Radiotherapy: External Beam Radiotherapy (EBRT), Stereotactic Body Radiation Therapy (SBRT), Brachytherapy and Radium 223 for prostate cancer; and COVID-19

The correct name for the virus is SARS-coronavirus-2 and the disease it causes is Coronavirus Disease 2019 (COVID-19). SARS means Severe Acute Respiratory Syndrome. Throughout the document this new (novel) disease will be referred to as COVID-19.

This document is intended to provide general information and is not intended to replace medical advice. Prostate Scotland cannot give individual advice or recommend which treatments might be suitable for an individual or recommend individual medical care or health professionals – patients should always check with their urologist, oncologist, CNS or GP regarding treatments. As the following is general information, guidance and procedures for each health board may be slightly different. If you have been given specific advice from your urologist, oncologist, CNS or GP then you should always follow their advice.

We have compiled this information on COVID-19 and External Beam Radiotherapy and Brachytherapy for prostate cancer to the best of our knowledge and understanding at the present time. As the situation is constantly changing, almost on a daily basis, and as more knowledge and information become available, this information and guidance may change. We will try to keep you as up to date as possible.

Routine operations have been cancelled, but some cancer surgery is continuing. However, there are differences between health boards depending on availability of resources. As it is a constantly changing situation, it is best to contact your urologist, oncologist or CNS who can advise on what is happening in your area.

Your cancer treatment plan is individual to you. In all cases, it is important to think about the risks and benefits. Since some cancer treatments make it more difficult to fight infection, there is a potential increased risk of infection with COVID-19.

However, some men with prostate cancer, due to age ie those over 70 and those with additional conditions such as diabetes, heart disease maybe more at risk of severe symptoms if they catch COVID-19.

Your oncologist may want to review your treatment plan with you to ensure it still best suits your needs and discuss any changes that may be appropriate. This will only ever be done to reduce overall risk and harm.
Your oncologist and GP will try to minimise the amount of time you spend in hospital departments and at the GP practice; for example, arranging telephone consultations and offering blood tests at a different NHS site. Make sure everyone involved in your care and treatment has your up-to-date contact details.

Certain treatments for cancer can affect how well the immune system works. In particular, this may be the case for those men having chemotherapy treatments for their prostate cancer. Their immune system may be affected and not work so well during their treatment and for a number of weeks or months afterwards. Those having treatment(s) over a number of months may be at a greater risk of developing more severe complications if they contract COVID-19 (or indeed colds, ‘flu or tummy bugs) during their treatment.


Who can I contact?
Potentially your best point of contact for information in your particular circumstances will be your Clinical Nurse Specialist (CNS). As you will understand, NHS staff are under a great deal of pressure at the moment and you may not get through to speak to the CNS straight away. You may be asked to leave your name and telephone number so a member of staff can call you back or they may advise on an email address that you can reach the person on.

If you attend your GP practice for follow-up and treatments for your prostate cancer, then the GP or Practice Nurse may be the best person to contact. Again, you may be asked to leave your name and telephone number so a member of staff can call you back.

If your urologist, oncologist, CNS, GP or someone from the NHS is trying to get in touch with you, this may show on your phone as ‘number withheld’. It may be best to answer ‘number withheld’ calls in this current situation, especially if you have left your name and number for a call back. They will let you know straight away who is calling.

You may receive a text from NHSNoReply. These are usually texts to give you information and don’t allow you to get back in touch.

**What is the policy about treatment currently?**
The NHS Scotland and the Scottish Government has stated the NHS will continue to provide vital cancer treatments, and emergency and urgent care for all patients.

If it becomes necessary, it will **prioritise** some patients for treatment based on need.

If you are being treated with chemotherapy or External Beam Radiotherapy and Brachytherapy, individual **decisions** based on the benefits and risks of treatment may have to be made with you as the rate of COVID-19 infection in the community rises. Different therapy options involving fewer visits to hospital may be offered to you. A lot of surgical procedures may now carry far greater risks due to COVID-19. Because of this, other treatment plans may be proposed and discussed with you.

**Shielding – what is it, why is it essential, and the recent changes to this guidance**

**Please note.** You can see the latest Scottish Government guidance on 'shielding' You can also download the 2 page PDF route map on shielding.

On the 23rd July 2020, the Scottish Government announced that shielding is to be paused from **1.8.20.** You should receive a letter or SMS text message confirming the latest changes announced and that shielding is to be paused.

Some additional changes have now been announced to the original guidance on shielding

As from **24.7.20** a number of changes were announced to the guidance on shielding. This includes being able to meet with up to **8** people from **2** other households each day **indoors**, being able to meet **outdoors** with up to **15** people from **4** other households, travel in a car with someone you don’t live with, use public transport, go to pubs and restaurants staying in the outdoor areas, go to shops and indoor markets, go to the barbers or hairdresser and visit indoor attractions and if you live alone you can form an extended household with one other household. You should wear a face covering if you can't physically distance and face coverings are compulsory on public transport and in shops. Continue to wash your hands with soap and water regularly especially when you get home if you’ve been out and about.

You can see more details in our ‘Info Guidance’ page on shielding [here](#).

You can also watch a video about shielding [here](#).

Further guidance about going out and about has been produced by the government:

1. A guide to help you understand what activities are safer than others can be found [here](#)
2. A tool to help you protect yourself during daily activities can be found [here](#)
A workplace risk assessment tool to help people consider their individual risk when returning to work is also available.

If you have not already registered with the SMS text service, then it may be worth considering doing so. A COVID-19 forecasting service for shielding is being developed and people who have been shielding will be informed through the SMS text service about the risk of being exposed to COVID-19 in their local area.

In the future, the Government is looking at other ways that shielding might change. As the situation changes and as more knowledge and information become available, guidance on shielding will change. We will try to keep you as up to date as possible with these changes.

For those people who are at very high risk of severe illness additional protection measures are advised which involves minimising all interaction between them and others (called shielding).

Those who are extremely vulnerable should:

- not leave their homes (please see guidance above as this has been updated)
- minimise all non-essential contact with other members of their household


People who fall into this category will be contacted by the NHS by letter or email. Some people may find that they receive more than one letter if they have multiple ‘shielding’ conditions. ‘Shielding’ applies to men who are being treated by chemotherapy for their prostate cancer.

If you discover that you are not on the "very vulnerable" list and don’t receive a letter, but think you should be, you should contact your GP, or you can register via the NHS111 website to receive a letter. Having this letter might be helpful in terms of getting priority for home deliveries etc.

**Thank you to our NHS**

We would like to take this opportunity to sincerely thank all NHS staff throughout Scotland who are doing a wonderful job in extremely challenging, difficult and unprecedented circumstances who have been working tirelessly to support all patients.

Although the weekly Thursday night ‘Clap for our Carers’ has come to an end, join the nation on **Thursday 25th March 2021 at 8pm** to celebrate our carers in the ‘**Clap for our Carers Day**’ – a date to put in your diary now.
External Beam Radiotherapy and Brachytherapy prostate cancer and COVID-19

If you are to be treated by or being treated with radiotherapy, individual decisions based on the benefits and risks of treatment may have to be made with you as the rate of COVID-19 infection in the community rises.

External Beam Radiotherapy (EBRT) and Stereotactic Body Radiation Therapy (SBRT) for prostate cancer

EBRT and SBRT (see pages 86-95 of the booklet “Early prostate cancer explained”) shouldn’t have any effect on your immune system. These treatments shouldn’t increase your risk of catching COVID-19 and even if you do contract COVID-19 it shouldn’t mean that you have more severe symptoms.

These treatments mean that high energy x-ray beams are used to treat your prostate cancer. The beams are very accurately focused on the cancer in your prostate to destroy the cancer cells. SBRT (pages 86-95) is essentially the same process but uses a tracking mechanism to track the movement of the prostate.

Normally treatments are given in hospital 5 days a week over a period of 4-8 weeks. It is becoming more common for some men to have their treatments over 20 days with higher doses being given each time.

As EBRT and SBRT (pages 86-95) involves multiple trips to hospital there’s a chance this might put you at more risk of catching COVID-19 from other people in the hospital. Hospitals and GP Practices are putting measures in place to lower the risks of people and staff getting COVID-19, should your radiotherapy treatment be going ahead. This will most likely mean that staff will wear personal protection equipment (PPE).

At this very challenging time and depending on individual circumstances it may be necessary to prioritise radiotherapy for certain tumour types over other tumour types. As a result, EBRT and SBRT (pages 86-95) for men with prostate cancer may have to be delayed/postponed and alternative treatments offered according to individual circumstances.

For those men waiting for EBRT and SBRT (pages 86-95) who are on currently on LHRH, it may mean they stay on LHRH slightly longer.

These decisions will not be taken lightly, and the oncologist will get in touch with the man and his family to discuss the way forward and the possibility of other treatment options in the meantime.

If EBRT and SBRT (pages 86-95) is going ahead someone from your oncology team will most likely get in touch with you to discuss how your EBRT and SBRT (pages 86-95) will be taken forward and the procedures put in place to keep everyone safe and help prevent the spread of COVID-19.
If a patient catches COVID-19 while on EBRT and SBRT (pages 86-95) they will not be treated until symptoms recover. This would be around a 1-week delay as a minimum and every effort will be made to adjust the treatment to try to compensate for this break, to try to avoid any adverse affects on chances of cure.

**Brachytherapy**

**Brachytherapy** is a method of delivering a kind of radiotherapy where tiny metal seeds which emit radiation are very carefully and accurately implanted into the prostate by a surgical procedure. Here, they work to kill the cancer cells at the site of the cancer inside your prostate.

It’s usual to have a general anaesthetic when having **Brachytherapy**. During the crisis with COVID-19, a potential challenge for the oncology team might be a reduced availability of general anaesthesia, and access to operating theatres.

**Depending on individual circumstances**, it may be necessary to postpone/delay your planned **Brachytherapy** or, if it does go ahead, then there is the possibility that a spinal anaesthetic may be used instead. Someone from the oncology team will most likely get in touch to discuss the way forward and options for you and your family.

As prostate **Brachytherapy** is only undertaken in 2 centres in Scotland (Western General Hospital, Edinburgh and Queen Elizabeth University Hospital, Glasgow) men choosing to have this treatment may have to travel long distances to these centres. Your urologist and/or oncologist may discuss other treatment options with you and if brachytherapy, remains the best option for you with the current challenges facing the NHS with COVID-19.

**If** the operation does go ahead you may have to stay in hospital overnight or some men may be discharged on the same day as their operation. Again, returning home may be a difficulty for men who live a distance away.

After the procedure and when you get home, you may be more at risk of developing an infection so you should strictly follow the measures already set out by the Scottish Government and NHS Scotland.

In normal circumstances you would have a follow-up appointment at the out-patient clinic in around 4-6 weeks. Depending on arrangements put in place during this pandemic, you may go to the out-patient clinic to see the oncologist/CNS or the consultation may be done by telephone or a video call, especially if you live a distance away from the hospital.

**Radium 223** (see pages 10-17 of the booklet ‘Treatments for advanced prostate cancer: Treatments for bone pain and spinal cord compression explained’)

Radium 223 (pages 10-17) is a radioactive drug that is used for men with advanced prostate cancer to control the effect of cancer in the bones. This is given by
injection every 4 weeks with up to a total of 6 injections. The injection is given at the hospital as an out-patient.

The radiation used to attack the cancer cells in bone may cause some short-term damage to bone marrow. This may lead to a lowering of the number of white cells in the blood so can put you more at risk of catching an infection, such as COVID-19. About two weeks after your injection you need to have a blood test to make sure that you are healthy enough to have the next injection. This would usually be done at the hospital but in the current circumstances someone from the oncology team will most likely get in touch to update you on the current arrangements and how your Radium 223 (pages 10-17) injections and blood tests will be taken forward and the procedures put in place to keep everyone safe and help prevent the spread of COVID-19.

If you have had Radium 223 (pages 10-17) in the previous 3 months and you catch COVID-19 then you (or your family) should tell any medical staff treating you that you have had Radium 223 (pages 10-17). This is important for medical staff who are taking any blood, urine or stool samples, if you have sickness or diarrhoea or you are having surgery or stitches.

**Blood samples**
Medical staff will need to follow specific radiation protection restrictions on taking blood from you for up to 48 hours after your Radium 223 injection.

**Urine and stool samples**
Medical staff will need to follow specific radiation protection restrictions on collecting urine and stool samples from you for 8 days after your Radium 223 injection.

**Sickness or diarrhoea**
Medical staff will need to follow specific radiation protection restrictions if you are sick or have diarrhoea for 8 days after your Radium 223 injection.

For more information medical staff looking after you, can contact the local Nuclear Medicine department in charge of your treatment for further advice.

If you have had Radium 223 (pages 10-17) recently and catch COVID-19, do not recover from COVID-19 and pass away, then although burial can take place, cremation is not possible until it is worked out when all the radiation in your body has gone.

**Who should I contact if I become unwell or develop side effects while on treatment for cancer?**
If you have chest pain, significant bleeding or you need immediate medical attention call 999.
If you have a temperature or shivering or 'flu-like symptoms while you are on treatment for cancer, or for any side-effects of drug treatment, call your local cancer treatment helpline, or the national Cancer Treatment Helpline on 0800 917 7711. They will ask a series of questions and will give advice or arrange for you to have a medical review at your nearest hospital.

**For more information and support**

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<td>Prostate Scotland</td>
<td><a href="http://www.prostatescotland.org.uk">www.prostatescotland.org.uk</a></td>
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<td>For information on support groups</td>
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<td>NHS Inform</td>
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<td>24-hour national cancer treatment</td>
<td>0800 917 7711</td>
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<td>Cancer information nurses</td>
<td>For Beatson patients only 0141 301 7990</td>
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<tr>
<td>The Beatson Cancer Treatment Helpline</td>
<td>For Beatson patients only 0141 301 7990</td>
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<td>Maggie’s Centres</td>
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<td>For mental health help and information</td>
<td><a href="http://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/">www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/</a></td>
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<tr>
<td>Mental Health UK</td>
<td>Phone 0800 83 85 87 (6pm to 2am, weekdays and 24 hours at the weekend</td>
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<tr>
<td>Breathing Space</td>
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<td>For general information and help with money worries CAB Citizens Advice Bureau</td>
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**New national service**

A new national helpline has been set up (as from 15.4.20) to provide vital help to those people who don’t have a network of support (such friends, family, neighbours) but who are at **high risk** of contracting **COVID-19**.

The helpline number is 0800 111 4000. The helpline is currently available from 9.00am to 5pm but there are plans to increase the number of hours the helpline will be available each day.
The service will offer help to those who do not have family/friends/other support, those who cannot get online, those who are over 70, those who are disabled, those who require the support of mental health services, or receive a ‘flu jab for health reasons. This service is in addition to the support already available for people who have received letters advising them to shield themselves.

People who call this helpline (0800 111 4000) will be put through to their local authority who will help them get the service they need, such as:

- essential food and medication
- links to local social work services for vulnerable children or adults
- emotional support
- contact with local volunteer groups.

About this information
The information contained in this leaflet has been developed by Prostate Scotland and reviewed by members of our advisory group, PAGES.

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