

COVID-19: Re-Testing of Immunocompromised Cancer Patients post-COVID-19 Diagnosis

May 2, 2020

Background – COVID-19 and Cancer

- [The Scientific Advisory Group conducted a rapid review](#) conducted a rapid review exploring the optimal strategy for assessing cancer patients infected with COVID-19 and the suitability for starting or resuming cancer treatments post COVID-19 diagnosis.
- The review explored what criteria can be used to ensure cancer patients with a COVID-19 diagnosis are safe/well to start/resume treatment, as well as infection control criteria to reduce risk of transmission of COVID-19 in cancer environment.
- The review recommended patients have two negative test completed after the patient is asymptomatic. CCA has accepted these recommendations.
- **Estimate indicate that approximately 21 patients have attended a CCA facility in the past 8 weeks with a COVID positive diagnosis. Of those, only 4 are on active treatment.**

Current State:

- CCA currently has a process in place to swab patients with **SUSPECTED COVID symptoms** who meet specific criteria listed below:

Fever OR Cough (sore throat, SOB, AND Any one of the clinical diagnosis in the adjacent column	All transplant recipients
	All hematologic malignancies
	Cancer diagnosis + >0.5mg/kg/day prednisone/ equivalent
	Patients currently on immunotherapy treatment
	Patients on active chemotherapy within the last 3 weeks
	Neutropenia (ANC <500)
	Lung cancer, chronic lung disease (e.g. COPD)
	Patients currently receiving curative radiation

- The above criteria has been previously agreed upon and endorsed by Alberta Precision Lab and AHS Emergency Command Center.
- All CCA sites have the ability to complete testing of suspected COVID cases in immunocompromised cancer patients
- Re-Testing is a complex workflow with multiple dependencies (symptoms/urgency of treatment/positive/negative swab results/repeat swabbing)



Recommended Management

- Retesting of confirmed COVID-19 cancer patients to confirm ability to restart cancer treatment be completed through CCA using the existing structures and processes already in place. Follow up of results would be the responsibility of CCA clinicians who require results to resume / start treatment.
- Swabs to be marked “**Immunocompromised – COVID Confirmed. Clearance Test**”
- Retesting of patients limited to those cancer patients on active treatment OR patients about to initiate treatment who have tested positive.
- Testing criteria:
 - Patients need to be at least 14 days from the onset of symptoms and symptom free at the time of testing.
 - Either NP swab or throat swab (which ever was used to confirm their initial COVID diagnosis) will be completed twice, each 7 days apart.
 - Swabs that are positive in the re-testing phase will be repeated until two negative swab results are documented
 - Exception would be for patients in need of urgent cancer treatment where initiation or re-initiation is urgently required. Testing inclusive of one NP/Throat swab would be completed at the resolution of symptoms.

Stakeholder Consultation:

- Medical Oncology Physician Leaders
- Radiation Oncology Physician Leaders
- Alberta Precision Laboratory Leaders
- Infection Control & Prevention (CCI &TBCC)