



COVID-19 cancer services response

Position paper

Background

Coronaviruses are a large group of viruses that can cause illnesses ranging from a mild common cold to severe disease such as Severe Acute Respiratory Syndrome (SARS Co-V). The novel coronavirus disease (COVID-19) was recently identified in December 2019 and is caused by the newly identified SARS CoV-2. Understanding the behaviour and impact of COVID-19 is still developing. Current data indicate COVID-19 transmission occurs most commonly through person-to-person transmission in the form of respiratory droplets transmission. The incubation period ranges between one to 14 days, with screening and containment measures being the most effective in slowing the virus spread. The symptomology of COVID-19 is moderately severe in the general population and is highly transmissible. The clinical presentation of COVID-19 includes fatigue, fever and dry cough, with the symptoms generally milder in children than adults¹.

Introduction

Some types of cancer and treatments such as chemotherapy can weaken the immune system and may increase risk of any infection, including with SARS-CoV-2, the virus that causes COVID-19. During cancer treatments there will be times when there is an increased risk of infection. Adults and children with serious chronic health conditions, including cancer, are at higher risk of developing more serious complications from contagious illnesses such as COVID-19².

The current COVID-19 pandemic has created an unprecedented environment in which to maintain and provide optimal cancer care to people affected by cancer in Western Australia (WA). Health services are making frequent adjustments to the prioritisation of care by reappraising the risk-benefit ratio of some non-curative treatments through assessment on a case-by-case basis.

It is acknowledged that service providers are having to make challenging decisions regarding the provision of care for patients as the capacity for cancer diagnosis and treatment are impacted by the COVID-19 pandemic.

Urgent and curative treatments have not been impacted at the time of drafting this document. These guidelines are based on the current available knowledge of the transmission of COVID-19 and may change as more evidence becomes available.

1. Australian Government Department of Health, COVID-19, Australia: Epidemiology Report 6 (Reporting week ending 19:00 AEDT 7 March 2020). Communicable Disease Intelligence (2018), 2020. 44.
2. National Cancer Institute. 2020. <https://www.cancer.gov/contact/emergency-preparedness/coronavirus>

Purpose of the document

The purpose of this paper is to:

- provide links for clinicians to national and international guidance, literature and policies to support decision making;
- maximise the safety of patients with cancer; and
- support the best use of WA Health resources, while protecting staff from infection.

Health Service-specific information for health care workers managing COVID-19

The COVID-19 situation is changing frequently – advice will be updated and circulated to staff in a timely manner via WA Health intranet pages. Check regularly for the most current advice and protocols.

East Metropolitan Health Service (EMHS)

<https://emhs-healthpoint.hdwa.health.wa.gov.au/workingatemhs/coronavirus/Pages/default.aspx>

North Metropolitan Health Service (NMHS)

<https://scgophcg-healthpoint.hdwa.health.wa.gov.au/directory/Nursing/CorporateNursing/InfectionPreventionandControl/Pages/Emerging-Diseases.aspx>

<https://nmhs-healthpoint.hdwa.health.wa.gov.au/directory/covid/Pages/default.aspx>

South Metropolitan Health Service (SMHS)

<https://smhs-healthpoint.hdwa.health.wa.gov.au/directory/COVID-19-information/Pages/default.aspx>

WA Country Health Service (WACHS)

<http://wachs.hdwa.health.wa.gov.au/index.php?id=18579>

<http://wachs.hdwa.health.wa.gov.au/index.php?id=18617>

WACHS WINGS is available to find a flight for regional patients who cannot find a flight on the regular patient transport. Freight options include chemotherapy and pharmaceuticals, again if usual transport methods are unavailable.

<http://wachs.hdwa.health.wa.gov.au/index.php?id=18803>

Department of Health

<https://healthpoint.hdwa.health.wa.gov.au/news/Pages/Novel-Coronavirus-information.aspx>

Information for people affected by cancer

Changes may be made to elective surgery depending upon community transmission. Services are to consider the following:

- Social distancing requirements for patients in wait rooms and throughout facilities.
- Compliance with the PPE mandatory policy (<https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Public-Health/Mandatory-requirements/Communicable-Disease-Control/Infection-Prevention-and-Control/Identification-and-Use-of-Personal-Protective-Equipment-in-the-Clinical-Setting-COVID19-Policy>)

- Patient reticence over attending hospital sites or engaging with general practitioners for referral.
- Interregional travel restrictions that may be in place.

Modifications to usual and optimal care pathways

Optimal Care Pathways (OCPs) are national guidelines that promote best practice cancer care for specific cancer types. OCPs describe the key steps in a person's cancer journey and expected standards of care at each stage. Tumour specific OCPs are available from <https://www.cancer.org.au/health-professionals/optimal-cancer-care-pathways.html>

WA Health acknowledges the impact COVID-19 may have on the ability to comply with OCPs and that innovative practice may be required to:

- Reduce patient exposure to COVID-19.
- Adjust service availability due to workforce; facility; equipment and logistical constraints.

Record keeping and decision sharing

All decisions made to alter cancer patient's treatment from the usual optimal care pathways must be documented and justified. In order to safe-guard health care workers and patients the following should occur:

- Make decisions for the priorities of care as part of a MDT, where possible, and ensure each patient is considered on an individual basis.
- Record the rationale for the decision in the patient's medical record.
- Clearly communicate, with written documentation where possible, what the priorities for care are and the justification to patients, their families and carers.
- Clearly communicate, with written documentation where possible, what the priorities for care are and the justification to primary care providers.

Guidance and links

The Cancer Australia website contains links to advice from national and international peak bodies and colleges across multiple aspects of the cancer care continuum to support the management of cancer patients during the COVID-19 pandemic. This site is updated daily to reflect the latest peak body guidance for cancer care:

<https://www.canceraustralia.gov.au/affected-cancer/information-about-cancer-and-covid-19>

Additionally, specialty-specific information may be helpful and information can be found at the treating centres.

Screening and diagnosis

- Cancer Screening: <http://www.cancerscreening.gov.au/>
- Royal College of Pathologists of Australasia: <https://www.rcpa.edu.au/>
- Society of Gynecologic Oncology: <https://www.sgo.org/>
- The Lancet Oncology: <https://www.thelancet.com/journals/lanonc/home>

Referral to palliative care and end of life care

The WA Cancer & Palliative Care Network has well-established pathways for referral to palliative care services in WA, as well as documentation and guides to support Goals of End of Life Care and Advance Care Planning.

The following links include clinical decision-making support tools for health care workers:

- Network overview: https://ww2.health.wa.gov.au/Articles/U_Z/WA-Cancer-and-Palliative-Care-Network
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- Supportive and Palliative Care Indicators Tool (SPICT™):
<https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/End%20of%20Life/Goals%20of%20Care/PDF/SPICT.pdf>
- Guide to using SPICT™:
<https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/End%20of%20Life/Goals%20of%20Care/PDF/Guide-to-using-SPICT.pdf>

Conclusion

Cancer services and practices continue to be impacted by an evolving clinical environment that is still in a state of flux. There will be a need to monitor and respond to potential and real issues that result from COVID-19 on the entire health system and Western Australian community.

This document has been developed using the best available evidence and resources and is believed to be accurate at the time of publication. Information in this document is subject to change and it is essential that users of this document ensure they are accessing the most up to date online publication.

Requests to update information and links can be made via email to WACPCN.COVID19CancerResponse@health.wa.gov.au

Last Updated:	Last reviewed:	Changes:
29 Dec 2020	29 Dec 2020	Update of links to resources

This document can be made available in alternative formats on request for a person with disability.

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