Post Webinar FAQs and Resources

ASCO Coronavirus Resources

Prioritizing Management of Cancer Patients During COVID-19 Pandemic

Q1. Practices have moved to telemedicine for patients not requiring a physical exam, treatment, or in-office diagnostics. What are the strategies you are using?

ASCO COVID-19 Resource Center Response:

- Explore alternatives for face-to-face triage and visits.
- Conduct appointments via telemedicine.
- Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols for staff to triage and assess patients quickly.
- Instruct patients to use available telephone triage, patient portals, on-line assessment tools, or call and speak to an office/clinic staff member.
- Conduct remote check-ins for symptom monitoring or high-risk patients.

Q2. Should cancer therapy be delayed in patients who are infected with COVID-19?

ASCO COVID-19 Resource Center Response:

- Patients receiving anti-cancer treatment and infected with influenza and other viruses are potentially at risk for serious complications such as pneumonia and hospitalization. Although these data are limited, interrupting anti-cancer treatment in patients with active COVID-19 should be strongly considered as continuation of treatment may lead to further immunosuppression and risk for serious complications.

Q3. How should care for patients with cancer types (e.g., breast cancer, lung cancer) be affected?

ASCO COVID-19 Resource Center Response:

- ASCO does not have guidance specific to management of any particular cancer type, except as described in the sections below. However, ASCO will link to such guidance as other organizations publish it.
  - Breast cancer. The American Society of Breast Surgeons has published brief, high level guidance on prioritization for care in breast cancer. In addition, the America College of Surgeons has published guidance on triage of patients with breast cancer surgery.
  - Hematological malignancy. The American Society of Hematology has released guidance related to the number of different malignancies.
  - Surgery. The Society of Surgical Oncology has published brief guidance on surgery for a number of different disease sites, it can be found on their website.

Reference:

ASCO COVID-19 Resources COVID-19 Patient Care Information

Strategies to Minimize Risk to Staff for COVID-19

Q1. What screening and infection prevention and control practice should my clinic undertake?

ASCO COVID-19 Resource Center Response:

Cancer centers are recommended to limit access to the facility to one point of entry and screen all patients and visitors outside the facility, clinic, or office for COVID-19 symptoms and fever. Further recommendations include:

- When scheduling appointments, instruct the patient to call ahead and discuss the need to reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever) on the day they are scheduled to be seen.
- Contact patient the day prior to appointment for screening of symptoms of cough, sore throat, fever, or other flu-like symptoms. Patient should be rescheduled if symptoms are present.
- Allow access to visits only if essential to the visit. If visitors are required, limit to one visitor for all provider visits and deny entry of visitors in any communal treatment area – ask visitors to wait in vehicles or return after treatment. Deny entry of any visitor displaying symptoms of a respiratory or other infection.
- Upon access to the facility, screen all patients and visitors.
- Provide screening staff PPE (including masks), waste bins, access to cleaning/disinfecting agents.
- Question patients and visitors as to symptoms of cough, sore throat, fever, recently out of the country in the past 14 days, exposure to anyone with respiratory symptoms or known COVID-19. If available, use an infrared thermometer to take temperatures during screening.
- Include signage with COVID-19 screening questions and visualization of symptoms for all patients/visitors, as well as, patient education materials and illustrations of proper hygiene for infection prevention and symptoms to report.
- Provide a facemask to and rapidly isolate patients with suspected infection until more thorough screening or testing can be conducted. Isolation should take place in an exam room or other private areas with the door closed.
- All staff entering the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a N95 respirator or facemask, gown, gloves, and eye protection.
- Establish a plan of action for patients that present with respiratory symptoms (e.g. resource for testing, schedule patient with primary care or local/health department).
- The CDC has published guidance for infection control and prevention in health care settings in the context of COVID-19.
Strategies to Minimize Risk to Staff for COVID-19

Q2. Should staff be quarantined if they have treated a patient with COVID-19?

ASCO COVID-19 Resource Center Response:

The CDC has provided guidance for risk assessment and public health management of healthcare personnel with potential exposure. Risk assessment is based on length of contact, use of personal protective equipment, and whether the patient was wearing a facemask. View CDC’s risk factors, recommended monitoring, and work restrictions. [https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

Q3. If a staff member has recovered from confirmed or suspected COVID-19, when may they return to work?

ASCO COVID-19 Resource Center Response:


CDC Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

Use one of the below strategies to determine when HCP may return to work in healthcare settings

1. **Test-based strategy.** Exclude from work until
   - Resolution of fever without the use of fever-reducing medications and
   - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
   - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens) [1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

2. **Non-test-based strategy.** Exclude from work until
   - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
   - At least 7 days have passed since symptoms first appeared

Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
• Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC’s interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
• Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

Reference:

ASCO COVID-19 Resource COVID-19 Provider and Practice Information