Patient with controlled/chronic cancer

Symptoms with RTID?

- no
  - Risk for asymptomatic/early SARS-CoV-2*?
    - low
      - no deferral of any therapy
      - Therapy interval?
        - intermittent
          - strict contact isolation for at least 14 days, then treat cancer as clinically indicated and continue contact isolation
        - continuous
          - strict contact isolation
    - high
      - no deferral of any therapy

- yes
  - Therapy interval?
    - intermittent
      - Deferral of therapy generally recommended until RTID resolved
    - continuous
      - Interruption generally NOT recommended but individual risks should be considered

*as per current guidelines of health authorities
\(^{\text{a}}\)test with multiplex-NAT CARV and SARS-CoV-2 as per current guidelines
\(^{\text{b}}\)For example: Imatinib should not be discontinued because there is no clinically relevant immunosuppression, lenalidomide should be discontinued because it can lead to hypersensitivity pneumonitis