AIO-YMO/KRK 520/ass.

S1 Guideline for prioritization in gastrointestinal cancer care – scarcity of resources in the pandemic context

Anke Reinacher-Schick [1]; Celine Lugnier [1]; Pompiliu Piso [2]; Emmannouil Fokas [3] Matthias Ebert [4]; Tanja; Zimmermann [5]; Ulrich Wedding [6]; Anna-Lena Kraeft[1]; Olaf Schoffer [7]; Sabine Sommerlatte [8]; Thomas Birkner [7]; Sarah Förster [9]; Stefan Rolf Benz [10]; Monika Klinkhammer-Schalke [11]; Wolfgang Knauf [12]; Ralf-Dieter Hofheinz [13]; Andrea Tannapfel [9]; Jochen Schmitt [7]; Bernhard Wörmann [14]; Jan Schildmann[8]

[1] Department of Hematology, Oncology and Palliative Care, Ruhr-University Bochum, Bochum, Germany. [2] Department of General and Visceral Surgery, Hospital Barmherzige Brüder, Regensburg, Germany [3] Department of Radiotherapy of Oncology, University of Frankfurt, Frankfurt, Germany [4] Department of Medicine II, Medical Faculty Mannheim, University of Heidelberg, Mannheim, Germany [5] Department of Psychosomatic Medicine and Psychotherapy, Hannover Medical School, Hannover, Germany [6] Department of Hematology, Oncology, Palliative Care, University Hospital, Jena, Germany [7] Center for Evidence-Based Healthcare, University Hospital Carl Gustav Carus and Carl Gustav Carus Faculty of Medicine, Technical University Dresden, Dresden Germany,
[8] Institute for History and Ethics of Medicine, Martin Luther University Halle-Wittenberg, Halle, Germany, [9] Institute of Pathology, Georgius Agricola Stiftung Ruhr, Ruhr-University Bochum, Bochum, Germany, [10] Department of general surgery, Hospital Böblingen, Böblingen, Germany, [11] Tumor Center - Institute for Quality Management and Health Services Research, University of Regensburg, Regensburg, Germany [12] Centrum Haematologie & Onkologie Bethanien, Frankfurt, Germany [13] Department of Medical Oncology, University Hospital Mannheim, Mannheim, Germany [14] Department of Medicine, Hematology, Oncology, Tumor Immunology, Charité-University Berlin, Berlin, Germany.

Background

The COVID-19 pandemic has led to deviations in all sectors of cancer care. We present multidisciplinarily approved recommendations for prioritization of procedures in times of scarce resources for patients with colorectal and pancreatic cancer. The recommendations are based on available evidence and ethical considerations.

Figure 1:
Waves of the COVID-19 pandemic in Germany

Methods - Data

Within the CancerCOVID consortium (consisting of three subprojects: Ethics, Oncology, Health Care Research; funded by "Federal ministry of Education und Research" BMBF) we performed a selective literature review in PubMed and Google scholar searching for international data on the impact of the COVID-19 pandemic on cancer care. In addition, we analyzed data relevant for the allocation of resources:

Survey and qualitative interviews with patients and healthcare workers on psychosocial and ethical challenges

Data about colorectal cancer (CRC) care from: 22 AIO sites, the Institute of Pathology, Bochum; the ColoPredict Registry; data about outpatient care from *"Bundesverband der Niedergelassenen Hämatologen und Onkologen"* (BNHO) and Onkotrakt AG from 2019 versus 2020

Data on colorectal and pancreatic cancer care and cancer screening from AOK PLUS (health care insurance with about two million members in Saxony)

We presented and discussed our findings in interdisciplinary structured group discussions. Based on combined ethical and empirical analysis we developed recommendations for cancer care focusing on GI cancers (figure 2). Consensus of this S1 guideline was based on approval by 9 medical societies from *"Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften e.V."* (AWMF) and 22 multidisciplinary experts and patient representatives (figure 3).

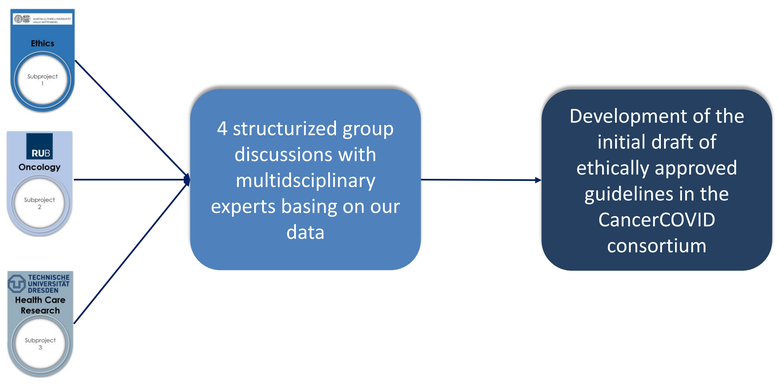

Figure 2: Development of the first guideline draft

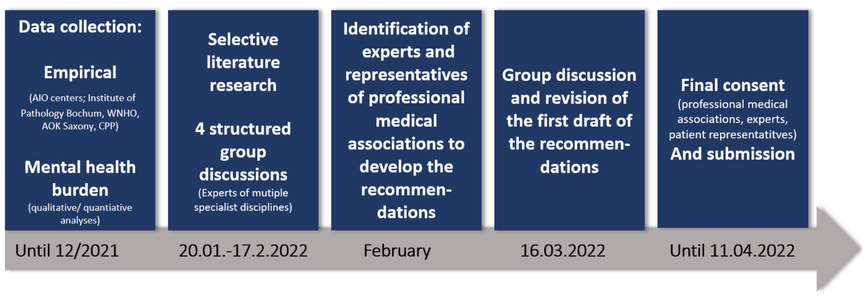

Figure 3: Timeline for guideline drafting and consenus

Results

The main principles on which decisions about prioritization in cases of scarce resources should be based on are:

1.Urgency to prevent or minimize harm
2.Chance of success of the planned medical procedure
3.Evaluation of alternative medical procedures

In situation of risk of relevant harm in case of subordinated care, the decision for prioritization should be performed for the individual patient following the *"multiple eyes"* principle.
Prioritization by means of sex/gender, age, ethnicity, origin, social or health insurance status, COVID-19 vaccination status or vehemence of demanding treatment **was deemed NOT justifiable.**
We specified guidelines for 5 areas in cancer care (figure 4):

1.Diagnostics
2.Cancer surgery
3.Systemic treatment and radiotherapy (medical and radiation oncology)
4.Psychosocial care
5.Palliative care

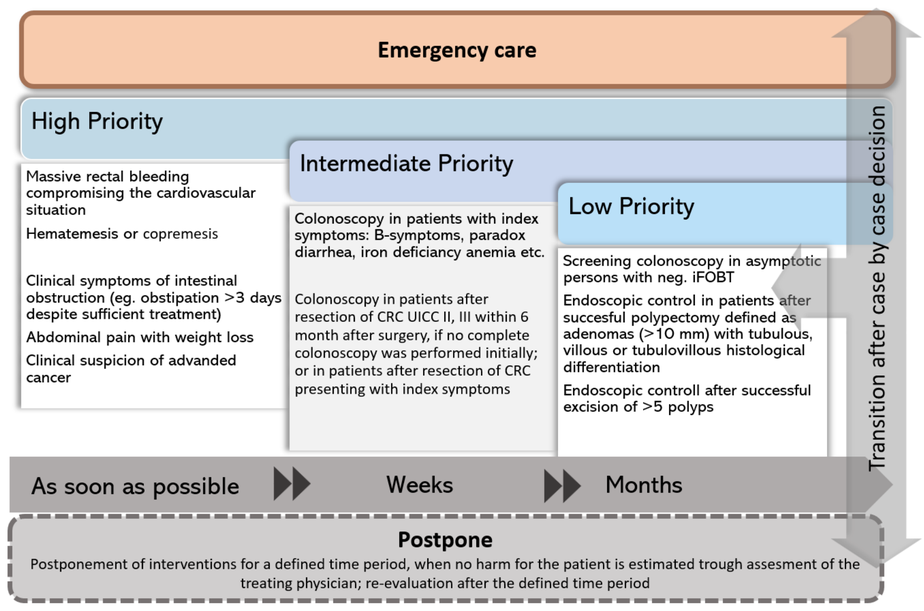

Figure 4: Prioritization categories for interventions

Conclusions

Broad multidisciplinary consensus for equitable prioritization in gastrointestinal cancer care in situations of scarce resources

References

Whittaker, T. M. et al. (2021)*Colorectal Dis*, *23*(7), 1699–1711. https://doi.org/10.1111/codi.15625
Riera R et al. JCO Glob Oncol. 2021 Feb;7:311-323.https://doi: 10.1200/GO.20.00639
https://www.awmf.org/uploads/tx_szleitlinien/018-039l_S1_Priorisierung-Ressourcenallokation-Pandemie-Krebsversorgung-gastrointestinaler-Tumoren_2022-04_1.pdf

Fulltext of S1 Guideline

Contakt
Anke Reinacher-Schick
Anke.Reinacher@rub.de

Céline Lugnier
Celine.lugnier@rub.de

GEFÖRDERT VOM
Bundesministerium für Bildung und Forschung