

# Endocrinology prioritisation guide during COVID-19

## Quick reference guide 6: radioactive iodine (I-131)

This guide details the factors and health conditions that are recommended for deferral, virtual and face-to-face care during the amber and green COVID-19 pandemic phases.

For specific COVID-19 precautions in the amber and green COVID-19 pandemic phases, refer to the general principles in the [Endocrinology prioritisation guide during COVID-19](#).

### Recommendations

- During the COVID-19 pandemic, cancer care was exempt from discontinuation as it was an essential service in most locations. As such, it is important that I-131 treatment is still offered while the rooms are available and priority be given to patients who have a high risk of residual and recurrent disease or with metastatic or locally aggressive disease.
- If the lead-lined rooms need to be repurposed for COVID-19 patients, then treatment could be given to selected patients in an outpatient setting. The nuclear medicine department would undertake a risk assessment to ensure the patients are discharged to a safe environment and that the radiation risk to their carers, family and the community is within acceptable limits. Issues including the distance to travel home, mode of transport home, sleeping arrangements, size of residence and proximity to children and pregnant women, would all need to be considered.
- During the amber COVID-19 phase, if no rooms are available for I-131, then a list should be created of patients requiring I-131. Once rooms are available, priority should be given to those with a more aggressive disease, as determined by local endocrinologist and nuclear medicine clinicians.
- Outpatient I-131 treatment could continue during both the amber and green COVID-19 phases. If the entire hospital has been repurposed as COVID-19, patients would need to be referred to outside radiology and nuclear medicine practices.

## References

1. Vrachimis A, Iakovou I, Giannoula E, Giovannella L. Endocrinology in the time of COVID-19: management of thyroid nodules and cancer. Eur J Endocrinol [Internet]. 2020 [cited 29 June 2020];183(1):G41-G48. Available from: <https://pubmed.ncbi.nlm.nih.gov/32438345/> doi:10.1530/EJE-20-0269
2. Kaiser B, Mirmira RG, Stewart PM. Our response to COVID-19 as endocrinologists and diabetologists. J. Clin. Endocrinol. Metab. [Internet] 2020 [cited 29 June 2020];105(5):1299-301. Available from: <https://academic.oup.com/jcem/article/105/5/1299/5814115>
3. Huang HL, Allie R, Gnanasegaran G, Bomanji J. COVID19 – nuclear medicine departments, be prepared! Nucl Med Commun [Internet] 2020 [cited 29 June 2020];41(4): 297-9. Available from: [https://journals.lww.com/nuclearmedicinecomm/fulltext/2020/04000/covid19\\_nuclear\\_medicine\\_departments\\_be.1.aspx](https://journals.lww.com/nuclearmedicinecomm/fulltext/2020/04000/covid19_nuclear_medicine_departments_be.1.aspx) doi: 10.1097/MNM.0000000000001183
4. American Thyroid Association. Novel Coronavirus (COVID-19) and the thyroid: frequently asked questions. 2020 [cited 29 June 2020]. Available from: <https://www.thyroid.org/covid-19/coronavirus-frequently-asked-questions/>
5. European Society for Medical Oncology. ESMO guidelines: cancer patient management during the COVID-19 pandemic. 2020 [cited 29 June 2020]. Available from: <https://www.esmo.org/guidelines/cancer-patient-management-during-the-covid-19-pandemic>
6. British Thyroid Foundation. Thyroid cancer and coronavirus (COVID-19). 2020 [cited 29 June 2020]. Available from: <https://www.btf-thyroid.org/thyroid-cancer-and-coronavirus>