Guideline scope

COVID-19 rapid guideline: delivery of systemic anticancer treatments

1 Clinical question

How will the delivery of services be managed for the clinical areas identified for patients with confirmed COVID-19, suspected COVID-19 or without COVID-19?

2 What the guideline will cover

2.1 Who is the focus?

Chemotherapy patients.

2.2 Activities, services or aspects of care

Key areas that will be covered

For each of the clinical areas where guidance is developed, we may look at areas including, but not limited to:

1 Areas of the patient pathway (home to hospital, for example) for which management will be different due to the COVID-19 pandemic.

2 Deployment of other non-specialist trained staff to deliver services if workforce capacity is reduced.

For the guidelines covering critical care only, the areas may specifically include:

3 Decision making for critical care.

See appendix A for details of the key themes and questions.
Key areas that will not be covered

2. Specific guidance on the training requirements for staff to deliver care if workforce capacity is reduced.

2.3 Principles of identifying where guidance is required and developing this guidance

1. Assess the standard patient pathway and identify areas of deviation due to the COVID-19 pandemic.
2. Curate any existing guidance on the specific clinical area that deviates from the standard care pathway and collate it in an accessible format.
3. Search for evidence to inform practice where there is no guidance, or there is uncertainty, on the clinical area that deviates from the standard care pathway.
4. Identify what people need to stop doing, start doing, and do more of as a result of the COVID-19 pandemic that is different from standard clinical practice.

Appendix A Proposed key themes and key questions for the guideline

Delivery of systemic anticancer treatments

<table>
<thead>
<tr>
<th>Population</th>
<th>Key themes to include</th>
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</thead>
<tbody>
<tr>
<td>Chemotherapy patients</td>
<td>• Levels of risk specifically in chemotherapy patients (if available)</td>
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<tr>
<td></td>
<td>• Mitigating increased risk in chemotherapy patients (including altered treatment decisions, reduced exposure)</td>
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<td></td>
<td>• Triage and prioritising treatments and using less resource intensive options for when system capacity is reduced</td>
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<td>• Deviations (if any) to standard care for chemotherapy patients with suspected or confirmed COVID-19</td>
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<table>
<thead>
<tr>
<th>Themes to exclude</th>
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<tbody>
<tr>
<td></td>
<td>• Radiation therapy</td>
</tr>
<tr>
<td></td>
<td>• Proton beam therapy</td>
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<tr>
<td></td>
<td>• Surgery (to be confirmed)</td>
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| Key questions | What steps are needed to manage the delivery of systemic anticancer treatment (chemotherapy) services to patients during the COVID-19 outbreak?
In this population:
• What are the deviations to current service delivery?
• What needs to be stopped, what needs to be started and what should we do more of?
• What are the areas that are common and uncommon to the management of other vulnerable populations? |

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