

# NCCP guidance for Medical Professionals on the management of patients with Prostate Cancer in response to the current novel coronavirus (COVID-19) pandemic

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**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 NPHE, 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 NPHE, HSE and DoH advice

Hospitals will operate under the overarching advice of the National Public Health Emergency Team (NPHE), 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/>

Version: 4

Department: Prostate Guideline  
Development  
Group/Leads Group

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## 2 Purpose

The purpose of this guidance document is to provide guidance to medical professionals on the management of patients referred to urology clinics, patients awaiting biopsy tests and patients diagnosed with prostate cancer during the COVID-19 pandemic.

## 3 New patients referred to urology clinics with suspected prostate cancer

### 3.1 Patients classified as having a high clinical suspicion for prostate cancer

Patients classified as having a high clinical suspicion for prostate cancer following review in the Rapid Access Prostate Clinic should be referred for an MRI.

The need for MRI is at consultant discretion following review of the most urgent Rapid Access Prostate Clinic referrals following appropriate triage.

## 4 TRUS biopsy

### 4.1 All patients awaiting biopsy test

Patients defined as having a high clinical suspicion for prostate cancer should have a prostate biopsy. If a prostate biopsy is performed based on clinical need, informed consent must be obtained. If TP biopsy is available it can be considered.

PPE should be worn by the operator performing the prostate biopsy.

The following PPE is required:

- Surgical face mask
- Gloves
- Apron
- Eye protection (visor or goggles)

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## 5 Risk stratification of prostate cancer patients

**Table 1** Risk stratification (NCCN, 2020)

<b>Risk group</b>	<b>Clinical/pathologic features</b>		
<b>Very Low</b>	Has all of the following: <ul style="list-style-type: none"> <li>• T1c</li> <li>• Grade Group 1</li> <li>• PSA &lt;10 ng/mL</li> <li>• Fewer than 3 prostate biopsy fragments/cores positive, ≤50% cancer in each fragment/core</li> <li>• PSA density &lt;0.15 ng/mL/g</li> </ul>		
<b>Low</b>	Has all of the following but does not qualify for very low risk: <ul style="list-style-type: none"> <li>• T1-T2a AND</li> <li>• Grade Group 1</li> <li>• PSA &lt;10 ng/mL</li> </ul>		
<b>Intermediate</b>	Has all of the following: <ul style="list-style-type: none"> <li>• No high-risk group features</li> <li>• No very-high-risk group features</li> <li>• Has one or more intermediate risk factors (IRF): <ul style="list-style-type: none"> <li>○ T2b-T2c</li> <li>○ Grade Group 2 or 3</li> <li>○ PSA 10–20 ng/mL</li> </ul> </li> </ul>	<b>Favorable intermediate</b>	Has all of the following: <ul style="list-style-type: none"> <li>• 1 IRF and</li> <li>• Grade Group 1 or 2 and</li> <li>• &lt;50% biopsy cores positive</li> </ul>
		<b>Unfavorable intermediate</b>	Has one or more of the following: <ul style="list-style-type: none"> <li>• 2 or 3 IRFs</li> <li>• Grade Group 3</li> <li>• &gt;50% biopsy cores positive</li> </ul>
<b>High</b>	Has no very-high-risk features and has at least one high-risk feature: <ul style="list-style-type: none"> <li>• T3a OR</li> <li>• Grade Group 4 or Grade Group 5 OR</li> <li>• PSA &gt;20 ng/mL</li> </ul>		
<b>Very High</b>	Has at least one of the following: <ul style="list-style-type: none"> <li>• T3b–T4</li> <li>• Primary Gleason pattern 5</li> <li>• 2 or 3 high-risk features</li> <li>• &gt;4 cores with Grade Group 4 or 5</li> </ul>		

## 6 Patients diagnosed with prostate cancer

Patients diagnosed with prostate cancer should be treated in line with National Guidelines.

## 7 Multidisciplinary team meeting

All patients should be discussed at a multidisciplinary team meeting.

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