

UW Radiation Oncology COVID-19 Approach

We have worked to develop an approach during the COVID-19 pandemic/surge that will adhere to following core principles:

- Prioritize patient, physician and staff safety
- Ensure timely availability of radiotherapy treatments for those patients who require it
- Mitigate COVID-19 exposure risk by deferring treatment of patients in whom this can be safely accomplished without compromising their cancer-related clinical outcome
- Maintain physician availability/access for our cancer patients and referring colleagues during this period of extreme stress/anxiety

As such, we will implement the following approach across our clinics starting no later than next week:

1. All consults converted to telehealth – unless not feasible for patient
 - a. We will still accept all referrals and offer consults to all patients
2. Physicians will assign priority level 1, 2 or 3 to each patient after consult (see attached)
 - a. Priority 1 and 2 patients will start treatment as per standard of care
 - b. Priority 3 patients will have radiotherapy treatment deferred per disease-site algorithm
3. Return visits/Follow-ups for patients without active issues will be deferred by 3 months
4. OTVs limited to only 2 providers (attending+1 more, either nurse or resident or fellow, NOT nurse AND resident).
5. Limit use of advanced technologies that add time in vault/risk to patient/staff or aerosol generation

Prioritization Algorithm (Disease Site Leads to Develop for their disease site- adapted from PMH approach)

1. Priority 1: Patients who are deemed critical and require services/treatment due to an unstable clinical situation/unbearable pain/life-threatening (e.g. cord compression, malignant tumor bleeding, SVC syndrome)
2. Priority 2: Patients who require services/treatment, but not immediately life-threatening, no unbearable suffering/pain, clinically stable) (newly diagnosed lung cancer)
3. Priority 3: Patients who are generally healthy and have non-life threatening conditions where delay is unlikely to impact outcome (low-risk prostate cancer, DCIS)
4. Ancillary services that are required for priority 1 & 2 patients (Dental clearance for H&N cancer patients, etc.)