## COVID-19 – CANCER

### Oversigt – anbefalinger, links og highlights

<table>
<thead>
<tr>
<th>Population</th>
<th>Highlights</th>
<th>Source</th>
<th>Link</th>
<th>Kommentar</th>
</tr>
</thead>
</table>
| Cancer     | COVID-19 rapid guideline: delivery of systemic anticancer treatments  
The rapid guideline on the delivery of [systemic anticancer treatments](https://www.nice.org.uk/news/article/nice-publishes-first-rapid-covid-19-guidelines?utm_campaign=covid&utm_medium=social&utm_source=twitter) says that:  
  - where decisions need to be made about prioritising patients for treatment, these need to take into account the level of immunosuppression associated with individual treatments and cancer types, and any other patient-specific risk factors. They should also balance the risk from cancer not being treated optimally versus the risk of becoming seriously ill if they contract COVID-19 because of immunosuppression.  
  - Where changes need to be made to usual care because of system pressures, the guideline says consideration should be given to delivering treatment in different and less immunosuppressive regimens, different locations or via another route of administration. | National Institute for Health and Care Excellence (NICE) | https://www.nice.org.uk/news/article/nice-publishes-first-rapid-covid-19-guidelines?utm_campaign=covid&utm_medium=social&utm_source=twitter | 27/3-20 |
| Cancer     | Clinical guide for the management of non-coronavirus patients requiring acute treatment: Cancer  
**Temaer**  
  - The most vulnerable cancer patients  
  - Anbefalinger (s. 1-2)  

23 March 2020, Version 2  
Anbefalinger til most vulnerable cancer patients og hjælp til prioritering og kategorisering af
Rådgivning (s.2):

Leadership:

Surgical patients: Continue to require admission and surgical management.

Systemic anti-cancer treatments: MDT decision-making should continue.

Proton beam therapy.

Radiation therapy.

Categories of cancer services to consider (s.2-8):

- Cancer patients in SARS-CoV-2 infection:

- Radiation therapy.

- Proton beam therapy.

- Systemic anti-cancer treatments: MDT decision-making should continue.

- Surgery.

General considerations (s.9):


- Radiation therapy.

- Proton beam therapy.

- Systemic anti-cancer treatments: MDT decision-making should continue.

- Surgery.

- General considerations.

Cancer

ESMO - European Society for Medical Oncology


Et bibliotek på syv udfallende artikler, fra højtrangerede tidsskrifter.

Cancer patienterne.

Et bibliotek på syv udfallende artikler, fra højtrangerede tidsskrifter.

Cancer

ESMO - European Society for Medical Oncology


Et bibliotek på syv udfallende artikler, fra højtrangerede tidsskrifter.

Cancer patienterne.
### Generelt, også cancer

Se link

#### Cancer/extremely high risk group

**Coronavirus (COVID-19): Social distancing - Extremely high risk of severe illness**

Some groups of people are considered to be at extremely high risk of severe illness with COVID-19 and should strictly follow shielding measures. Their household and other contacts should strictly follow social distancing measures in order to protect them.

This group includes people who:

- have cancer and are receiving active chemotherapy or radical radiotherapy for lung cancer
- have cancers of the blood or bone marrow, such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- are receiving immunotherapy or other continuing antibody treatments for cancer
- are receiving other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors

Anyone in a vulnerable group, including people who are pregnant or have an underlying health condition

**Recommendation**

- Social mixing in the community strongly advised against

---

ASCO – american society of clinical oncology


NHS I samarbejde med SIGN


27/3-20

Kun generelle råd

*only bullets with 'cancer' is presented*
- Having friends and family to the house → Strongly advised against
- Use remote access to NHS essential services → Strongly advised
- Vary daily commute, use less public transport → Strongly advised
- Home working → Strongly advised


NCCN-journal har udgivet deres egen guideline; synes general.  
Henviser til to cancerspecifikke.

| Generelt, også cancer | Se Link for henvisninger | GIN – Guidelines international Network [link](https://g-ijn.net/library/covid-19/?searchterm=covid) | 27/3-20 |

Henviser til deres samarbejdspartnere, hhv. WHO, NICE, SIGN mv.

Der er afdækket på følgende sites:
- Guidelines International Network (GIN)
- National Institute for Health and Care Excellence (NICE)
- National Guideline Clearinghouse
- Scottish Intercollegiate Guidelines Network (SIGN)
Søgeprotokol og hits per 27-03-2020, PubMed

<table>
<thead>
<tr>
<th>Term</th>
<th>P1</th>
<th>P2</th>
<th>Kommentar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term</td>
<td>Covid*</td>
<td>cancer (MeSH)</td>
<td>Limit: published from 1/11-2020 till 27-03-2020</td>
</tr>
<tr>
<td>Term</td>
<td>Covid 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Term</td>
<td>Coronavirus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Term</td>
<td>Coronavirus covid-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Term</td>
<td>coronavir*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hits</td>
<td>18432</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total hits</td>
<td></td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

Search (((((covid*) OR covid 19) OR coronavirus) OR coronavirus covid-19) OR coronavir*)) AND cancer[MeSH Terms] Filters: Publication date from 2019/11/01

Liste over de 8 studier

   [Chemotherapy strategy for colorectal cancer under the outbreak of corona virus disease 2019].
   [Article in Chinese; Abstract available in Chinese from the publisher]
   Li YH(1), Shen L, Li J.
   Author information:
   (1)Department of Gastrointestinal Cancer, Peking University Cancer Hospital & Institute, Key Laboratory of Carcinogenesis and Translational Research (Ministry of Education), Beijing 100142, China.

   The outbreak of corona virus disease 2019 (COVID-19) makes the medical treatment of colorectal cancers difficult. Cancer patients are more susceptible to infection and tumor history is defined as an important factor of poor prognosis, which challenges both doctors and patients. For metastatic colorectal cancer (CRC) patients, maintenance therapy is the optimal choice. The patients with tumor progression or poor biological behavior should receive or continue combination chemotherapy. Adjuvant chemotherapy should reduce the intensity of treatment and shorten the therapy time. Fever patients during chemotherapy need to receive differential diagnosis and screening according to national standards. Patients with stable diseases and good general conditions may delay imaging examination. Clinicians should make individual clinical decisions based on the specifics of each patient during epidemic situation.

Publisher:

[Standardized diagnosis and treatment of colorectal cancer during the outbreak of corona virus disease 2019 in Renji hospital].

[Article in Chinese; Abstract available in Chinese from the publisher]

Luo Y(1), Zhong M.

Author information:
(1)Department of Gastrointestinal Surgery, Renji Hospital, School of Medicine, Shanghai Jiaotong University, Shanghai 200127, China.

Corona virus disease 2019 (COVID-19) is currently raging in China. It has been proven that COVID-19 can be transmitted from human to human and cause hospital infection, which seriously threatens surgical staffs and inpatients. Although colorectal surgery is not a front-line subject in the fight against the epidemic, but in this special situation, it is a difficult task to provide the highest quality medical services and ensure the orderly clinical work, on the premise of maximizing the protection for patients and their families, health of medical staff, and the safety of wards and hospitals. We summarize how to carry out the clinical practice of colorectal surgery under the situation of the prevention and control of the COVID-19 epidemiology, including the procedures of diagnose and treatment for emergency patients with colorectal tumor, and share the experiences of the diagnosis of colorectal tumor, the management of patients with colorectal cancer who are scheduled to be admitted for surgery, the protection of wards, the perioperative management. More importantly, we introduce in detail the operative management and perioperative management of colorectal surgery patients suspected or diagnosed with new coronary pneumonia, including prevention and control measures for medical staff, operating rooms and surgical instruments. The main points are as follows: (1) Multidisciplinary team (MDT) must be run through the diagnosis and treatment of colorectal cancer. The members include not only routine departments, but also respiratory department and infectious department. (2) Colonoscopy examination may cause cross infection of COVID-19 to patients and doctors. Therefore, it is prior to examine the emergency cases and life-threatening patients (bleeding, obstruction, gastrointestinal foreign bodies, etc.). If the emergent patients (intestinal obstruction) with suspected or confirmed COVID-19, the surgeons must perform emergency surgery, and intestinal decompressive tube through colonoscopy is not recommended. (3) The colorectal cancer patients with suspected or confirmed COVID-19 should be placed in the isolated room with separate medical devices, and the operative room with negative pressure (under -5 Pa) must be separated. All disposable medical items, body fluids and feces of the patients in perioperative periods must be unified
disposed according to the medical waste standard. (4) The surgical medical workers who process colorectal cancer patients with COVID-19 must be protected by three-level. After operation, the medical workers must receive medical observation and be isolated for 14 days. We hope our "Renji experience" will be beneficial to colleagues.

[Several suggestions of operation for colorectal cancer under the outbreak of corona virus disease 2019 in China].
[Article in Chinese; Abstract available in Chinese from the publisher]
Yu GY(1), Lou Z, Zhang W.
Author information:
(1)Department of Colorectal Surgery, Changhai Hospital, Naval Medical University, Shanghai 200433, China.

Pneumonia caused by 2019-nCoV infection has been reported in Wuhan since December 2019, and spread rapidly across the country. The radical operation of colorectal cancer is semi-elective operation. Patients with colorectal cancer should receive operation as soon as possible after elective operation is resumed in each hospital. 2019-nCoV virus can be transmitted by asymptomatic infectors, and it has been confirmed to be transmitted by droplets and contact. However, fecal-oral transmission and aerosol transmission have not been excluded. Based on our experience with laparoscopic colorectal operation, we propose some surgery strategies for colorectal cancer patients under the corona virus disease 2019(COVID-19) situation: the screening process should be strictly carried out before surgery to reduce the risk of nosocomial infection in the later stage; laparoscopic-assisted surgery is recommended for radical surgery for patients with colorectal cancer; strict aerosol management must be made during the operation; natural orifice specimen extraction surgery and transanal total mesorectal excision are should be performed prudently; scientific and reasonable prophylactic stoma should be done; personnel protection in surgical ward and operation room must be strengthened.

Publisher:
(Fjernet kinesisk tekst)
DOI: 10.3760/cma.j.cn.441530-20200224-00074
PMID: 32192295 [Indexed for MEDLINE]
   [Treatment strategies for colorectal cancer patients in tumor hospitals under the background of corona virus disease 2019].
   [Article in Chinese; Abstract available in Chinese from the publisher]
   Hu XH(1), Niu WB(1), Zhang JF(1), Li BK(1), Yu B(1), Zhang ZY(1), Zhou CX(1), Zhang XN(1), Gao Y(1), Wang GY(2).
   Author information:
   (1)The Second Department of General Surgery, The Fourth Hospital, Hebei Medical University, Shijiazhuang 050000, China.
   (2)Department of Surgery, The Third Hospital, Hebei Medical University, Shijiazhuang 050051, China.

   In December 2019, a new outbreak of corona virus disease 2019 began to occur. Its pathogen is 2019-nCoV, which has the characteristics of strong infectivity and general susceptibility. The current situation of prevention and control of new coronavirus pneumonia is severe. In this context, as front-line medical workers bearing important responsibilities and pressure, while through strict management strategy, we can minimize the risk of infection exposure. By summarizing the research progress and guidelines in recent years in the fields of colorectal cancer disease screening, treatment strategies (including early colorectal cancer, locally advanced colorectal cancer, obstructive colorectal cancer, metastatic colorectal cancer and the treatment of patients after neoadjuvant therapy), the choice of medication and time limit for adjuvant therapy, the protective measures for patients undergoing emergency surgery, the re-examination of postoperative patients and the protection of medical staff, etc., authors improve treatment strategies in order to provide more choices for patients to obtain the best treatment under the severe epidemic situation of new coronavirus pneumonia. Meanwhile we hope that it can also provide more timely treatment modeling schemes for colleagues.

   Yang G(1), Zhang H(2), Yang Y(3).
   Author information:
Since late December 2019, an outbreak of 2019 novel coronavirus diseases (COVID-19) in Wuhan, China has spread quickly nationwide. With the spread of COVID-19, the routine clinical diagnosis and treatment for lung cancer patients has been disturbed. Due to the systemic immunosuppressive of lung cancer patients caused by the malignancy and anticancer treatments, lung cancer patients are more susceptible to infection than healthy individuals. Furthermore, patients with cancer had poorer prognosis from infection. Lung cancer patients should be the priority group for COVID-19 prevention. The protection provisions and control measures aiming to protect lung cancer patients from COVID-19 have been increasingly concerned. During the COVID-19 outbreak period, it should be
carefully differentiated for fever and respiratory symptoms for lung cancer patients receiving anti-tumor treatment, in order to evaluate the risk of COVID-19. Moreover, it is necessary to carry out meticulous and individualized clinical management for lung cancer patients to effectively protect the patients from COVID-19.

Publisher:
(Fjernet kinesisk tekst)
DOI: 10.3779/j.issn.1009-3419.2020.03.02
PMID: 32077441 [Indexed for MEDLINE]

   Treatment strategy for gastrointestinal tumor under the outbreak of novel coronavirus pneumonia in China].
   [Article in Chinese; Abstract available in Chinese from the publisher]
   Chen YH(1), Peng JS.
   Author information:
   (1)Department of Gastrointestinal Surgery, The Sixth Affiliated Hospital of Sun Yat-sen University, Guangzhou 510655, China.

The outbreak of the novel coronavirus pneumonia (NCP) has become a public health emergency in China. Chinese authorities and health agencies had devoted great efforts to control this disease. As surgeons specialized in the treatment of incorporate this awareness into every detail of clinical practice. For the patients with gastrointestinal tumors, pre-admission screening should be done in order to rule out NCP. Real-time RT-PCR panel and chest CT scan should be conducted for patients with fever (>37.3°C), travel history to Hubei Province within 14 days, or contact history with residents from Wuhan district within 14 days. Prevention measures for both medical staffs and the screen-negative admitted patients should also be enhanced because false negative is possible. Medical instruments should be properly discarded or disinfected according to standardized procedures established by the local center for disease control and prevention (CDC). Surgical operation should be reduced at a minimal level to prevent cross infection in this special period. Surgical intervention for benign tumor should be postponed. For malignant tumor, multidisciplinary therapy (MDT) is recommended and non-surgical anti-tumor therapy should be selected with higher priority. Neoadjuvant therapy is highly recommended for gastrointestinal cancer at advanced stages that meet the indications of NCCN guideline (gastric cancer T stage ≥ 2/rectal cancer T stage ≥ 3/unresectable colon cancer). Gastric or esophagogastrijunction (EGJ) malignant tumor with obstruction can be managed with gastric tube decompression or stent placement to relieve the symptoms. Transnasal enteral feeding tube intubation/percutaneous endoscopic gastrostomy could be adopted to ensure enteral nutrition supply. For colorectal malignancy with simple intestinal obstruction, stent placement can achieve a high success rate, which not only helps avoid emergency surgery, but also creates a better condition for subsequent surgery. Transcatheter arterial embolization for hemostasis is an alternative choice for
gastrointestinal tumor with bleeding. However, emergency operation still must be performed for patients with acute uncontrolled bleeding, obstruction or after other alternative treatment measures fail. All cases with suspicious or confirmed with NCP must be reported to the local CDC department. All invasive intervention must be performed in a designated isolation area. Tertiary prevention measure must be adopted for all anesthetists with additional face mask or medical goggle protection to prevent respiratory droplet transmission. Preventive enterostomy is preferable in lower digestive tract surgery. Thoroughly disinfecting the operating room after surgery is necessary. Fever after surgery must be carefully differentiated whether it's caused by post-surgery abdominal infection/inflammation or NCP. Single-room isolation and related examinations should be performed according to the standard procedures. We believe that with the unprecedentedly joint efforts of doctors and patients, we will eventually win this war against NCP.

Publisher:
(Fjernet kinesisk tekst)
DOI: 10.3760/cma.j.issn.1671-0274.2020.02.001
PMID: 32074786 [Indexed for MEDLINE]

Cancer patients in SARS-CoV-2 infection: a nationwide analysis in China.
Liang W(1), Guan W(2), Chen R(2), Wang W(1), Li J(1), Xu K(1), Li C(1), Ai Q(1), Lu W(1), Liang H(1), Li S(2), He J(3).
Author information:
(1)Department of Thoracic Oncology and Surgery, China State Key Laboratory of Respiratory Disease and National Clinical Research Center for Respiratory Disease, The First Affiliated Hospital of Guangzhou Medical University, Guangzhou 510120, China.
(2)Department of Respiratory Disease, China State Key Laboratory of Respiratory Disease and National Clinical Research Center for Respiratory Disease, The First Affiliated Hospital of Guangzhou Medical University, Guangzhou 510120, China.
(3)Department of Thoracic Oncology and Surgery, China State Key Laboratory of Respiratory Disease and National Clinical Research Center for Respiratory Disease, The First Affiliated Hospital of Guangzhou Medical University, Guangzhou 510120, China. Electronic address: drjianxing.he@gmail.com.
DOI: 10.1016/S1470-2045(20)30096-6
PMID: 32066541 [Indexed for MEDLINE]
**Søgeprotokol og hits per 27-03-2020, WHO COVID-19 database**


Indsæt 'cancer' i søgefeltet; det er ikke muligt at eksportere, man henvises til et doi-nummer på artiklen.

Per dd. var der 37 meget relevante hits:

**Database of publications on coronavirus disease (COVID-19)**

You can search the WHO database of publications on coronavirus disease (COVID-19). Articles are searchable by author, key word (title, author, journal), journal, or by general topic. To see the most recently added citations, select “Newest updated.” The database is updated daily, Monday through Friday.
Dato for seneste redigering: 27-03-2020