

Dear Colleague,

Over the last 24 hours the SCTS has been working with NHS England to provide advice about cancer surgery in these uncertain times. Broadly the current message from all surgical specialities is that cancer surgery should carry on as normal. Nevertheless it is recognised by all that the situation is fluid and changing rapidly. As such any advice regarding healthcare will need to be adapted according to circumstances which will inevitable vary throughout the country.

The specific advice we have given for the management of patients with thoracic cancers is as follows:-

**Prior to surgery**

1. Minimise thoracic surgical attendance in person at thoracic cancer MDTs (lung cancer, colorectal cancer, mesothelioma sarcoma etc) using video links wherever possible. But ensure full coverage of the MDTs to allow maximal discussion of individual patients and general protocols of care with other colleagues in the cancer team
2. Limit attendances for patients at thoracic surgical clinics, so that they are only seen when all relevant investigations are available.
3. Prioritise surgery for patients who have
4. Symptomatic thoracic cancers (infection, bleeding, pain, breathlessness)
5. More advanced thoracic cancers, not suitable for primary chemo/radiotherapy
6. Patients requiring invasive diagnostic surgical procedures (e.g. VATS, mediastinoscopy etc) will also need to have surgery carried out as a priority
7. For less aggressive early stage (T1aN0)primary lung cancer (for example lepidic adenocarcinomas, ground glass opacities, typical carcinoid tumours) it may be appropriate to delay surgery for 4-6 weeks to facilitate the best use of surgical capacity, providing the patients remain under thoracic surgical review for re-imaging
8. If access to operative care is significantly reduced by the Covid-19 epidemic consider offering non-surgical primary therapies to suitable patients as an alternative to surgery (SABR, radio-ablation etc)
9. These measures may mean that the 62-day cancer targets are breached more often overall than prior to the Covid-19 epidemic

**In-hospital care**

1. Avoid the routine use of HDU/ITU wherever possible (pre-op preparation, ERAS, pain relief)
2. Ensure active consultant input into patient management 24/7

**Post-op**

1. Maximise virtual F/U (Skype interviews, nurse-led telephone clinics) to avoid the need for patients to attend hospitals

**Benign thoracic surgical conditions**

1. Unless there is a concern about a deterioration of symptoms, consider postponing surgery for all benign thoracic surgical conditions until the end of the Covid-19 outbreak except for:-
2. Symptomatic pneumothorax
3. Lung and pleural infections
4. Critical airway stenosis / fistulae

This advice is currently with NHS Specialised Commissioning and I expect that it will be cascaded to all Cardiothoracic Surgical Units very soon.

As always please do not hesitate to get in touch should more clarification be needed.

With best wishes

Richard Page

President, SCTS