The European Society of Surgical Oncology (NPA)
Clos Chapelle-aux-Champs, 30 bte 1.30.30 | B-1200 Brussels | Belgium
T (general) +32 2 880 62 62 (education) +32 2 880 62 63 |website www.essoweb.org
Company number: 0435.191.191

Statement on COVID-19

ADVICE FOR SURGICAL ONCOLOGISTS ON CANCER SERVICE PROVISION

The advice below serves as a supportive document to local and national responses to COVID-19, and therefore should not and does not replace them.

These are challenging times for everyone in the health service. Although we aim to run normal cancer care services, it is unlikely that this would be possible in the coming weeks. We suggest that you develop a plan now so that this can be implemented as the pandemic worsens. With the potential shortage of medical staff and theatres, we are all going to have to adapt and prioritise the order in which cancer patients receive surgical treatment.

Triage of referrals and change to treatment are likely to be necessary, and we would recommend that you consider the following measures in your plans:

1. Referrals to Clinic

Clinics should inquire patients who have appointments in the coming weeks, whether the patient displays COVID-19 symptoms such as fever, cough, or respiratory symptoms. If they display such symptoms, they will be given another appointment at a later stage. They must self-isolate as per your government guidelines, and then they will be seen in the clinic. They should also be advised that only one person may accompany them to the clinic.

2. Outpatient Clinics including Follow-up Cancer Patients

Try to minimise the number of patients attending clinics for routine follow-ups. Postpone appointments where appropriate and consider introducing telephone/virtual clinics for those where a review is required. This is especially important for elderly patients. Ensure that there is appropriate correspondence if you are running a virtual clinic.

2.1 New Cancer Patients

All new cancer patients will need to be managed, appropriate consultations should be undertaken by telephone or video call as much as possible. If new patients need to be seen in the clinic and are symptomatic, advise to self-quarantine as per government guidelines and propose rescheduling. Alternatively, virtual consultations should be supported to a greater extent.

2.2 Triage All Referrals

Avoid seeing patients over 70 in the clinic. Older patients especially with co-morbidities are at highest risk of death from coronavirus and ideally, they should be seen once the pandemic is over, unless clinically urgent.

3. Cancer Treatments

Liaise with your colleagues regarding the feasibility and practicality of providing radiotherapy, chemotherapy and targeted treatments. This would potentially reduce the impact on need for level 2/3 hospital beds for elective surgery. Adapt your service appropriately. To be decided by the site/tumour type specific board.

Please note this document is correct at the date it is circulated. As matters progress, advice may be updated accordingly so keep updated via the official government and health channels.

3.1 Benign Disease

No surgery for benign disease or risk-reduction should be performed.

3.2 MDT/tumour board Meetings

Maintain weekly MDT, preferably this should be done remotely via video conferencing or telephone. If a face-to-face MDT is felt to be urgent and necessary, aim to minimise the number of staff present to one surgeon, one oncologist, one pathologist, one radiologist and one nurse.

3.3 Research; Study/Annual leave and continuing professional development activity

Follow local and national guidance on this.

3.4 Theatres

The normal working patters will have to adapt. You may not be able to depend on available junior doctors to assist in theatre, therefore may only have two consultants operating for example. As theatre capacity is constrained due to staff shortages or reallocation, consider pooling available theatre capacity. Cases should be prioritised by the clinical teams and coordinated centrally.

For cancer surgery requiring HDU/ITU resources, decision to proceed needs to be agreed by MDT.

For patients who are suspected or positive for COVID-19 who require life or limb saving surgery, appropriate care should be taken for staff protection based on your local governmental guidelines.

4. General

In addition, all cancer surgeons/trainees may be asked to be on stand-by and to refresh resuscitation/intubation training to support patients on wards to expand critical care capacity. Teams may need to allocate backup surgeons for emergency scenarios.

5. Recovery Plan

We need to protect and preserve the surgical workforce. Rest and recuperation, as well as psychological support should be factored into planning.

Clearly there is a hierarchy of need and how many of these measures need to be implemented will depend on how severe the pandemic is and what the local capacity is.

On behalf of the ESSO Board of Directors,

Tibor Kovacs
President ESSO