

# Urology Cancer Management Guidance in Response to COVID-19

The following guidance has been produced by the COVID-19 South East Cancer Cell, 9<sup>th</sup> April 2020

## 1 Key Points

- For use to determine access to services when capacity is limited
- Higher priority chemotherapy will have protected access to available capacity
- Priority is determined by the absolute benefit a therapy provides to patients receiving that therapy

## 2 Purpose of document

The following is guidance for the provisioning of Urology cancer services during the period of the COVID-19 pandemic and its emergency management. It is intended to guide and support decisions made locally/regionally and should be used in conjunction with any guidance from expert bodies. These should not be viewed as being prescriptive, and cannot cover every possible scenario and therefore will require individual MDTs and clinicians to make decisions based upon their best clinical judgement.

## 3 General Principles

- Refer to BAUS guidance for Management of Bladder, Kidney, Prostate and Penile cancers apart from comments identified below specifically
- Testicular cancer should be managed as normal – typically a younger patient with a curable cancer
- Aim to reduce Hospital attendance and Hospital dwell time where possible, encouraging virtual triage and consultation
- Recommend surveillance where reasonable
- Allocate some resource to maintain the Patient tracking list as this is likely to increase
- Prostate cancer:
  - ISUP groups 1 and 2: Active Surveillance (bicalutamide if pt "wants something done")
  - ISUP 3: surveillance vs LHRH patient by patient discussion or 150mg bicalutamide
  - ISUP 4 and 5: Hormone therapy

Bladder cancer:

- High Grade non muscle invasive bladder cancer:
- we would recommend BCG initiation course of 6 doses. There is little evidence of an impact on the immune system as mentioned in BAUS guidance and it is routinely given in patients who are theoretically

immune suppressed eg pts with diabetes. This is, of course, if the staff is available to provide the treatment.

- We do not support the use of intravesical chemotherapy
  - Consider moving some low risk turbts to outpatient laser ablation where able
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- Muscle Invasive Bladder cancer:
    - Cystectomy where surgical and ITU facilities are available. Radiotherapy, 4 weeks course, with concomitant chemotherapy in those <80 years old with Performance S. Radiotherapy alone in those >80years. No role for neoadjuvant chemotherapy.

## 4 GP referral to clinic

- The emphasis is on the triage of the referral once received rather than putting off the referral. This is so that patients are logged in the system even if the decision is to defer treatment for now. Cancer cell are working on deferral codes and there will be central guidance on this to follow:
- <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/cancer-alliance-information-on-managing-cancer-referrals-19-march-2020.pdf>
- Communicate with Primary care to reduce non-urgent referrals

## 5 MDT Meetings

- Consider virtual and essential membership to agree key decisions
- Document standard recommendation and covid-19 influenced decision
- Consider other communication routes to enable real time advice eg email/mobile phone groups
- This is an opportunity to kickstart MDM reform

## 6 Ethics

- Engage with local Trust Ethics group
- Support the wider team - there will be difficult decisions for professionals and patients

## 7 Treatment

- Explore opportunities to protect Surgical capacity, working with the wider local NHS and Private facility providers.
- Use community home drug delivery where possible

## 8 Current Guidelines

- Current BAUS COVID-19 guidelines for Bladder, Penile, Prostate and Kidney cancer available on BAUS website (member log in required)  
[https://www.baus.org.uk/about/coronavirus\\_covid-19.aspx](https://www.baus.org.uk/about/coronavirus_covid-19.aspx)
- BAUS Testis COVID-19 guidance to be issued shortly
- Most up to date guidance from BAUS site should be used