

Vienna, 25.10.2020

The treatment of sarcoma patients during the COVID-19 pandemic: statement of the ISOLS Ethics Committee on resource allocation

The second wave of the COVID-19 pandemic is spreading across the globe, and we are currently witnessing record numbers of new infections in most countries. Already the hospital systems of several countries have come under increasing strain from COVID-19 admissions, with more expected to follow. As a result, elective procedures and services across all specialties are once again beginning to be postponed in order to prevent patients from contracting the disease and to avoid overwhelming healthcare facilities.¹ Unfortunately, these restrictions appear to also affect sarcoma patients' access to treatment, despite the fact that treatment delays may lead to tumor progression and a poorer patient outcome.²

The optimization of resource allocation during the pandemic was discussed at the inaugural meeting of the ISOLS Ethics Committee this month. Taking into account that several societies and institutions have already published recommendations for the treatment of bone and soft tissue sarcoma patients during the pandemic,²⁻⁵ the Committee decided against developing yet another distinct set of guidelines for its members. Instead, and in close coordination with the ISOLS board, the Committee decided to review available guidelines and endorse the recommendations of the European Society for Medical Oncology (ESMO) and the European Reference Network for rare adult solid cancers (EURACAN), which are available at this link:

<https://www.esmo.org/guidelines/cancer-patient-management-during-the-covid-19-pandemic/sarcomas-in-the-covid-19-era>

These guidelines have the advantage of covering all aspects of sarcoma care, from diagnostic imaging to follow-up, while providing a tiered approach across three levels of priorities, incorporating the information on the value-based prioritization and clinical cogency of the interventions:

- High priority: Patient's condition is immediately life threatening, clinically unstable, and/or the magnitude of benefit qualifies the intervention as high priority (e.g. significant overall survival [OS] gain and/or substantial improvement in quality of life [QoL]);

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- Medium priority: Patient's situation is non-critical but delay beyond 6 weeks could potentially impact overall outcome and/or the magnitude of benefit qualifies for intermediate priority;
- Low priority: Patient's condition is stable enough that services can be delayed for the duration of the COVID-19 pandemic and/or the intervention is non-priority based on the magnitude of benefit (e.g. no survival gain with no change nor reduced QoL).

Further selected papers are available here:

- *Managing cancer patients during the COVID-19 pandemic: an ESMO multidisciplinary expert consensus.*
[https://www.annalsofoncology.org/article/S0923-7534\(20\)39948-8/fulltext](https://www.annalsofoncology.org/article/S0923-7534(20)39948-8/fulltext)
- *NHS Clinical guide for the management of non- coronavirus patients requiring acute treatment: Cancer*
<https://covid19.aishchannel.com/guidelines-nhs/files/clinical-guide-for-the-management-of-non-coronavirus-patients-requiring-acute-treatment-cancer>
- *Sarcoma European and Latin American Network (SELNET) Recommendations on Prioritization in Sarcoma Care During the COVID-19 Pandemic*
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7543334/pdf/ONCO-25-e1562.pdf>
- *French Sarcoma Group proposals for management of sarcoma patients during the COVID-19 outbreak.*
[https://www.annalsofoncology.org/article/S0923-7534\(20\)36413-9/pdf](https://www.annalsofoncology.org/article/S0923-7534(20)36413-9/pdf)
- *Society of Surgical Oncology: Management of Cancer Surgery Cases During the COVID-19 Pandemic: Considerations*
<https://link.springer.com/article/10.1245/s10434-020-08461-2>
- *Strategies for care of patients with gastrointestinal stromal tumor or soft tissue sarcoma during COVID - 19 pandemic: A guide for surgical oncologists*
<https://onlinelibrary.wiley.com/doi/epdf/10.1002/jso.26246>
- *Coronavirus Disease (COVID-19) Outbreak: Hypofractionated Radiotherapy in Soft Tissue Sarcomas as a Valuable Option in the Environment of Limited Medical Resources and Demands for Increased Protection of Patients.*
<https://www.frontiersin.org/articles/10.3389/fonc.2020.00993/full>

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- *Patient safety associated with the surgical treatment of bone and soft tissue tumours during the COVID-19 pandemic—results from an observational study at the Oxford Sarcoma Service*

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7387417/pdf/264_2020_Article_4736.pdf

On behalf of the ISOLS Ethics Committee

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2. Martin-Broto J, Hindi N, Aguiar S, Jr., et al. Sarcoma European and Latin American Network (SELNET) Recommendations on Prioritization in Sarcoma Care During the COVID-19 Pandemic. *Oncologist*. Sep 5 2020.
3. Penel N, Bonvalot S, Minard V, et al. French Sarcoma Group proposals for management of sarcoma patients during the COVID-19 outbreak. *Ann Oncol*. Jul 2020;31(7):965-966.
4. Bartlett DL, Howe JR, Chang G, et al. Management of Cancer Surgery Cases During the COVID-19 Pandemic: Considerations. *Ann Surg Oncol*. Jun 2020;27(6):1717-1720.
5. Curigliano G, Banerjee S, Cervantes A, et al. Managing cancer patients during the COVID-19 pandemic: an ESMO multidisciplinary expert consensus. *Ann Oncol*. Oct 2020;31(10):1320-1335.

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