

11.

RECOMMENDATIONS ONCOLOGIC - IMMUNOSUPPRESSED PATIENTS

1. Do not indiscriminately discontinue antineoplastic or immunosuppressive therapies (40-42).
2. In cancer patients, consider the possibility of postponing the treatment cycle on a case-by-case basis (40).
3. Immunosuppressant withdrawal is indicated if symptoms suggestive of infection appear (41); in this case it is good practice to inform the physician responsible for the treatment promptly.
4. Steroids can be continued, but with caution (41).
5. New immunosuppressant prescriptions or dose increases are not recommended during an epidemic (42).
6. Consider the switch from parenteral drugs to others that can be administered at home (e.g. subcutaneously) to reduce access to outpatient clinics (41).
7. Ensure non-deferred outpatient visits and postpone visits for long-term follow-up, after remote evaluation (telephone, email, etc.) (40, 41).
8. Do not allow visitors in therapy rooms and allow the presence of a maximum of one visitor per patient in hospital stays (40).

Please refer also to General Recommendations (section 1) for other indications relating to outpatient clinics.

