



THE SRI LANKA COLLEGE OF ONCOLOGISTS

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Position Statement by the Sri Lanka College of Oncologists on COVID-19 for Clinical Oncology

The first locally transmitted COVID-19 patient was identified on 11th March 2020 and since then 17 more patients have been diagnosed. Therefore, there is a very real threat that there could be sustained community spread in the near future in Sri Lanka. COVID-19 can be especially harmful for immunocompromised individuals. Cancer patients are particularly vulnerable for this infection. This risk is further exacerbated by continuing immune suppressive treatment and increased person to person contact during hospital visits. Therefore, the Sri Lanka College of Oncologists (SLCO) recommends the following steps in addition to the guidelines published by the Government of Sri Lanka and Ministry of Health.

1. Consider differing routine clinic visits of all patients who have completed active treatment and are currently followed up for surveillance.
2. For patients who are on long-term systemic anti-cancer medications without risk of immune suppression (ex: hormonal therapy for breast cancer), individual oncology units should facilitate issuance of these medicines minimising person to person contact. Within the constraints of logistical limitations drugs could be issued for a minimum of 2 months.
3. For Patients who are currently on systemic anti-cancer medicine and are at risk of immune suppression, treatment continuation should be considered after weighing risks and benefits. This might mean withholding anti-cancer medicine for some patients.
4. New patients who are awaiting initiation of systemic anti-cancer medications should have their treatment decisions made after considering and discussing the risks and benefits. This may mean differing or not recommending treatment in some patients.
5. Consider differing initiation of non-urgent radiotherapy treatment (ex: prostate cancer) for an appropriate period of time. To minimize hospital visits, consider hypo-fractionated treatment schedules where appropriate (ex: single dose for pain relief).
6. Patients who are on active systemic anti-cancer treatment and who meet the current definition of a suspected COVID-19 infection should follow the national guidelines and seek treatment from recommended centres. They are discouraged from visiting oncology units directly.

The SLCO may update these recommendations considering the rapidly evolving dynamics of the COVID-19 infection. Clinical decisions should be individualized considering patient, disease and treatment related factors.

References:

1. Royal College of Radiologists of the United Kingdom. RCR position on coronavirus (COVID-19) for clinical oncology. <https://www.rcr.ac.uk/college/coronavirus-covid-19-what-rcr-doing/rcr-position-coronavirus-covid-19-clinical-oncology>
2. American Society of Clinical Oncology. COVID-19 Clinical Oncology: Frequently Asked Questions (FAQs). <https://www.asco.org/sites/new-www.asco.org/files/content-files/blog-release/pdf/COVID-19-Clinical%20Oncology-FAQs-3-12-2020.pdf>