# Evidence Search Service Results of your search request

## Guidance and advice for clinicians: COVID-19 theatre & treatment prioritisation

**ID of request:** 22521  
**Date of request:** 31st March, 2020  
**Date of completion:** 3rd April, 2020

If you would like to request any articles or any further help, please contact:  Alison McLaren at [alisonmclaren1@nhs.net](mailto:alisonmclaren1@nhs.net)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Guidance and advice for clinicians: COVID-19 theatre & treatment prioritisation. Alison McLaren. ( 3rd April, 2020). REDHILL, UK: Surrey and Sussex Library and Knowledge Services.

**Sources searched**  
BMJ (1)  
Health Service Journal (HSJ) (1)  
JAMA (1)  
NHS England & NHS Improvement (1)  
NICE Evidence Search (6)  
Royal College of Radiologists (1)  
Royal College of Surgeons of England (RCS) (1)

**Date range used** (5 years, 10 years): -   
**Limits used** (gender, article/study type, etc.): -   
**Search terms and notes** (full search strategy for database searches below):

Theatre prioritization - cancer treatments should continue?

I have expanded this to include treatment for cancer  
  
eg: Breast cancer short (relative) follow up, bowel cancer long follow-up   
Which criteria to decide?  
Which emergencies get prioritised?  
  
Which ops should be cancelled? Any data for delaying operations quality of life, physical and psychological impact

ethics, difficult decisions

Moral Balance: Non COVID-19 Cancer Surgical Prioritisation http://www.moralbalance.org/resources/COVID-19-/MORAL-Balance-Analysis-2---non-COVID-19-Cancer-Surgical-Prioritisation.pdf

AAGBI - Critical Care Cross Skilling Webinar 21st March 2020

[Watch Dan Harvey's Presentation](https://register.gotowebinar.com/recording/7535734244198385665) on the use of MORAL Balance for non-COVID patients and how the COVID pandemic influences the ethical choices in their patient care.

For more information about the resources please go to: <http://www.surreyandsussexlibraryservices.nhs.uk>.

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## A. National and International Guidance

#### International Journal of Gynecological Cancer

**COVID-19 Global Pandemic: Options for Management of Gynecologic Cancers** (2020)

Ramirez PT et al

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5c3e7a5a5b38b7422d6cc0133235637e)

Our world is facing a devastating crisis in the growing pandemic associated with the coronavirus (COVID-19) disease. As many nations take steps to implement strategies to contain the spread of this disease, we continue to see the tremendous impact this is having on the numerous healthcare workers who unite to overcome this tragic infection. We also recognize the concerns by both physicians and patients as it pertains to the management of patients diagnosed with cancer. We recognize that in this special situation we must continue to provide our gynecologic oncology patients with the highest quality of medical services and at the same time assure that we maximize the safety not only of our patients and their families but also of the medical staff and all associated teams that care for patients both in the inpatient and outpatient settings. To that end, the Editorial Team of the International Journal of Gynecological Cancer have compiled evidence-based data using established guidelines to propose strategies to optimize care of our patients while at the same time offering potential options to alleviate the burden to the healthcare system when resources may need to be diverted to the direct care of patients affected by the coronavirus (COVID-19) disease. Our proposal is intended as a tool for consid-eration and certainly not as a strategy for permanent change in patterns of practice. The goal is to share options, as gathered collectively by our team, in both the management and surveillance of patients diag-nosed with gynecologic cancers during this time of global crisis

#### NHS Improvement & NHS England

**Advice on maintaining cancer treatment during the COVID-19 response** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=72f4b10e0f1bc989a3299098c9407f53)

As you know, we are clear that the NHS must ensure that cancer diagnosis, treatment and care continues during the response to the COVID-19 emergency. This means: • Essential and urgent cancer treatments must continue. Cancer specialists should discuss with their patients whether it is riskierfor them to undergo or to delay treatment at this time. • Where referrals or treatment plans depart from normal practice, safety-netting must be in place so that patients can be followed up. • Urgent consideration should be given to consolidating cancer surgery in a COVID-free hub, with centralised triage to prioritise patients based on clinical need.

#### National Institute for Health and Care Excellence (NICE)

**COVID-19 rapid guideline: delivery of systemic anticancer treatments. NICE guideline [NG161]** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7b077cc0735d516a2d22b67544cfeb29)

The purpose of this guideline is to maximise the safety of patients with cancer and make the best use of NHS resources, 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.

#### Royal College of Radiologists (RCR)

**Lower GI response to Covid-19 outbreak** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=985f4a9a73756c67a504f6dde5c360d8)

General principles • All patients currently on chemotherapy treatment, should be contacted and a decision taken regarding continuing, in view of guidelines below. • Consider GCSF for all subsequent cycles, if patients become neutropenic while on treatment. • All patients in whom chemotherapy / radiotherapy is continued or started, should be counselled regarding risks and advised self-isolation. • Consultations should be performed by phone if possible...

**Guidance for management of urothelial cancer during COVID19 pandemic-radiotherapy** (2020)

Birtle AJ et al

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=54e796cbf92d935df86185ba460d6de9)

Neoadjuvant chemotherapy offers a 5% improvement in overall survival at 5 years. Although there is an advantage in delaying patients’ definitive treatment with either radiotherapy or radical cystectomy, the period of potential immunosuppression will be 9 weeks with additional time at risk post chemotherapy of up to 6 months as per SACT estimate. Priority level 4 Therefore it would seem the risk/benefit ratio for NAC would be high and NAC should be omitted.

**Guidelines on radiation therapy for breast cancer during the COVID-19 pandemic** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b392932b5d4457a0e79e892250b744f4)

The following suggested guidance is based on contributions from international breast cancer experts who have worked together to produce a rapid publication in Clinical Oncology (in press): breast cancer clinical oncology consultants contributing on the RCR Clinical Oncology COVID forum webpage using a member log in; and advice from NHS England. Specific additional advice for patients treated at Cambridge is also included. The following guidelines suggest that the risks and benefits are considered and discussed with patients to facilitate shared decision-making. Centres may need/choose to delay RT depending on local circumstances with reference to expert consensus following previous natural disasters1 and also amend current systemic therapy pathways, but this is outside the remit of these guidelines.

**Emergency guidelines for pre-operative breast radiotherapy during the COVID-19 pandemic** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8b682228013e684f4cebb2827deabea2)

National and international emergency guidelines1 have strongly advised the use of 5 fractions for the vast majority of patients who still require adjuvant breast radiotherapy (RT) during the COVID-19 pandemic. The major aims of these earlier guidelines were to reduce footfall within RT departments and minimise exposure to patients and staff, whilst maintaining safe cancer treatment. The COVID-19 pandemic continues to accelerate, creating greater impact on the resource available for cancer treatment. For example, many hospitals have either stopped or are planning to stop routine cancer surgery including breast surgery. As a result, it is likely there will be increased demand for local treatment in the form of RT. Therefore, it is vital that the oncology community develops safe, pragmatic and joined up plans in order to tackle this crisis so that patients have the best care possible and available resource is used responsibly. As per adjuvant guidelines, it is recommended that the majority of patients who need pre-operative RT receive 5 fractions.

#### Royal College of Surgeons (RCS)

**Guidance for surgeons working during the COVID-19 pandemic** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=de74c627f448e1b561c199b540f7428a)

1.1 The surgical workforce will need to adapt during the COVID-19 pandemic. 1.2 Priorities in list of importance are: i) Maintain emergency surgery capabilities i) Protect and preserve the surgical workforce iii) Fulfil alternate surgical roles iv) Fulfil alternate non-surgical roles 1.3 Surgical workforces are likely to be depleted as clinicians self-isolate. Maintaining normal surgical sub-specialty emergency services will be increasingly difficult. 1.4 Surgical theatre capacity is likely to decrease. Surgeons are likely to be redeployed to support non-surgical specialties.

**COVID-19: Good Practice for Surgeons and Surgical Teams** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=69e04b3645ccb969489ac39812ac0e5b)

As healthcare systems around the world are operating, or preparing to operate, at more than the usual capacity during the COVID-19 pandemic, significant adjustments in surgical services will be required. To support surgeons and surgical teams as they respond, we have published a guide containing broad recommendations and which can be adapted based on circumstances. This guide sits alongside the intercollegiate guidance published to support with planning and priorities, and the general surgery guidance around procedures. It will remain under review and will be updated continually as new information develops. In particular, we shortly expect updated guidance from Public Health England on the use of personal protective equipment (PPE), and we are making representations to government about the urgent need for adequate PPE to be made available on the frontline.

## B. Institutional Publications

#### Royal College of Radiologists (RCR)

**Coronavirus (COVID-19): cancer treatment documents** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a378a3a246358c7d991b97a0a81534d2)

This resource is for clinical teams managing cancer patients. It has been made available freely for the benefit of clinical teams across the UK and around the world. As such it may be accessed by anyone be they a healthcare professional, patient or a carer or any other member of the public. The resources in the library have been written by and for clinicians and therefore, the language and context is not patient or public orientated. The aim of this virtual library is to facilitate national discussion and the sharing of expert opinion in order to provide guiding principles for the management of cancer patients in the UK during the COVID-19 pandemic. The documents are the collaborative work of oncologists and their teams. They are not RCR guidelines nor consensus statements. They are intended to be a useful, dynamic resource for the oncology community. Cancer services will need to consider and adopt changes to their usual protocols and procedures based on local demand and capacity. Before implementing any changes, please discuss and agree them with your department colleagues, your wider site-specific cancer multidisciplinary teams and your commissioners where that applies.

## C. Original Research

1. **Active and Effective Measures for the Care of Patients With Cancer During the COVID-19 Spread in China**  
   Wang Z. et al JAMA 2020;:1 April.

Recently, an outbreak of the highly infectious novel coronavirus disease 2019 (COVID-19) has swept Wuhan, China, with 80 303 confirmed diagnosed cases in China as of March 3, 2020. Considering its high risk of person-to-person transmission, hospitals, especially in China, are the typical congregating places that will bear the brunt of this infectious disease. To reduce or avoid cross infection of COVID-19, many hospitals have started taking actions to limit the number of outpatient visits and inpatient admissions. For example, only emergency surgeries can be guaranteed, while most others are postponed. Maintenance chemotherapy and/or immunotherapy treatments for patients with advanced cancer are often suspended. However, forced delays or interruptions of routine treatment might increase the risk of disease deterioration, especially for patients with cancer. In China, approximately 4.3 million cases of cancer are diagnosed each year. During the epidemic of COVID-19, the treatment of patients with cancer, which is often considered as nonemergent, is inevitably affected across China, especially in Wuhan.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7113faec5f5d4da5c8903fd11a7c0d1b)

1. **Top teaching hospital suspends cancer surgery**  
   Thomas R. HSJ: Health Service Journal 2020;:01 April.

A large trust, Brimingham Uni Hospital, in the West Midlands has told patients it is suspending non-urgent cancer surgery

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ced59f25cc0e5cc010d88f19b7c54cb1)

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The links to internet sites in this document are 'live' and can be opened by holding down the CTRL key on your keyboard while clicking on the web address with your mouse

### Full text papers

Links are given to full text resources where available. For some of the papers, you will need an **NHS OpenAthens Account**. If you do not have an account you can [register online](https://openathens.nice.org.uk/).

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

### Guidance on searching within online documents

Links are provided to the full text of each document. Relevant extracts have been copied and pasted into these results. Rather than browse through lengthy documents, you can search for specific words as follows:

**Portable Document Format / pdf / Adobe**  
Click on the Search button (illustrated with binoculars). This will open up a search window. Type in the term you need to find and links to all of the references to that term within the document will be displayed in the window. You can jump to each reference by clicking it.

**Word documents**  
Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

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