

UPDATE: 24 March 2020

This guidance has been produced by the One Cancer Voice* charities in partnership with NHS England.

Please refer in the first instance to wider Government guidance on:

- [Staying at home if you think you have coronavirus \(self-isolating\)](#)
- [How everyone can help stop coronavirus \(social distancing\)](#)
- [How to protect extremely vulnerable people \(shielding\)](#)

People living with cancer now

Q1 Do I need to do anything differently as someone who is being treated / in remission from cancer/living with a chronic cancer?

People with certain cancers and those who have received or are receiving certain treatments are at risk of severe illness if they catch coronavirus (Covid-19). This includes:

- people with cancer who are undergoing active chemotherapy
- people with cancer who are undergoing radical radiotherapy for lung cancer
- people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- people having immunotherapy or other continuing antibody treatments for cancer
- people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs

The Government has published [guidance](#) for

5. Avoid gatherings with friends and family. Keep in touch using remote technology such as phone, internet, and social media.
6. Use telephone or online services to contact your GP or other essential services.

The detailed advice can be found here: _____

Q2

letter. What should I do?

- try spending time with the windows open to let in fresh air, arranging space to sit and see a nice view (if possible) and get some natural sunlight. Get out into the garden or sit on your doorstep if you can, keeping a distance of at least 2 metres from others.

You can find additional advice and support from [Every Mind Matters](#) and the [NHS mental health and wellbeing advice website](#).

There is currently no vaccine for this form of coronavirus. Research is being done to develop a vaccine, but this will take many months.

Q20 If the pressure on the NHS grows, will my treatment be delayed?

See Q6.

Q21 Will there be problems accessing my cancer drugs?

There are currently no medicine shortages as a result of COVID-19. The country is well prepared to deal with any impacts of the coronavirus and we have stockpiles of generic drugs like paracetamol in the event of any supply issues.

The Department of Health and Social Care is working closely with industry, the NHS and others in the supply chain to ensure patients can access the medicines they need and precautions are in place to prevent future shortages.

There is no need for patients to change the way they order prescriptions or take their medicines. Patients should always follow the advice of doctors, pharmacists or other prescribers who prescribe and dispense their medicines and medical products. The NHS has tried-and-tested ways of making sure patients receive their medicines and medical products, even under difficult circumstances. If patients order extra prescriptions, or stockpile, it will put pressure on stocks, meaning that some patients may not get the medicines or medical products.

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Detailed questions about the categorisation of extremely vulnerable people

Q24 Does the extremely vulnerable people category include:

- **Only patients undergoing active chemotherapy for lung cancer?**
No. Everyone undergoing active chemotherapy is included.
- **Patients with blood disorders who are immunocompromised but not receiving chemotherapy?**

marrow such as leukaemia, lymphoma or myeloma who are at any stage of
- **Patients having radiotherapy for metastatic lung tumours?**
- **Patients having any targeted treatments (more than just antibody treatments)? Would anti-angiogenesis targeted drugs fit into that?**
Yes, all these treatments carry excess risk and therefore people receiving these

other targeted cancer treatments which can affect the immune system, such as pr
- **Transplant patients?**
Yes, if they have had a transplant within the last 6 months, and if they are taking any

marrow or stem cell transplants in the last 6 months, or who are still taking
- **Patients autologous as well as allogeneic transplants in the last 6 months?**
Yes.
- **All patients with rare diseases?**
No, how rare the disease is not relevant. The issue is whether the disease significantly increases the risk of infection. If a patient has a rare disease **and** that disease significantly increases their risk of infection, they will be included in the category of extremely vulnerable people.

Q25 In previous versions

list of extremely vulnerable people. Why are they not included now?

Because of the level of social restriction now advised by the guidance for extremely vulnerable people, the criteria for cancer patients were carefully defined, based on those with greatest clinical risk.

Hospital Trusts have however been advised that where they identify other patients who they consider to be at the very highest risk, they should write to them and, in each case, inform their GP that they have done so, so their records can be updated.

If someone has finished chemotherapy within the last 3 months, is unsure of their risk and what measures they should be taking, they should speak with their hospital specialist. If this is not possible, they should contact their GP.

*The following charities have developed this guidance in partnership with NHS England:

Anthony Nolan, Bloodwise, Bowel Cancer UK, The Brain Tumour Charity, Brain Tumour

Cancer Trust, Leukaemia Care, Leukaemia UK, Lymphoma Action, Macmillan Cancer Support, Myeloma UK, NCRI, Ovarian Cancer Action, Pancreatic Cancer UK, Prostate Cancer UK, Roy Castle Lung Cancer Foundation, Sarcoma UK, Target Ovarian Cancer and Teenage Cancer Trust.