

# Cancer Care During COVID-19



## Job #1 Ensure Patient Outreach



Our providers are very appreciative of the targeted oncology patient lists provided by HealthEC. Congratulations on this great work!"

-- Lani M. Alison, BSN, MS-HCO, PCMH CCE  
VP, Quality & Value Transformation, Regional Cancer Care Associates LLC

## Job #2 Apply Artificial Intelligence

Access this on-demand webinar: COVID-19 Risk Stratification for Patients with Cancer Using Artificial Intelligence

<https://www.integratedoncology.com/oncology-educational-series>

# 9 Questions to Ask\*

<p><b>What are the recommendations for general care of patients with cancer?</b></p> <p>Patients should be educated regarding signs/symptoms of COVID-19, proper handwashing, cough hygiene, infection control in the home, and minimizing exposure to sick contacts and large crowds.</p> <p>Any new symptoms of infection, with or without fever, should prompt a comprehensive follow-up evaluation per usual medical practice.</p> 	<p><b>Can/should surgery be cancelled or delayed?</b></p> <p>Per CDC, "elective surgeries" at in-patient facilities should be rescheduled if possible. Clinicians and patients need to make individual determinations based on the potential harms of delaying essential cancer-related surgery. In many cases these surgeries cannot be considered "elective."</p> 	<p><b>Can/should the initiation of radiation be delayed? Can radiation be interrupted or postponed if already in progress?</b></p> <p>ASCO recognizes that the risks of delayed treatment for patients with rapidly progressing, potentially curable tumors may outweigh the risks of COVID-19 exposure/infection. Treatment could possibly be delayed safely for patients receiving radiation for symptom control or for patients at low risk of harm due to delays. For additional information, see the American Society for Radiation Oncology (ASTRO) COVID-19 resource page.</p> 	<p><b>Can/should potentially immunosuppressive therapy be stopped, delayed, or interrupted?</b></p> <p>There is currently no direct evidence to support changing or withholding chemotherapy or immunotherapy for patients with cancer. And routinely withholding critical anti-cancer or immunosuppressive therapy is not recommended. Potential harms resulting from delayed or interrupted treatment versus benefits of preventing or delaying COVID-19 infection must be discussed with your oncologist and evaluated on a case-by-case basis.</p> 
<p><b>Can/should allogeneic stem cell transplantation be delayed?</b></p> <p>For patients at high-risk for COVID-19, delaying a planned allogeneic SCT may be reasonable, particularly if the patient's malignancy is controlled with conventional treatment.</p> <p>Clinicians are encouraged to follow recommendations provided by the American Society of Transplantation and Cellular Therapy (ASTCT) and by the European Society for Blood and Marrow Transplantation (EBMT) regarding stem cell transplantation.</p> 	<p><b>Should prophylactic antiviral therapy be considered?</b></p> <p>There is currently no evidence or published guidance on the use of prophylactic antiviral therapy for COVID-19 in immune suppressed patients</p> 	<p><b>How can/should diagnosis and staging interventions including imaging visits and biopsy be modified by the ongoing COVID-19 pandemic?</b></p> <p>In general, the CDC recommends postponing any clinic visits that can be delayed without risk to the patient. This may be appropriate for patients who are suspected clinically of disease at low risk of rapid progression, such as minor suspicious findings on mammography.</p> 	<p><b>Can/should patients continue receiving ongoing surveillance, such as imaging for detection of recurrence and active surveillance for existing disease?</b></p> <p>As recommended by the CDC, any clinic visits that can be delayed without risk to the patient should be postponed. This likely includes routine surveillance in patients considered to be at relatively low risk of recurrence and those who are asymptomatic during the follow-up period.</p> 
<p><b>How can/should care for patients experiencing potential neutropenic fever be affected by the ongoing COVID-19 pandemic?</b></p> <p>According to ASCO, there are two approaches to neutropenic fever among patients with cancer in relation to COVID-19:</p> <div style="display: flex; justify-content: space-between;"> <div data-bbox="375 1633 805 1745"> <p><b>Prophylaxis</b></p> <p>For patients at risk for neutropenic fever, it may be reasonable to prescribe growth factor for treatment regimens at a lower level of expected risk (e.g. &gt;10% risk) to minimize the risk of neutropenic fever and the potential need for emergency care. The patient should receive instructions for neutrophil count monitoring and regular contact with their healthcare team.</p> </div> <div data-bbox="834 1633 1265 1713"> <p><b>Acute Care</b></p> <p>In the current situation, it may be reasonable to prescribe empiric antibiotics in patients who are febrile and neutropenic but clinically stable, as determined by tele-evaluation or by phone. Where possible, further evaluation is best done outside of the emergency department.</p> </div> </div> <p style="text-align: center;"><b>We recommend discussing this issue with your provider in advance so you have a plan and know how to proceed in the setting of neutropenic fever.</b></p> 			

\*This information is compiled from the American Society of Clinical Oncology (ASCO), the American Society for Radiation Oncology (ASTRO), and the Centers for Disease Control and Prevention (CDC) for managing care for patients with cancer during the COVID-19 pandemic. Clinicians and patients must make individual determinations based on the potential harms of delaying essential cancer-related interventions and risks of accessing the healthcare system with potential exposure to COVID-19.

**Want to learn more?**



**Contact our Infectious Disease Expert**  
Dr. Jenifer Leaf Jaeger, MD,  
MPH Senior Medical Director,  
HealthEC

