

Statement of the ARO, DEGRO and professional association of radiation oncologists to the COVID-19 Pandemic

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The spread of the Coronavirus in Germany will inevitably have an impact upon the practice of radiation oncology. It is a consequence of this spread, that in the coming weeks and months, patients and colleagues will become infected/sick and technical services will be restricted by this pandemic. That stands in stark contrast to the continuing need of cancer patients for effective and rapid treatment.

The DEGRO offers the following recommendations:

In general, the recommendations of the local hygiene commissions and the Robert-Koch-Institute (RKI) should be adhered to. Patients, family members and employees should be informed of the symptoms of a coronavirus infection and the proper conduct in dealing with these. In the event of such symptoms occurring, the affected individual should not enter a radiation oncology ward. Additionally, the notification of the respective authorities and all further procedures should be conducted based on the recommendations of the RKI and the local hygiene commission.

The treatment of malignant tumors by radiation oncology is highly relevant to the results of therapy and the delay or interruption of these treatments should be avoided. Thus, the goal should be to maintain and continue radiation oncology treatment.

The feasibility of radiation oncology treatment must be decided on a case-by-case basis when dealing with patients suffering from a coronavirus infection. The local hygiene commission must be consulted in these cases, taking into account the general condition of the patient and whether a curative approach to a malignant disease is being made. If necessary, these must be treated individually (last on the ward or bundled if multiple cases) under the respective hygiene conditions (consultation of the hygiene commission).

If bottlenecks should arise due to staff shortage from illness, quarantine restrictions or a shortage of technical staff, the priority should be the uninterrupted completion of curative therapies. The cancellation of curative therapies should be avoided. The statement of the SSK on the subject of backup plans in radiation oncology offers some insight:

<https://www.ssk.de/SharedDocs/Beratungsergebnisse/2018/2018-12-13Ausfall.html>.

If a restriction of normal treatment procedures becomes necessary, individualised measures towards patient care must be taken. These could be:

- Delay or waiving of the irradiation of benign diseases
- Critical analysis of the starting point of palliative radiation oncology treatment. The urgency of the therapy must be assessed on the basis of metastasisation and the risk of resulting complications.
- Treatment start delay of adjuvant irradiation
- Equally, in the case of definite treatment, an estimate of urgency must be made (i.e. a prostate malignancy treatment can be postponed by 2-3 weeks without affecting patient prognosis, which is usually not the case for small cell lung cancer)
- Increased employment of hypo fractioning to reduce treatment duration
- Postponement of follow-up examinations
- Further suggestions for the optimisation of procedures, as well as documents for the patients and SOPs for dealing with patients suspected of having a COVID-19 infection (however these must always be adapted to conform to the current guidelines of the RKI and local hygiene commission) can be found in the attachment.