

GUIDANCE FOR MANAGEMENT OF CANCER SURGERY DURING COVID-19 PANDEMIC

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Introduction

During the COVID-19 pandemic, the number of cases and deaths may become overwhelming, causing healthcare leadership and practitioners to face ethical and practical challenges. Several jurisdictions have already started re-prioritizing surgical procedures in order to free up healthcare resources (ventilators, ICU beds) to manage potential COVID-19 cases.

Delays to lifesaving cancer surgeries must be done with extreme caution and thoughtfulness, as delays can have a major impact on longer term survival, patient morbidity and the efficient use of surgical human resources. Postponed cancer surgery can also lead to emergency procedures (e.g. bowel obstruction, spinal cord impingement) that otherwise may have been elective. Modeling indicates that delays in high-risk cancer surgeries beyond 6 weeks could affect long-term outcomes for thousands of Canadians. Consequently, it is possible that postponing cancer surgery, if done without consideration of its implications, could cost more lives than can be saved by diverting all surgical resources to COVID-19.

This document provides general guidance on supporting curative surgical treatment where appropriate and with available resources. This document reflects the expertise and advice of the executive leadership of the Canadian Network of Surgical Associations for Cancer Care, the Canadian Association of Provincial Cancer Agencies, the Canadian Partnership Against Cancer and clinical cancer experts across the country. Recommendations from Canadian and international jurisdictions have been used to inform this document.

Guidance on Competing Needs and Prioritization Criteria

Within Canada, many provinces have developed “cancer patient priority classification” systems to assist cancer programs in the management of cancer patients (see Appendix). This must be contextualized within the current load on the system and anticipated trajectory, not only of a COVID-19 caseload but also a backlogged cancer caseload, both populations with critical life-saving surgical needs.

Contemporaneous decisions will need to be made that are data driven where possible, and that consider today’s and tomorrow’s needs with at least a medium timeframe (we recommend six month) view of management in the Canadian healthcare system. There are common guiding principles in these that we believe should form the basis of a pan-Canadian approach to this problem:

1. Most cancer surgeries are of high priority and curative. **Cancer surgery patients should continue to be designated as “essential” and be among the last group of patients requiring surgery to be delayed.ⁱ**

2. Once a hospital reaches a critical mass of ventilated patients, non-emergency surgeries will not be able to be carried out. Under these circumstances, **we recommend jurisdictional, then regional coordination between health authorities, institutions and surgeons to transfer care of cancer patients to less overwhelmed institutions as a first line strategy, rather than delaying cancer surgery.**ⁱⁱ
3. If delaying cancer surgery becomes necessary, **we recommend high-level pan-Canadian and jurisdictional guidance around prioritization, with explicit prioritization tiers, to bring transparency and consistency to the approach**, recognizing that ultimate decision-making will be need to be done locally.ⁱⁱⁱ Examples of resources for establishing evidence- and risk-based prioritization are linked below; whatever tool is used, it needs to recognize that some cancer patients require more urgent care, while others and some cancer patients can safely wait a longer period of time.
 - Ideally, the prioritization tool used by a jurisdiction should be linked to the changing level of an institution’s surgical resources to guide decision making regarding cancer surgery cases to be performed/delayed.
 - Any triage of patients must be done equitably. Clinical triage for major surgery should be guided by ethical principles. Relevant ethical principles are utility, proportionality, and fairness.^{iv}
4. Multidisciplinary care should be leveraged on a case-by-case basis to enable safer delays for some cancer surgeries, such as where there are temporizing treatments available (neoadjuvant chemotherapy and/or radiation). However, it is likely that this pandemic will stretch over many months until herd immunity, an effective treatment, and/or a vaccine stems the tide of new cases. **There must be concrete plans in place to carry out delayed surgeries within a reasonable period of time even if the pandemic is not over.**
5. Eventually this wave of novel virus will pass and we will be faced with catching up on a backlog of surgical cancer cases. This means that the health system will need to operate at a surge well past the end of the COVID-19 crisis. Health system planners must account for this in future projections as well as what can continue to be provided during the next period of time. **Recovery planning for resumption of surgical services after the pandemic should start now** and be communicated on a go forward basis as the health system stabilizes, as well as an impact analysis of the projected long-term healthcare costs and human resource needs caused by delayed cancer treatment.

Appendix

Additional resources providing directives around management of surgical oncology during the COVID-19 pandemic:

1. Ontario Health. Cancer Care Ontario. (March 10, 2020). Pandemic Planning Clinical Guideline for Patients with Cancer: https://www.accc-cancer.org/docs/documents/cancer-program-fundamentals/oh-cco-pandemic-planning-clinical-guideline_final_2020-03-10.pdf

2. Ontario Health. (March 28, 2020). Clinical Triage Protocol for Major Surge in COVID Pandemic.
3. Ministère de la Santé et des Services sociaux. (2020). COVID-19 pour les professionnels: <https://www.msss.gouv.qc.ca/professionnels/>
4. Cancer Control Alberta. (March 18, 2020). COVID-19 Planning Clinical Guidance for Patients with Cancer.
5. Nova Scotia Health Authority. (March 26, 2020). NSHA Perioperative and Interventional Radiology Services During COVID-19 Pandemic: <https://www.cdha.nshealth.ca/system/files/sites/documents/perioperative-and-ir-services-during-covid3204pm.pdf>
6. Anderson H., Tyldesley S., Pansegrau G., Chi K. (British Columbia, March 20 2020). Criteria for Clinical Prioritization During the COVID-19 Pandemic.
7. Cancer Care Manitoba: Action Cancer Manitoba. (March 15, 2020). Clinical Management Framework – Systemic Therapy and Radiotherapy for Cancer Patients and Those with Serious Blood Disorders in the Context of the COVID-19 Pandemic.
8. Australian Government- Cancer Australia: <https://canceraustralia.gov.au/affected-cancer/information-about-cancer-and-covid-19/health-professionals/surgery>
9. National Comprehensive Cancer Network: <https://jncn.org/view/journals/jncn/aop/article-10.6004-jncn.2020.7560/article-10.6004-jncn.2020.7560.xml>
10. American College of Surgeons: [https://www.facs.org/-/media/files/covid19/guidance for triage of nonemergent surgical procedures.ashx](https://www.facs.org/-/media/files/covid19/guidance%20for%20triage%20of%20nonemergent%20surgical%20procedures.ashx)
11. National Health Service (England): <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/specialty-guide-acute-treatment-cancer-23-march-2020.pdf>
12. European Cancer Organization: <https://www.ecco-org.eu/Global/News/Latest-News/2020/03/NEWS-Statement-on-COVID-19-from-the-European-Cancer-Organisation-Board-of-Directors>
13. The Lancet Oncology. The official French guidelines to protect patients with cancer against SARS-CoV-2 infection: [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(20\)30204-7/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30204-7/fulltext)

ⁱ American College of Surgeons: [https://www.facs.org/-/media/files/covid19/guidance for triage of nonemergent surgical procedures.ashx](https://www.facs.org/-/media/files/covid19/guidance%20for%20triage%20of%20nonemergent%20surgical%20procedures.ashx)

ⁱⁱ Ontario Health. Cancer Care Ontario. (March 10, 2020). Pandemic Planning Clinical Guideline for Patients with Cancer.

ⁱⁱⁱ American College of Surgeons: [https://www.facs.org/-/media/files/covid19/guidance for triage of nonemergent surgical procedures.ashx](https://www.facs.org/-/media/files/covid19/guidance%20for%20triage%20of%20nonemergent%20surgical%20procedures.ashx)

^{iv} Ontario Health. Cancer Care Ontario. (March 28, 2020). Clinical Triage Protocol for Major Surge in COVID Pandemic.