



PHILIPPINE MUSCULOSKELETAL TUMOR SOCIETY COVID-19 CONSENSUS GUIDELINES ON THE MANAGEMENT OF MUSCULOSKELETAL TUMOR PATIENTS

The Philippine Musculoskeletal Tumor Society (PMTS), in solidarity with Philippine Orthopaedic Association (POA), presents its consensus guideline on the management of musculoskeletal tumor patients during the Coronavirus Disease 2019 (COVID-19) pandemic.

PMTS supports the need for clinical decisions in musculoskeletal tumors to be made *on a patient-to-patient basis*. Sound clinical judgement can be made based on the knowledge and understanding of the tumor biology, weighed against institutional policies and conservation of critical local resources.

Patients should be informed, however, that decisions regarding management of musculoskeletal tumors are consensus-based due to limited clinical evidence and experience. Clinical decisions are based on local and projected resources, COVID-19 prevalence, and tumor characteristics and expected outcomes from delays.

The following guidelines are recommended by the PMTS during COVID-19 pandemic:

1. Musculoskeletal tumor patients should receive appropriate and timely care, including operative management, based on sound clinical judgment and availability of local resources.
 - a. Surgery should not be delayed for Emergent cases, defined as true life or limb threatening cases, such as tumor bleed or infection causing sepsis.
 - b. Urgent surgery, defined as surgery in patients with malignant or benign aggressive tumors that can alter prognosis in patients life or limb, should be given priority once resources are available.
 - c. Intentional postponement of elective surgery should be considered for stable tumors such as benign aggressive tumors and some sarcomas. Neoadjuvant therapy (ie. denosumab for giant cell tumor, chemotherapy for osteosarcoma) may be given in an extended period, while waiting for surgery.
2. PMTS recommends COVID-19 testing for all surgical musculoskeletal tumor patients. Consider waiting on results of COVID-19 testing in patients who may be infected prior to any surgical procedure for proper guidance from an infectious disease or medical expert.
3. PMTS recommends minimizing COVID-19 exposure to healthcare workers in conducting aerosol generating procedures (AGPs) for patients who are or may be infected by COVID-19.



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- a. For patients who are confirmed COVID-19 positive or suspect for COVID-19 infection, non-operative management is preferred if feasible and safe for the patient. If operation is required in these patients then appropriate PPE should be utilized and precautions taken to protect the healthcare team.
 - b. AGPs should only be performed while wearing full PPE including an N95 mask, goggles or face shields, and powered, air-purifying respirator (PAPR) that has been designed for the OR, as outlined in the Philippine College of Surgeons (PCS) Guidelines on Precautionary Measures in Emergency Surgery During COVID-19 Pandemic.
4. PMTS recommends limiting patient exposure to healthcare facilities. The society encourages the following strategies to limit clinic visits:
- a. Offer consultations via telemedicine facilities (ie. messaging, voice, video conferences) wherever possible.
 - b. Limit or cut non-essential follow-up visits and postpone long-term follow-up for patients until the pandemic has passed.
 - c. Active observation protocols should be considered among patients with benign, benign-aggressive tumors and low grade sarcomas.
5. PMTS recommends coordinated cancer care. The society encourages virtual discussions among multi-disciplinary experts:
- a. Multi-disciplinary teams (MDT) may consider non-surgical options, including prolongation of neoadjuvant treatment (ie. chemotherapy) and non-surgical treatment if the outcomes are not compromised.
 - b. In concurrence with the MDT, prolonged adjunctive treatment can be discussed with the patient while waiting for optimal conditions for surgery.
 - c. Virtual MDTs might be convened in order to discuss prioritization of patients for non-urgent cancer surgery.