Pandemic Plan – Clinical guidelines for cancer patients

Prepared by Oncology Services

April 3, 2020 (final version)

RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

Pandemic Plan – Clinical aspect of oncology services

1. PLANNING HYPOTHESES

The worldwide impact of coronavirus disease (COVID-19) and the virus that causes it (SARS-COv-2) involves specific planning for cancer patients. In many cases, cancer is potentially fatal if left untreated. The unpredictability of the pandemic requires a flexible plan that will adjust actions in a timely fashion to protect the health of the staff and physicians providing this complex, critical care.

The most vulnerable people are: patients 70 and over, patients with chronic illness(es), immunosuppressed patients and healthcare professionals.

The NB Cancer Network has asked the oncology programs in New Brunswick (Horizon and Vitalité) to prepare themselves using as a basis Cancer Care Ontario's pandemic plan (March 10, 2020, version). A second source of reference was also suggested, this one by BC Cancer Care.

During a pandemic, the following have been proposed and agreed on by Oncology Services (management team and physicians):

- System capacities will become limited and there will be several waves that may last for weeks. The overload will be felt in outpatient settings (monitoring clinics, local and community systemic therapy clinics), but also in unit 4D (24 beds) and the lodge (45 beds). The 45 beds for companions were eliminated.
- During the height of the pandemic, a significant number of care staff and physicians will be sick or unable to come to work (family obligations, school closures, fear, etc.).
- Care staff will be deployed (based on their knowledge and expertise) first to the most critical areas in Oncology. The expertise required to treat oncology patients in the various coming waves will not allow for redeployment of employees and medical staff anywhere except within Oncology Services. Nurses certified in administration of antineoplastics, nurse navigators, clerks specialized in using the MOSAIQ system, physicians and radiation therapists cannot be replaced if they fall ill. Operations in the centre will not be able to start back up without this specialized workforce.
- This pandemic plan aims not to protect oncology patients from the complications of COVID-19 but rather to protect society as a whole and care staff during a period

of crisis while recognizing that the system will have to function with sharply reduced resources.

- Use of the seven community systemic therapy (CST) sites, as well as homecare (EMP), should be maximized.
- Clinical guidelines are mainly for patients who are not infected (SARS-COv-2) and require oncology care.
- Oncology patients who present at a Vitalité facility for a cause not related to oncology will be treated following Vitalité's pandemic plan.
- Infection prevention guidelines issued by infectious disease specialists shall be adopted by Oncology Services.
- A classification system is needed to ensure that a consistent approach is used everywhere in the province while allowing a certain flexibility based on local circumstances and available resources.
- It is important to remember that cancer patients may present with symptoms or complications due to their cancer treatment that may resemble or mask the symptoms of COVID-19. This will be communicated to the ERs and their staff should consult an oncologist if need be.

2. ETHICAL GUIDELINES

The principles of justice will be applied in a situation of respect for the patient's decisions, the expected benefits and ongoing efforts to not do patients any harm. Ethical principles are based on scientific knowledge as it stands when the decisions are made. These principles imply that patients will be treated fairly, according to their needs and the effectiveness of treatments available with existing physical and human resources.

Needs will be assessed according to the severity of the medical condition and the anticipated benefits of treatments.

Vitalité Health Network also intends to offer guidelines on the subject.

It is possible but not very likely that the waves will occur such that other oncology centres will be able to help, depending on which geographical regions are affected. This is why it is important to have a similar plan in the province, in the Atlantic Provinces and in Québec.

The guidelines apply to the following Oncology Services:

- Breast health centre (screening and treatment, high-risk clinic)
- Radiation therapy services
- Medical oncology services
- Regional hematology division
- Gynecologic-oncology services
- General oncological surgery services
- Community systemic therapy (7 satellite sites)
- Inpatient unit 4D
- Palliative care clinic
- Mgr Henri Cormier lodge
- Edmundston breast clinic

3. PRIORITIES FOR ACCESS TO EACH ONCOLOGY SERVICE:

Breast health centre

- Screening services are suspended during the pandemic as per the decision of the surgical and radiology sectors.
- A patient who has already been screened with an abnormal result, high risk of cancer or lower risk, will be seen based on the directives of the Network and the phase of the pandemic.
- All genetic clinics are suspended during the pandemic, as per the decision of genetic services.

Palliative care – clinic

- The clinics are cancelled and follow-up will be by telephone. In cases of extreme pain, certain patients may possibly be seen. The decision to hold a clinic will be made with the palliative care specialist physicians.

Radiation Therapy (to be translated into French if required)

Table 1 – Criteria for prioritizing clinical cases depending on the wave of the pandemic

Prioritization Level	Treatment Required Within	Radiation Therapy
1	1 day	• Emergencies: cord compressions, life threatening bleeding, circulatory or respiratory obstruction.

2	7 days	• Curative intent RT for:
		  • Squamous cell cancer of the Head & Neck, Cervix, Anus or Esophagus
		  • Aggressive and intermediate grade Lymphoma
		  • Bladder cancer
		  • Small cell cancers
		  • Neoadjuvant RT for rectal cancer with a 5 day regimen
		  • Pediatric cases.
		• Palliative RT for intractable symptom from cancer in patient with > 6 week life expectancy

3	14 days	• Other curative-intent RT in whom there is clinical or radiographic evidence of gross tumour present that is not otherwise specified • Neoadjuvant RT for sarcoma, locally advanced breast and rectal cancer with a 25 day regimen • Adjuvant or prophylactic RT for indications associated with a survival benefit • Curative RT for good prognosis gliomas • Palliative RT for indications not otherwise specified in patient with > 6 week life expectancy
4	28 days	• Curative intent RT to the low and intermediate risk Prostate cancer • Adjuvant RT indications that are not associated with a survival benefit (e.g. DCIS of the breast) • Benign CNS lesions (pituitary, meningioma (other than optic meningiomas) • Palliative RT for poor prognosis gliomas/glioblastomas • Prophylactic palliative RT for asymptomatic lesions • RT for low grade lymphoma • SABR for asymptomatic oligometastatic disease • Palliative RT for brain metastases in cases where there is a systemic options with potential CNS control • Non-melanoma skin cancer • Palliative RT for symptom from cancer that are currently reasonably controlled with other methods
5	>28 days	• Very Low risk prostate cancer • Adjuvant RT for low risk DCIS Palliative RT near end of life (<6 weeks survival) • Non-threatening meningiomas • Patients in whom treatments other than radiation are options to replace or defer radiation (e.g. hormonal therapy in selective patients with prostate cancer or with low risk luminal A breast cancer or women over 70 years of age with low risk cancer).
6	>28 days	• Elective non-malignant cases. • Heterotopic bone • Hyperplastic soft tissue lesions: peyronie's disease, Dupuytren's contracture) • Minimal risk acoustic neuromas, • Arteriovenous malformations

BC Cancer Care – Criteria for Clinical Prioritization During Covd-19 Pandemic (20 March 2020)

TABLE 2 – Phases of prioritization

Phase	Prioritization Levels
0	No prioritization restrictions
1	Only patients in Levels 1-5 will be prioritized for treatment per time frame
2	Only patients in Levels 1-4 will be prioritized for treatment per time frame
3	Only patients in Levels 1-3 will be prioritized for treatment per time frame
4	Only patients in Levels 1-2 will be prioritized for treatment per time frame

**The leadership team has to be consulted to see if they've defined a system by pandemic phase.*

Oncological surgery (gynecologic oncology/ general surgery)

- Priority is based on procedures to save the patient's life and for which the prognosis is good.
- Cases of high dose HDR brachytherapy based on the availability of the operating room.

Systemic Therapy

Prioritization level	Systemic Therapy
1	Emergencies: chemosensitive malignancy causing or at high risk of organ function compromise (e.g. airway obstruction, spinal cord compression, bowel obstruction, severe debilitating symptoms, severe potentially reversible metabolic derangement)
2	Limited or extensive stage small cell carcinoma • Curative intent treatment for germ cell cancers and lymphoma • Neoadjuvant treatment where there is high likelihood of enabling surgical cure and high level evidence supporting that treatment (e.g. locally advanced breast cancer) • Patients eligible for dual modality treatment with curative intent (e.g. squamous cell cancer of the head & neck, cervix cancer, bladder, and lung cancer)
3	Palliative therapy for patients who have moderate to severe symptoms • Patients being considered for adjuvant treatment where the absolute reduction in risk is ≥ 10%.
4	Palliative therapy for patients that have no or minimal symptoms • Patients being considered for adjuvant treatment where the absolute risk reduction is less than 10% but greater than 2%
5	Palliative therapy where there is minimal expected benefit from patient factors (e.g. those with poor performance status ≥3) and/or for whom the benefits of systemic therapy are minimal (e.g. response rate <10%, median PFS/OS benefits <2 months) • Patients being considered for adjuvant treatment with an absolute risk reduction of less than 2% (e.g. adjuvant bisphosphonates)

	• Patients who are on palliative intent therapy and have been on the same regimen for > 6 months will be considered for treatment interruption or lengthening the interval between treatments
6	Not applicable

BC Cancer Care – Criteria for Clinical Prioritization During Covd-19 Pandemic (20 March 2020)

Unit 4D

- Follow the Health Network's directions for patients already admitted.
- Consultations and assessments will be made by the GPO and oncologists.
- In a situation where there are no more hospital beds, outpatient systemic treatment may be considered with additional precautions.

Lodge

- Follow the Health Network's directions for patients already admitted, possibly adapted for patients at home (proposal in Appendix 3).
- All patients in the lodge are assessed by the various oncologists/GPO using the same type of priorities as mentioned in the tables, based on the phase of the pandemic.
- Levels of priority will be set by the Network management based on the resources available so as to ensure optimal continuity of care in a period of pandemic (patients from outside the province and northern NB need housing in order to receive their radiation therapy treatments and/or concomitant systemic therapy).

Clinical research

- Suspend recruitment until further notice during the pandemic.
- There are currently active patients in the MAC.21 and PALLAS studies.
- In order to follow the directives from Vitalité concerning outpatient clinics, it will be up to the discretion of the senior investigator (or their delegate) whether to have the patient come to their appointment or not. If the appointment is cancelled, they will follow up with the patient by telephone. A nurse will also follow up by telephone. PO medications may be mailed directly to the patient once the prescription is signed off in MOSAIQ.

4. OPERATING RECOMMENDATIONS

The existence of a pandemic has a major impact on operating processes in Oncology Services. The following sections present the anticipated changes to normal processes.

4.1. Asymptomatic patients

4.1.1. New patients

- New referrals / consultations will be triaged and patients will have an appointment based on the level of priority in the tables on previous pages.

4.1.2. Patients in treatment

- Triage station at the entrance to the Oncology Centre (see Appendix 1), similar to that used by the Network.
- For systemic therapy, telephone triage the day before the appointment to make sure that the patient doesn't have any Coronavirus symptoms.
- Patients already in treatment will continue therapy according to the criteria in the tables of priorities.
- Use the MOSAIQ system to create a computerized list of patients whose treatment plan will be modified in order to start up activities again after the pandemic without forgetting anything.
- A process of follow-up by nurses will be established to monitor patients who have been assessed by oncology but are awaiting treatment. Satellite units (GPO) will also participate in triaging their patients.
- See Appendix 1 – Triage process (as of March 18); modifiable if needed.
- See Appendix 2 – Emergency measures for systemic therapy

4.2. Symptomatic patients (potential COVID-19)

- Except in a life-or-death situation, a patient presenting with symptoms reminiscent of COVID-19 wil not be treated in the Oncology Centre or a satellite site.
- Patients with an infection related to the pandemic will not be seen at the clinic. Follow-up will be by telephone.
- If a patient absolutely has to be seen at the Oncology Centre, an infection prevention protocol will be carried out (protective equipment and decontamination), in collaboration with Microbiology.
- A process was established for a patient whose symptoms are doubtful but probably related to the cancer treatment.

4.3. Communication with patients

- After receiving directives from the physician, the clerical staff shall advise the patient of the need to change the schedule.
- If necessary, the nurses will follow up with patients by telephone.
- A guide to communication is being developed for the staff.
- Patients still have access to the main line for Oncology Services.

4.4. Lodge

- The following measures were put in place:
    - No admission to the lodge except for active and immediate treatments deemed necessary by the treatment team.
    - No one is to leave the lodge grounds (including on weekend passes)
    - No companions.
    - The five common rooms will be closed to the group, but four people will be assigned to each common room on a pre-set schedule.
    - All social activities were eliminated (e.g.: BBQ, movie, etc.)
    - Plan with Dietary Services for on-site meals. Eliminate self-service in the kitchen. Schedule established to reduce the number of patients at meals. Process assessed with Dietary Services for using the refrigerator.
    - Kitchen (chairs and tables) rearranged to follow recommendations for social distancing.
    - Remove the blankets washed by staff at the lodge (other items will go through the Vitality Health Network's usual process).
    - Add staff to serve patients.
    - Offer a smoking cessation program.
    - Every patient shall sign an agreement to abide by the rules and will lose lodge privileges if they violate them.
    - Appointments will be coordinated to avoid admissions to the lodge for simple appointment with two different specialists or for a one-day treatment.
    - See Appendix 3 – Proposal to mitigate risks with patients in the lodge

4.5. Clinical records

- Patients will have to call in to obtain personal information. Information will be mailed or faxed.
- No charts will be brought into examining or treatment rooms (potential contaminations).

4.6. Unit 4D (oncology)

- This unit adjacent to the location designated (4E) to receive COVID-19 patients will have to be clearly separated in order to prevent serious contaminations of our high-risk (immunosuppressed) clientele. Patients receiving systemic therapy anywhere except in 4D pose a challenge because the central pharmacy isn't connected to the oncology pharmacy. Measures were set up in MOSAIQ to ensure the quality and safety of prescriptions. Advanced nursing skills also need to be maintained.

4.7. Staff room

- More frequent cleaning – daily.
- Move furniture to observe social distancing.
- Staff meal schedule adjusted to reduce the number of people in the room.
- To be reviewed as the pandemic evolves.

4.8. Cleaning plan

- A continuous clinical cleaning plan for essential cases will be set up in all Oncology Services, including satellite sites. Consultation with Environmental Services is required, but it is expected that staff will have to carry out some of these tasks (already under way).

4.9. Participation in the CAPCA (Canadian Association of Provincial Cancer Agencies) group

- Weekly participation in the CAPCA group to learn how the country's other oncology centres are functioning during the pandemic. Anticipated shortages of supplies will be discussed at this level.

5. CRITERIA FOR CEASING TREATMENT

5.1. Radiation therapy

- If there isn't enough staff specialized in the various steps of planning and administering treatment, then treatments will have to cease (treatment planning and administration include a number of steps in a very complex process, and interrupting any aspect of this means that care cannot continue).
- A process of referral to another centre could be considered, depending on where the pandemic has gotten to (e.g.: Oncology Centre in Saint John).
- A human resources management model has been developed to guide the team.

5.2. Systemic therapy

- Systemic therapy services would cease to function at any site if there was an insufficient number of qualified nurses and/or pharmacy staff to meet standards for preparation and administration of antineoplastics.
- Systemic therapy services depend on the availability of prescribed medications. Treatments will be prioritized in collaboration with the oncologists. The pharmacy is also essential for preparing medications and should not be deployed elsewhere.
- To the extent possible, patients will be triaged and referred to a site that can accommodate them if a systemic therapy clinic is not in service.
- A human resources management model has been developed to guide the team.

5.3. Surgical oncology

- Directives with respect to surgeries are determined by the surgery program in cooperation with the Head of Oncology affected.

6. DECISION-MAKING STRUCTURE IF THE MANAGEMENT OF VITALITÉ IMPOSES A PANDEMIC PHASE

Sectors	Methods of review and priorities	Responsible for the decision
Medical oncology case	**Case conferences (Vitalité and Horizon)**	- **Level of care advisory group** - **Medical director and patient's oncologist**
Hematology-oncology case	**Case conferences by advisory group**	- **Level of care advisory group** - **Medical director and patient's oncologist**
Radiation oncology case	**Daily assessments between radiation oncologists and nursing care teams**	- **Medical director and patient's oncologist**
Gynecologic oncology case	**Advisory group if necessary**	- **Level of care advisory group** - **Medical director and patient's oncologist**
Breast cancer case	**Multi interdisciplinary medical and nursing team**	- **Level of care advisory group** - **Surgeon and specialist oncologist (onco and/or radiation oncologist)**

Social distancing shall be maintained and videoconferencing will be used if needed.

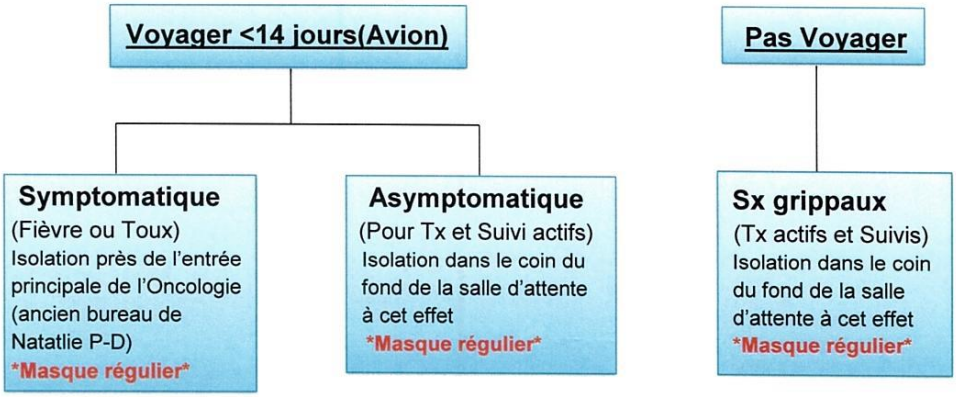
APPENDIX 1 – Triage process at the Oncology Centre and community outpatient systemic therapy clinics in line with recommendations from Public Health.

2020-03-18

Consignes pour patients avec rendez-vous au Centre d'Oncologie

- Aucun accompagnateur sauf si nécessaire pour se mobiliser, déficit cognitif ou consultation
- Tous patients et accompagnateur (si exception permise) doit être trié par une infirmière à l'entrée principale du Centre d'Oncologie demandant s'ils ont voyagé à l'extérieur du pays dans les derniers 14 jours ou s'ils ont des symptômes grippaux (Fièvre ou toux)
- Tous patients voulant aller ailleurs dans l'hôpital sauf la Clinique du Centre de la Santé du Sein sera détourné par l'entrée de l'Urgence

- Pour tous patients en Oncologie avec les conditions suivantes :



Le patient doit être placé en isolation avec l'Équipement de Protection Individuelle (ÉPI) et avisé le médecin traitant par la suite de la situation avant son rendez-vous.

Équipement de Protection Individuelle (ÉPI) pour le patient:

- Port du masque régulier (Jaune)
- Lavage de mains (ć gel alcoolisé)
- Port des gants et jaquette

*****Masque régulier seulement remis aux patients avec symptômes grippaux ou qui ont voyagé à l'extérieur du pays dans les dernier 14 jours.*****

APPENDIX 2 – Directives to medical oncology satellite units

Mesures d'urgences pour les centres d'oncologie de Vitalité

La division d'hématologie tentera dorénavant de vous envoyer des directives concernant les changements de prises en charge de nos patients en traitements dans vos centres pour la durée du COVID-19. Ceci dit, ces mesures risquent d'évoluer et nous avons également besoin de vos commentaires pour uniformiser les messages. Si vous avez des commentaires ou des idées innovatrices, svp m'en faire part à : Nicholas.Finn@vitalitenb.ca

Entre temps, voici les mesures suggérées jusqu'à la fin des mesures d'urgence :

- **Réévaluez vos listes de visites de patients de la semaine à venir**. Annuler toute visite en personne qui n'est pas strictement nécessaire. Ceci inclus même des visites pré-chimiothérapie pour des patients que vous jugés stable. **Ces évaluations doivent par contre être effectuées par téléphone** par les GPO des centres respectifs.
- **Réévaluez les visites de prélèvements sanguins** pour décider si elles sont réellement nécessaires.
- **Annuler toutes phlébotomies pour hémochromatose**. Maintenir les phlébotomies de polycythémie vraie pour l'instant.
- Traitements systémiques :
    - Les mesures ci-dessous pourraient changer et devenir plus strictes / difficiles telles déjà instaurées dans certaines provinces. Nous vous garderons au courant.
    - **Maintenir les traitements** systémiques à visés **curatifs** (néoadjuvant, adjuvant, traitement curatif définitif).
    - **Pour l'instant, maintenir la plupart des traitements palliatifs** chez les patients qui ont une bonne réponse clinique et une bonne qualité de vie. Si vous croyez identifier des patients qui ne sont pas biens palliés par leur traitement et qui n'était pas encore prévu pour un RV de réévaluation prochainement, svp contacter l'hémato-oncologue traitant du patient pour décider si ces traitements sont encore justifiés. Ceci ne s'applique pas aux traitements PO car ils n'occasionnent pas autant de visites hospitalières.
    - Rituximab de maintien : seront tous cessés de façon temporaire. Certains rituximab de maintien aux C7 ou C8 seront possiblement cessés de façon définitive. Simplement notifier l'hémato-oncologue traitant qui s'occupera de represcrire le traitement une fois la crise résolue.
    - Azacitidine : Garderons des traitements de 7 jours d'injections q28jours mais repousser les injections des jours de fin de semaine et fériés au prochain jour ouvrable.
    - Acide zolédronique et pamidronate : À cesser de façon temporaire (à moins que le patient ne reçoive ce traitement pour hypercalcémie).
    - Nous allons revoir les seuils transfusionnels pour nos patients et de nouvelles échelles transfusionnelles vous seront communiquées. Si vous rencontrez un patient transfusé, vous pouvez aborder le sujet pour tenter de minimiser les visites de FSC et de transfusions.
    - Patient sous denosumab, ce traitement peut être arrêté s'il n'est pas associé à des visites ou des traitements aux cliniques satellites.

Tout changement de plan de traitement doit être pris en note et transmis à l'hémato-oncologue traitant afin que le plan thérapeutique usuel puisse être réinstauré une fois les mesures d'urgence abolies. Nous vous remercions de votre collaboration.

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Dr Nicholas Finn

Chef de la division d'hématologie Vitalité

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Dr Ali Benjelloun

Chef des services onco-médicale

APPENDIX 3 – Proposals to mitigate risks with patients in the lodge (85 beds)

1. Patients will be housed with a maximum of 45 beds to limit admissions to one patient per room.
2. All patients will be questioned according to the directives put into effect by the Network and by Oncology.
3. No companions.
4. A schedule will be drawn up for meals and common rooms (5) to meet the requirements of "social distancing".
5. No one is to leave the lodge grounds, including on weekend passes.
6. Patients shall wash their hands with hand sanitizer when entering and leaving their room, and with soap and water when entering and leaving the lodge.
7. Patients will be kept separate from the UHC Dumont and will have to come to the main entrance of the Oncology Centre for triage. Patients in wheelchairs will be transported by the assistance service as is the case elsewhere in the hospital.
8. People will be made aware of what to do if potential symptoms arise.
9. A more thorough cleaning plan is in place (surfaces touched frequently).
10. No one will be allowed to leave except patients receiving care at the Moncton Hospital. An effort to reduce visits outside the lodge will be made by the Centre's clinical staff. Social work assistance will be in place.
11. Patients will have to sign an agreement and an infraction will result in the loss of the privilege of staying in the lodge.
12. Risks related to group housing will be explained to patients in order to get their consent to stay.

Note: on March 27, the team will be considering the risk of new admissions.

7. REFERENCES

- **Cancer Care Ontario** - Pandemic planning Clinical Guidelines for Patients with Cancer (March 10, 2020)
- **BC Cancer Care** - Criteria for Clinical Prioritization During the COVID-19 Pandemic (March 20, 2020)
- **JNCCN Special Feature** – Managing Cancer Care During the COVID-19 Pandemic: Agility and Collaboration Toward a Common Goal (2020 JNCCN)
- **ASCO** – American Society of Clinical Oncology. www.asco.org/asco-coronovirus - information/care-individuals-cancer-during-COVID-19
- **NHS** - Clinical guide for the management of cancer patients during the coronavirus pandemic (March 17, 2020, version 1)

- **NICE** – National Institute for Health and Care Excellence – COVID-19 rapid guideline: delivery of systemic anticancer treatments (March 20, 2020). www.nice.org.uk/guidance/ng161

8. SIGNATORIES

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