

# ANZSA position statement on orthopaedic oncology surgery during the COVID-19 pandemic

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The Australia and New Zealand Sarcoma Association strongly supports the position taken by the Australian Orthopaedic Association and the Royal Australasian College of Surgeons with regard to the performance of all nonessential surgery.

Delaying oncology surgery may result in significant mortality risks; however, this must be balanced against the risk of surgery and mortality in COVID-19-positive patients or those with malignancy or on immunosuppressive care and with less aggressive lesions.

Exposing patients, medical staff, and other ancillary hospital staff to the risk of serious illness and the possibility of quarantine at a crucial time is a real concern. Medical manpower must be preserved to prepare for the increasing workload of the pandemic. PPE, drugs and devices used to manage COVID-19 must be preserved.

Non-operative treatment of bone and soft tissue tumours should wherever possible be managed in the ambulatory setting or the emergency department, without admission to hospital. This should be in consultation with an orthopaedic oncologist initially to determine urgency of care, imaging and biopsy technique and ambulatory needs to maximize opportunity to avoid an adverse oncological outcome. The orthopaedic oncologist will work with the multidisciplinary team to determine the safest way forward.

Consultation regarding oncological conditions prior to definitive histological diagnosis will require consultation with a network of local or national orthopaedic oncology experts.

**Orthopaedic oncology surgery should only be considered for these urgent conditions:**

1. Primary bone or soft tissue malignancy of any sort – diagnosis by biopsy preferably; preferably closed biopsy, but open as required to determine treatment requirements.
2. Staged bone or soft tissue resection surgery part way through treatment or commencing care during the COVID-19 period may require surgery as decided by the MDT group e.g. Osteosarcoma Ewing's, soft tissue sarcoma.
3. Secondary bone malignancy diagnosed or undiagnosed with impending risk of fracture or acute limb complications
4. Acute orthopaedic oncology prosthetic complications including infection or breakage or dislocation requiring acute operative care.
5. Benign aggressive lesions with impending fracture or risk of acute neurovascular complications or at risk of significant functional compromise.
6. Complex Multiteam orthopaedic oncology surgery to be reviewed on a "case by case" basis to determine whether it can safely be delayed and the timeframe (e.g. pelvic and complex spine resections with complex surgical teams)

As this is an evolving situation this position statement will be reviewed and updated as this COVID-19 crisis progresses.

**Peter Steadman**

**Chair of Orthopaedic Committee**

**Australian and New Zealand Sarcoma Association**