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சுகாதார மற்றும் சுதேசவைத்தியச் சேவைகள் அமைச்சு
Ministry of Health and Indigenous Medical Services

Provincial Directors of Health Services,
Regional Directors of Health Services,
Directors of National Hospital /Apeksha Hospital, Teaching Hospitals/Provincial &
District General Hospitals, All Medical Superintendents of Base Hospitals,
All Regional Epidemiologists,

**Interim Guidelines for Management of Cancer Patients during the
Outbreak of COVID-19 Infection**

This interim guideline for management of cancer patients, is prepared based on the recommendations of the College of Oncologists and the prevailing situation of COVID -19 outbreak, to provide optimal care for Cancer patients without contracting COVID 19. This will be effective until further notice.

Objective of this guideline is to utilize the limited hospital resources effectively to manage the the cancer patients during period of current outbreak and to arrange optimum care for Cancer patients suspected/confirmed with COVID-19 while minimizing exposure to health care staff, in-ward patients and patients attending the OPD/clinics.


This guideline is intended for all healthcare personnel involved in cancer care services.

1. Deferring routine clinic visits of all patients who have completed active treatment and are currently been 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 minimizing 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 deferring or not recommending treatment in some patients.
5. Consider deferring 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 centers. They are discouraged from visiting oncology units directly.

Clinical decisions should be individualized considering patient, disease and treatment related factors.

Please bring the contents of this guidelines to the notice of all relevant staff at your institution / district / province and immediately arrange to implement required actions


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