NCCP advice for medical professionals on surgical oncology during the COVID-19 pandemic

This document relates to patients who do not have COVID-19 or are not suspected of having COVID-19.

Current events surrounding the COVID-19 pandemic are challenging and all public health bodies are placing the safety of patients, staff and communities first in all decisions.

This is an evolving situation. This advice is based on current information, it is additional to the advice of the NPHET, the HSE and the DoH, and will be updated as necessary.

The NCCP acknowledges that each hospital is working under individual constraints, including staff and infrastructure, and as a result will implement this advice based on their own unique circumstances.

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

Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient's care or treatment.

1 NPHET, HSE and DoH advice

Hospitals will operate under the overarching advice of the National Public Health Emergency Team (NPHET), the HSE and the DoH. Information is available at:

- HSE HPSC - https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/
- HSE Coronavirus (COVID-19) - https://www2.hse.ie/conditions/coronavirus/coronavirus.html
- DoH Coronavirus (COVID-19) - https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/
- Ireland's National Action Plan in response to COVID-19 (Coronavirus) - https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/

2 Purpose

NCCP remains committed to Surgical Centralisation as per Recommendation 21 in the National Cancer Strategy (2017), however, owing to the current COVID-19 pandemic, the NCCP Clinical Leads in association with RCSI and NPHET have developed the following advice.

3 Key Principles

- Surgical treatment of cancers should not be excessively delayed over the next 4 months.

- Hospital groups should ensure protected pathways for cancer surgery over the next 4 months.
- Utilisation of private hospital facilities is supported for urgent cancer surgical care.
- Each discipline of cancer surgery will identify a prioritisation for cancer surgical care.
- Where hospital groups are unable to identify safe surgical facilities within their region, NCCP will work with the HSE and relevant Crisis Management Team, the National Clinical Programme for Surgery, the DOH and the Hospital Group Management Teams to support this surgical activity being provided in other appropriate locations.

4 Recommended Surgical Oncology Procedures

These recommendations will be reviewed on an ongoing basis as the impact of the pandemic evolves.

- **Breast** – operate on patients with triple negative and those with larger tumours. Patients who are post neo-adjuvant chemotherapy and who are now in the surgery time-frame are one of the most important sub-groups of breast cancer patients who require surgery.
- **Colorectal** –Operate on patients with lesions that potentially can obstruct and those that have completed neoadjuvant chemotherapy.
- **Skin** – all suspicious lesions should be excised under local anaesthetic. Complex reconstrcution should be deferred for the initial COVID-19 period.
- **Thoracic** – early curable lung cancer should receive surgery in a timely fashion.
- **Oesophageal/Gastric** – Patients with oesophageal/gastric cancer who have completed neoadjuvant chemotherapy and those with a possible obstructing lesion should undergo surgery.
- **Neuorology** – diagnostic biopsies should be performed. Extensive resections should be deferred.
- **Urology** – large renal tumours and high grade prostate cancer should have surgery. Invasive bladder tumours which require cystectomy should not be delayed longer than 6 weeks.
- **ENT/Head & Neck** – given the risk of aerosolisation of COVID-19 these procedures should be deferred in as much as clinically possible.
- **Pancreatic** – resectable pancreatic lesions should be considered for surgical resection.
- **Hepatobilliary** – metastatic liver lesions would be best deferred in the initial 4 weeks of the COVID-19 pandemic and clinically reviewed after this time.
- **Gynaecology** – elective surgery with expectations to cure should continue, which may include: pelvic confined masses suspicious of ovarian cancer, early stage cervical cancer, high grade/high risk uterine cancer and resection of primary vulval tumour in selected patients. Where possible, interval debulking surgery for ovarian cancers may be deferred with use of further cycles of neoadjuvant chemotherapy.
- **Thyroid** – should be deferred during the COVID-19 pandemic.

The use of laporoscopic surgical techniques during the COVID-19 pandemic should be individualised per patient based on clinical judgement.

5 Surgical Documents – Clinical Guidance for Surgeons

The documents below are available at https://www.rcsi.com/dublin/coronavirus/surgical-practice/clinical-guidance-for-surgeons

National Clinical Programme in Surgery (NCPS)

- Guidelines: Intraoperative recommendations when operating on suspected COVID-19 infected patients
- Guidelines: Information for surgeons regarding virtual follow up of patients
- Guidance to surgeons for OPD triage during COVID-19
- COVID-19: Update from the RCSI Professor of Otolaryngology, Head and Neck Surgery
- RCSI hosting GP Advice Line staffed by consultant surgeons – https://www.rcsi.com/surgery/surgeons-connect
- NCCP advice on patients requiring surgery