Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.
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Overview

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

A table of interim treatment regimens is available on the NHS England website. See the section on interim systemic anti-cancer therapy treatment change options during the COVID-19 pandemic in the National Cancer Drugs Fund List.

This guideline focuses on what you need to stop or start doing during the pandemic. Follow the usual professional guidelines, standards and laws (including those on equalities, safeguarding, communication and mental capacity), as described in making decisions using NICE guidelines.

This guideline is for:

- health and care practitioners
- health and care staff involved in planning and delivering services
- commissioners.

The recommendations bring together:

- existing national and international guidance and policies
- advice from specialists working in the NHS from across the UK. These include people with expertise and experience of treating patients for the specific health conditions covered by the guidance during the current COVID-19 pandemic.

We developed this guideline using the interim process and methods for developing rapid guidelines on COVID-19 in response to the rapidly evolving situation. We are reviewing and updating the recommendations as the knowledge base develops using the interim process and methods for guidelines developed in response to health and social care emergencies.
1 Communicating with patients and minimising risk

All patients

1.1 Communicate with patients and support their mental wellbeing, signposting to charities and support groups where available, to help alleviate any anxiety and fear they may have about COVID-19. [2020]
2 Patients with symptoms of COVID-19 at presentation

2.1 Be aware that patients having systemic anticancer treatments are immunocompromised and may have atypical presentations of COVID-19. Also, symptoms of COVID-19, neutropenic sepsis and pneumonitis may be difficult to differentiate at initial presentation. [2020]

2.2 If patients have fever (with or without respiratory symptoms), suspect neutropenic sepsis because this can be rapid and life-threatening, and follow the NICE guideline on neutropenic sepsis, which recommends:

- referring patients with suspected neutropenic sepsis immediately for assessment in secondary or tertiary care
- treating suspected neutropenic sepsis as an acute medical emergency and offering empiric antibiotic therapy immediately. [2020]
3 Systemic anticancer treatments

Shared decision making with individual patients

3.1 Do not routinely delay starting systemic anticancer treatment (SACT), or pause SACT that is already underway, because of the risk of contracting COVID-19. [2022]

3.2 Discuss the risks and benefits of SACT with people with cancer and their family members and carers, taking into account current dominant COVID-19 variants and COVID-19 prevalence. Topics to cover include:

- that most people who have SACT do not go on to have worse outcomes from COVID-19 infection, should they develop it

- that the risks of deferring SACT are likely to be greater than the risks of increased COVID-19 severity

- that people with myeloma or other types of haematological cancer who have immunomodulatory SACT may have worse outcomes from COVID-19

- factors that may affect their risk of becoming severely ill with COVID-19, including vaccination status, underlying conditions, increasing age, male sex, ethnicity and cancer symptoms

- how to reduce the risk of catching COVID-19 while having SACT

- local access to current treatment options for COVID-19

Reach a shared decision with the person about their treatment. Follow relevant national guidance on communication, providing information (including in different formats and languages) and shared decision making, for example, NICE's guideline on shared decision making. [2021, amended 2022]

3.3 For people with myeloma or other types of haematological cancer, discuss treatment strategies with a specialist team (such as, haematology and/or subspecialised myeloma teams) before giving immunomodulatory SACT. [2022]
3.4 If a person who is going to have (or has started) SACT has tested positive for COVID-19:

- if possible, delay the start of SACT (or pause the treatment if already underway) until any significant COVID-19 symptoms have resolved

- if delayed or paused, reach a shared decision with the person about when to start or resume SACT (discussions should include the factors described in recommendation 3.2, and take into account any local guidance on testing for SARS-CoV-2)

- ensure the risk to other patients and healthcare staff is minimised when the person attends hospital for SACT, in line with local policies. [2021, amended 2022]
4 Modifications to usual service

Treatment breaks

NHS England are developing a revised treatment break policy. These recommendations will be updated when this is published.

4.1 It is proposed that the current treatment break policy, which applies to both Cancer Drugs Fund (CDF) and non-CDF treatments, will not be applied during the COVID-19 outbreak. [2020]

4.2 Where a treatment break is needed, clinicians should complete the approval form to restart treatment, indicating that the patient had a break because of COVID-19. The request will be approved even if their disease has progressed, providing the clinician indicates there is a reasonable chance that disease control can be regained on restarting treatment. It is expected that the response to treatment will be reviewed 2 or 3 cycles after restarting. If disease control has not been regained treatment should be stopped. [2020]
Recommendations for research

We have made the following recommendations for research.

1 Risk of systemic anticancer treatment in people with cancer and COVID-19

Are patients with cancer and COVID-19 who are receiving/have recently received systemic anticancer treatment (SACT) (that is, within the 4 weeks preceding a diagnosis of COVID-19) at increased risk of severe COVID-19 illness or death? [12 February 2021]

It is recommended that this research should also consider:

- if there are specific types of SACT carrying increased risk of poor outcomes from COVID-19
- if there are specific types of cancer for which SACT may carry increased risk of poor outcomes from COVID-19
- if there is a difference in any risk of poor outcomes from COVID-19 between people who have received SACT alone, radiotherapy alone, or both SACT and radiotherapy
- if there is a difference in any risk of poor outcomes from COVID-19 between children and young people who have received SACT and adults who have received SACT.

2 Duration of risk of systemic anticancer treatment in people with cancer and COVID-19

Are people who have had SACT recently (that is, within the 4 weeks preceding a diagnosis of COVID-19) at increased risk of poor outcomes from COVID-19 compared with those who had SACT less recently? [12 February 2021]
Update information

11 August 2022: We reviewed the evidence and made new recommendations on shared decision-making. These recommendations are marked [2022]. We also updated some recommendations based on the evidence review. These are marked [2021, amended 2022]. We withdrew some recommendations that are no longer relevant to the current stage of the pandemic.

12 February 2021: We reviewed the evidence on the effects of systemic anticancer treatment on risk of severe illness or death in patients with cancer and COVID-19 and made new recommendations. These recommendations are marked [2021].

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