implications of spreading COVID-19 in our treatment areas to vulnerable patients, the following visitor/companion policy will be implemented at 0800 Tuesday March 24:

Except under exceptional circumstances (e.g. mobility concerns, substitute decision maker in place, etc.) patients must attend appointments alone as per [NSHA guidelines](#).⁴

- 2.1. Inpatients
We are encouraging the family members of cancer patients to adhere to the no-visitor restriction. If a patient has unique physical, emotional or cognitive complexity we will make an exception and allow one visitor to be present.
- 2.2. Treatment
We are not permitting companions in the treatment venues, as the physical layout makes social distancing difficult and the vast majority of patients are immunocompromised.
- 2.3. Ambulatory Clinics
In keeping with cancer centers across Canada, the NSHA cancer care program will permit patients who are having their **first appointment** to bring one companion with them.

We will also be giving the option to join in via phone/video should companions not wish to enter the facility. For subsequent clinic visits, we are asking patients respect the no visitor restriction but will make exceptions if the patient has unique physical, emotional or cognitive complexity impacting their ability to attend alone.

3. Seat patients at least 2 metres (6 feet) apart from other people in waiting rooms and treatment areas.
4. Wipe down chairs between patients.
5. Remove loose, shared items including patient brochures and tablets and any food and drink from waiting rooms.
6. Clean and disinfect work areas, including keyboards, frequently as per NSHA guidance.

SUPPORTIVE/PSYCHOSOCIAL CARE:

Canadian Cancer Society Services (CCS)

1. Suspended Services:
 - All in person CCS programs are suspended until further notice, including hosting of support groups.
 - The CCS Wig Bank and Breast Prosthesis Services are suspended until further notice.
2. Online self-care support programs will continue to run, visit:
<https://wellspring.ca/nova-scotia/>

Lodging

Refer to [Lodging Alternatives for Cancer Patients during COVID-19 Pandemic](#).

Support to Stop Smoking

1. Tobacco-Free Nova Scotia offers personalized and non-judgmental support with trained counsellors to help patients quit tobacco use. All services are free and confidential.
 - Direct patients to <https://tobaccofree.novascotia.ca/> for more information, instead of calling 8-1-1 until this pandemic is resolved. [Fax referrals](#) from clinics are not affected.

References

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3. Ontario Health Cancer Care Ontario. Pandemic planning clinical guideline for patients with cancer. March 10, 2020.
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6. BC Cancer Agency. COVID-19 and cancer treatments- information for patients. March 22, 2020. Retrieved from: <http://www.bccancer.bc.ca/about/news-stories/news/2020/covid-19-and-cancer-treatments>
7. Cancer Care Manitoba. Approaching treatment for our patients: Guide for CCMB medical oncologists, hematologist, and radiation oncologists on decision making in the context of the COVID-19 pandemic. March 18, 2020.
8. BC Cancer Agency. Provincial cancer clinical management guidelines in pandemic situation (COVID-19). March 24, 2020. Retrieved from: <http://www.bccancer.bc.ca/health-professionals-site/Documents/BCCancerPandemicClinicalManagementGuidelines.pdf>
9. American Society of Clinical Oncology. COVID-19 patient care information. Retrieved from: <https://www.asco.org/asco-coronavirus-information/care-individuals-cancer-during-covid-19>
10. American Society for Radiation Oncology. COVID-19 FAQs. Retrieved from: <https://www.astro.org/Daily-Practice/COVID-19-Recommendations-and-Information/COVID-19-FAQs#q6>

**COVID-19 PANDEMIC INSTRUCTIONS FOR CANCER PATIENTS ON
ACTIVE TREATMENT CARD**

Note: This is in effect only during the COVID-19 pre-screening process in the Emergency Departments across NSHA

If you have a fever of 38°C or higher when you are home after your cancer treatment, and/or develop a new cough, present to the Emergency Department (ED) directly.

1. **Self-identify** at the door that you are a cancer patient on active treatment.
2. **Present your orange/yellow alert card.**
3. Wash your hands and put on a mask while waiting to be triaged and treated.

If you get turned away from the ED, call hospital locating at **902-473-2222** (mainland Nova Scotia) or **902-567-8000** (Cape Breton) and ask for the oncologist/hematology-oncologist on call.