



RCE-ESMO-ESO Training Course for Rare Cancer Patient Advocates

February 2022

On-line training programme

PATIENT CAFÉ

Rare cancers in the new COVID-19 era

Date and time: Wednesday 9 February, 15.30 -17.45 CET

THE HEALTHCARE PROFESSIONAL'S PERSPECTIVE

Sergio Sandrucci

European Society of Surgical Oncology

Rare cancers in the new COVID era : THE HEALTHCARE PROFESSIONAL'S PERSPECTIVE

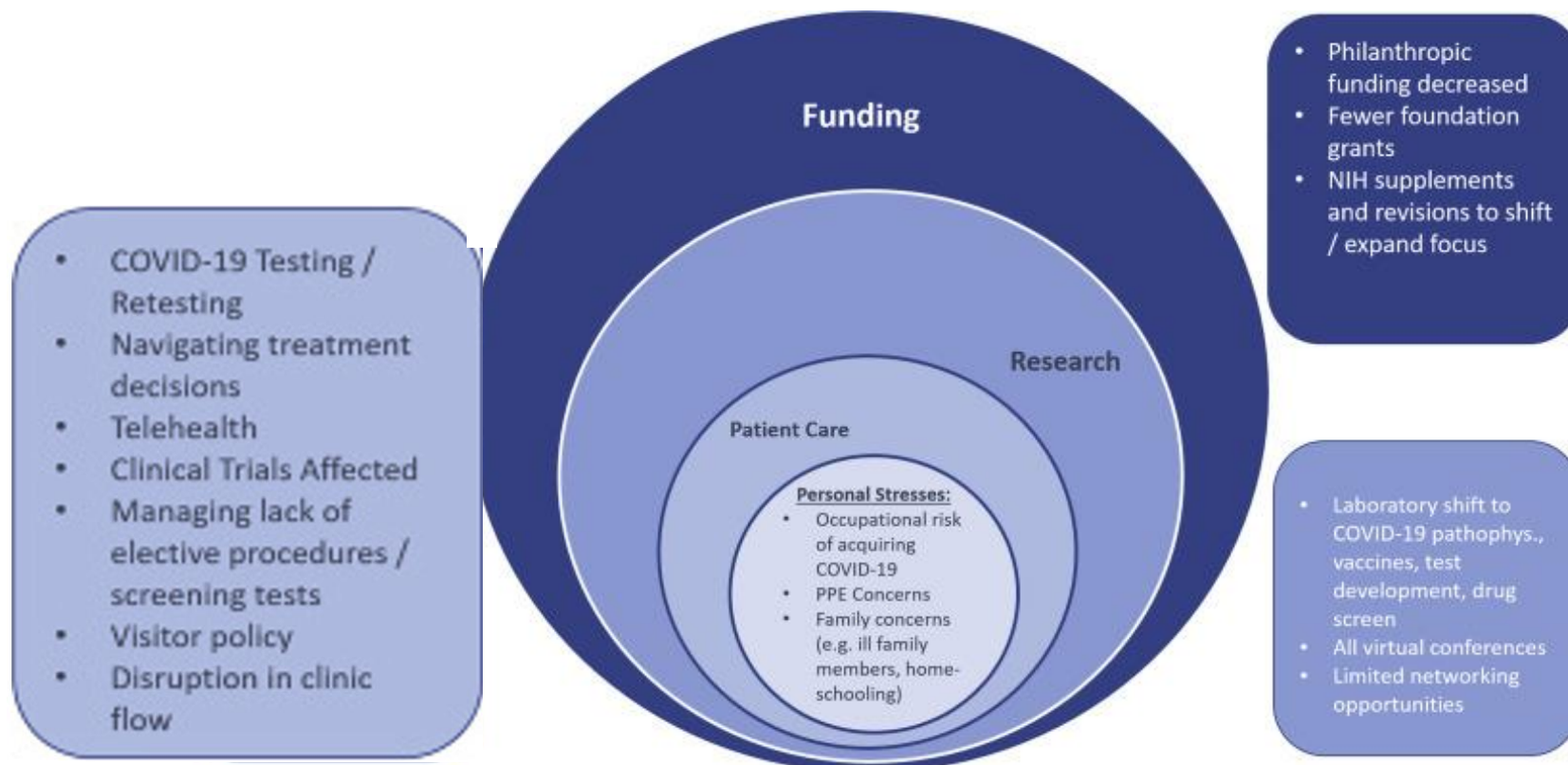
Cancer Cell

CellPress

Review

COVID-19 and Cancer: Current Challenges and Perspectives

Ziad Bakouny,^{1,7} Jessica E. Hawley,^{2,7} Toni K. Choueiri,¹ Solange Peters,³ Brian I. Rini,⁴ Jeremy L. Warner,^{4,5} and Corrie A. Painter^{6,*}



Rare cancers in the new COVID era : THE HEALTHCARE PROFESSIONAL'S PERSPECTIVE

Unmet needs, health policies, and actions during the COVID-19 pandemic: a report from six European countries

Oriol Miralles¹ · Dolores Sanchez-Rodriguez^{2,3,4} · Esther Marco⁵ · Cédric Annweiler^{6,7,8} · Ainhoa Baztan⁹ · Évora Betancor¹ · Alicia Cambra¹ · Matteo Cesari^{10,11} · Benito J. Fontecha¹ · Jerzy Gaşowski¹² · Sophie Gillain¹³ · Suzy Hope^{14,15} · Katie Phillips¹⁶ · Karolina Piotrowicz¹² · Niccolò Piro¹⁰ · Guillaume Sacco^{6,7} · Edoardo Saporiti¹⁰ · Murielle Surquin^{16,17} · Estel Vall-Ilosera¹

Received: 15 July 2020 / Accepted: 29 September 2020

| | Belgium | France | Italy | Poland | Spain | UK |
|--|---------|--------|-------|--------|-------|----|
| WHO's general recommendations | ● | ● | ● | ● | ● | ● |
| Enough stock of medical supplies | - | - | - | - | - | - |
| Clinical guidelines specific to older people | - | - | - | ● | - | ● |
| CGA-based treatment escalation plans | ● | - | - | - | ○ | ○ |
| Restricted visits in NHs | ● | ● | ● | ● | ● | ● |
| Specific action plans for NHs | ○ | - | - | - | - | - |
| Programmes enabling social networking | - | - | - | - | - | ● |

● Implemented; ○ Partially Implemented; – Not implemented or available.

* Guidelines recommended by the Polish Psychiatric Society focused on the care of patients with dementia.

Abbreviations: CGA: Comprehensive Geriatric Assessment; NH: nursing home.

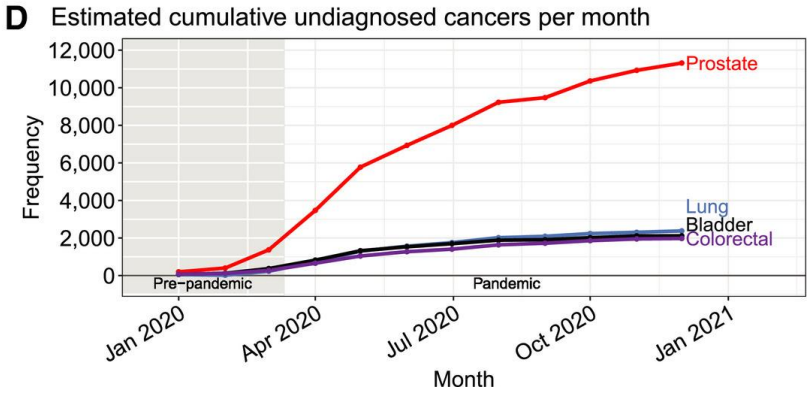
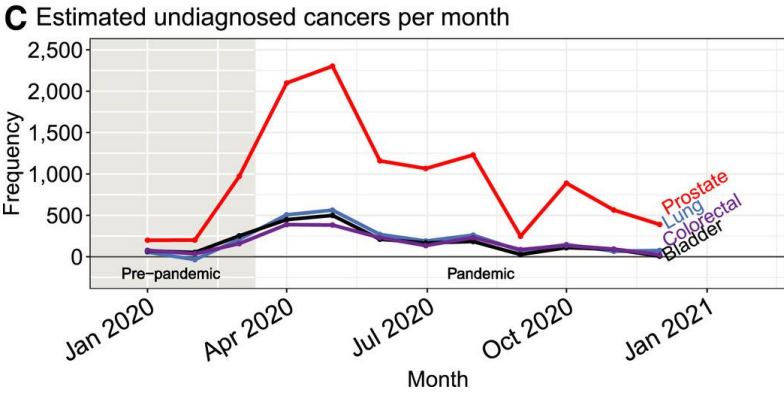
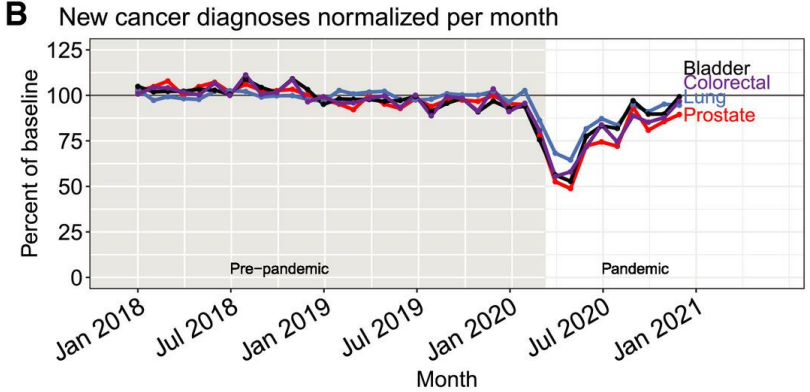
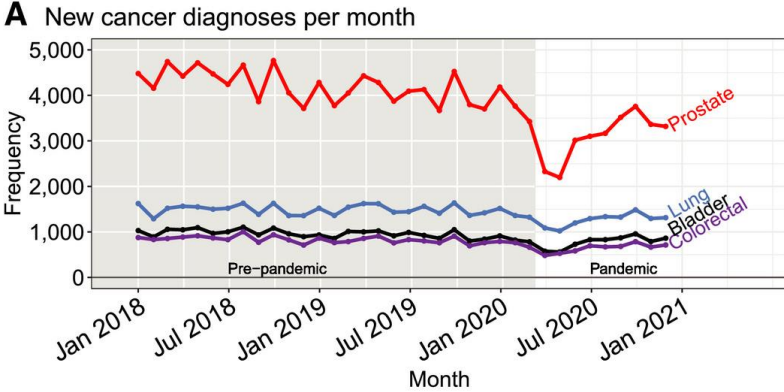
Rare cancers in the new COVID era : THE HEALTHCARE PROFESSIONAL'S PERSPECTIVE



Original Article

Impact of the COVID-19 pandemic on diagnosis of new cancers: A national multicenter study of the Veterans Affairs Healthcare System

Brian R. Englum, MD, MHS¹; Nikhil K. Prasad, MD^{1,2}; Rachel E. Lake, MSPH^{1,2}; Minerva Mayorga-Carlin, MPH^{1,2}; Douglas J. Turner, MD^{1,2}; Tariq Siddiqui, MS^{1,2}; John D. Sorkin, MD, PhD^{3,4}; and Brajesh K. Lal, MD^{1,2}

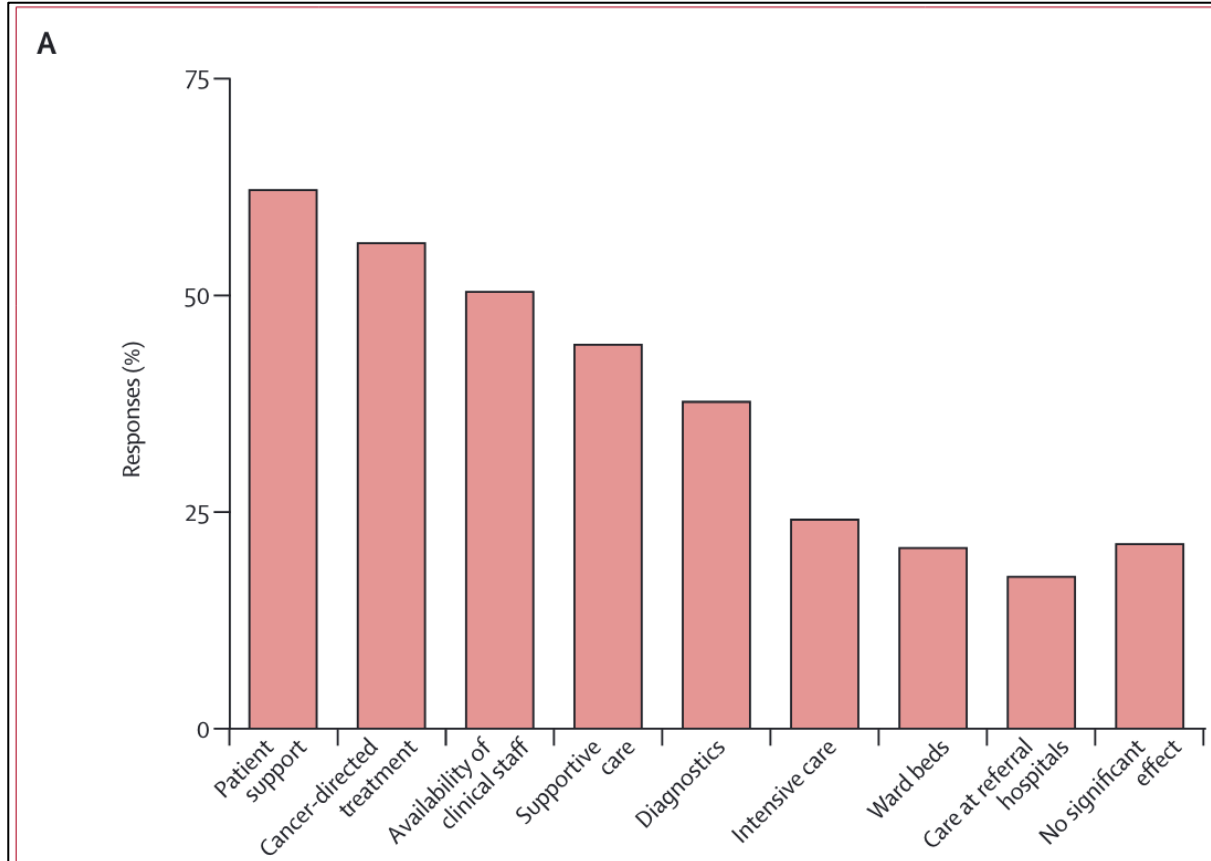


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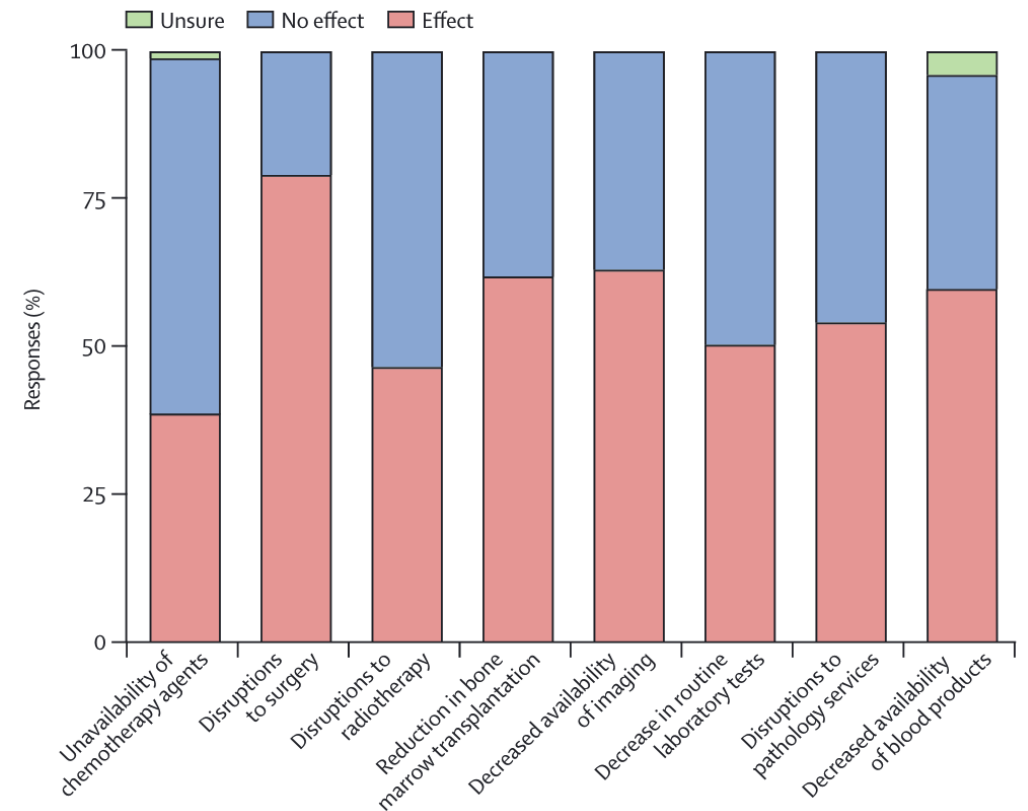


Global effect of the COVID-19 pandemic on paediatric cancer care: a cross-sectional study

Dylan Graetz, Asya Agulnik, Radhikesh Ranadive, Yuvanesh Vedaraju, Yichen Chen, Guillermo Chantada, Monika L Metzger, Sheena Mukkada, Lisa M Force, Paola Friedrich, Catherine Lam, Elizabeth Sniderman, Nickhill Bhakta, Laila Hessissen, Rashmi Dalvi, Meenakshi Devidas, Kathy Pritchard-Jones, Carlos Rodriguez-Galindo, Daniel C Moreira



C



Rare cancers in the new COVID era : THE HEALTHCARE PROFESSIONAL'S PERSPECTIVE

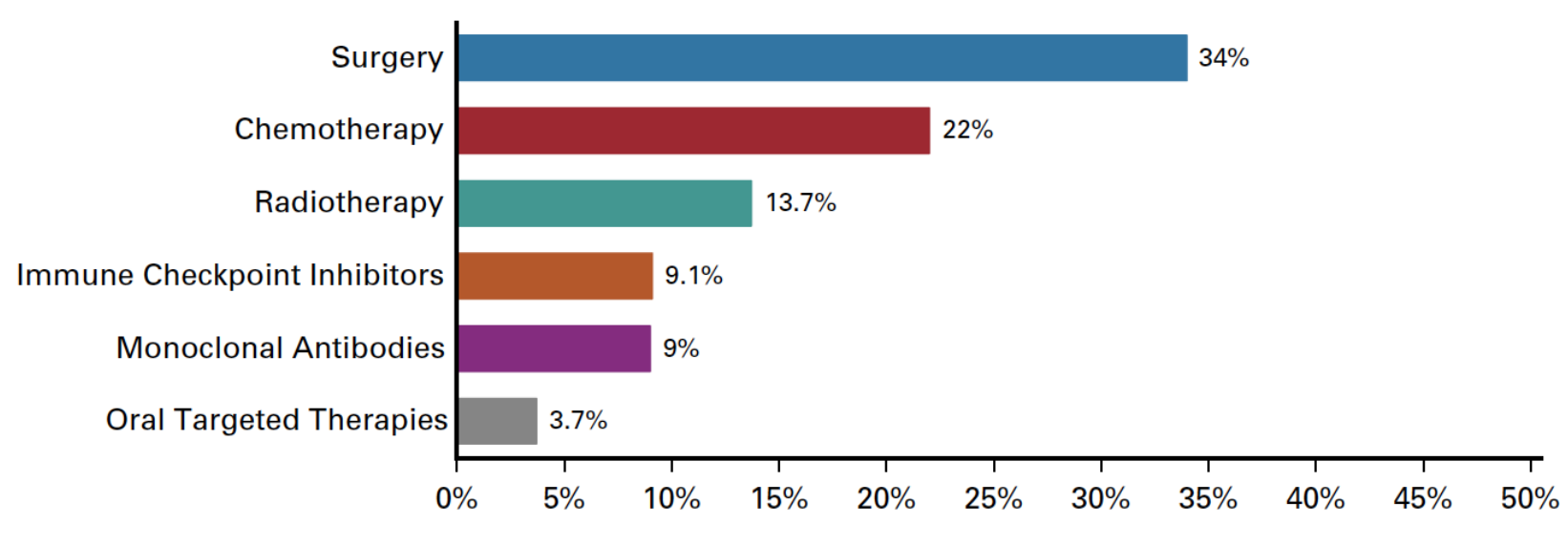


CANCER-RELATED COMPLICATIONS

Expected Medium- and Long-Term Impact of the COVID-19 Outbreak in Oncology

Concetta Elisa Onesti, MD¹; Marco Tagliamento, MD²; Giuseppe Curigliano, MD, PhD³; Nadia Harbeck, MD, PhD⁴; Rupert Bartsch, MD⁵; Hans Wildiers, MD, PhD⁶; Vivianne Tjan-Heijnen, MD, PhD⁷; Miguel Martin, MD, PhD⁸; Sylvie Rottey, MD, PhD⁹; Daniele Generali, MD, PhD¹⁰; Mario Campone, MD, PhD¹¹; Massimo Cristofanilli, MD¹²; Lajos Pusztai, MD, PhD¹³; Marc Peeters, MD, PhD¹⁴; Guy Berchem, MD, PhD¹⁵; Javier Cortes, MD, PhD^{16,17}; Thomas Ruhstaller, MD^{18,19}; Eva Ciruelos, MD, PhD²⁰; Hope S. Rugo, MD²¹; and Guy Jerusalem, MD, PhD²²

JCO Global Oncol 7:162-172. © 2021 by American Society of Clinical Oncology



The treatment modalities affected by COVID-19 pandemic

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Review Article

A systematic review and meta-analysis of surgery delays and survival in breast, lung and colon cancers: Implication for surgical triage during the COVID-19 pandemic

Brett A. Johnson^{a, b, *}, Anthony C. Waddimba^{c, d}, Gerald O. Ogola^{d, e}, James W. Fleshman Jr.^f, John T. Preskitt^b

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^f Division of Colon and Rectal Surgery, Department of Surgery, Baylor University Medical Center, Dallas, TX, United States

- Nearly 38% of cancer surgeries are estimated to have been canceled worldwide during the 12-week peak of the pandemic due to the need of conserving resources and limit the spread of the virus
- During this time numerous professional associations published guidelines for triaging cancer cases.

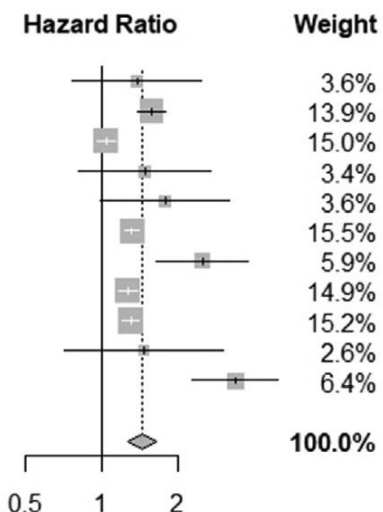
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Breast Cancer Overall survival (multiple stages)

| Study | HR per 12-wk delay [95% CI] | Weight |
|-------------------------------------|-----------------------------|--------|
| Eaglehouse et al 2019 : I-III | 1.38 [0.77; 2.48] | 3.6% |
| Ho et al. 2020 : I-III | 1.57 [1.39; 1.79] | 13.9% |
| Polverini et al. 2016 : I-III | 1.04 [0.96; 1.13] | 15.0% |
| Shin et al. 2013 : I-III | 1.48 [0.81; 2.71] | 3.4% |
| Smith et al. 2013 : I-IV | 1.78 [0.99; 3.22] | 3.6% |
| Mateo et al. 2019 : I-III | 1.32 [1.24; 1.41] | 15.5% |
| Erickson et al. 2018 : I-III | 2.51 [1.65; 3.80] | 5.9% |
| Bleicher et al. 2016 (SEER) : I-III | 1.27 [1.16; 1.39] | 14.9% |
| Bleicher et al. 2016 (NCDB) : I-III | 1.31 [1.21; 1.41] | 15.2% |
| Redaniel et al. 2013 : I/II | 1.46 [0.71; 3.02] | 2.6% |
| Yun et al. 2012 : I-IV | 3.38 [2.29; 4.98] | 6.4% |

Overall 1.46 [1.28; 1.65]

Heterogeneity: $I^2 = 86\%$, $\tau^2 = 0.0259$, $p < 0.01$



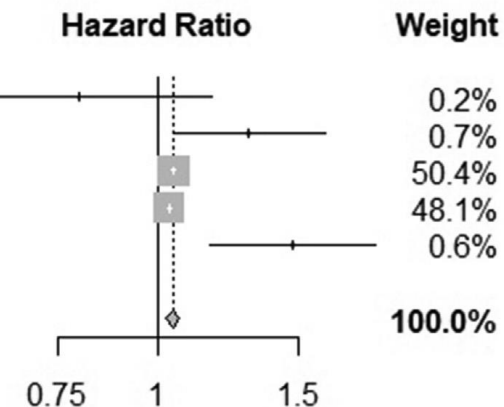
Delay > 12 weeks in surgery can decrease overall survival

Lung Cancer OS

| Study | HR per 12-wk delay [95% CI] | Weight |
|--------------------------|-----------------------------|--------|
| Shin et al. 2013 : I/II | 0.80 [0.54; 1.17] | 0.2% |
| Yang et al. 2017 : I | 1.30 [1.05; 1.62] | 0.7% |
| Khorana et al. 2019 : I | 1.05 [1.04; 1.05] | 50.4% |
| Khorana et al. 2019 : II | 1.03 [1.03; 1.04] | 48.1% |
| Yun et al. 2012 : I-IV | 1.48 [1.16; 1.87] | 0.6% |

Overall 1.04 [1.02; 1.06]

Heterogeneity: $I^2 = 84\%$, $\tau^2 = 0.0002$, $p < 0.01$

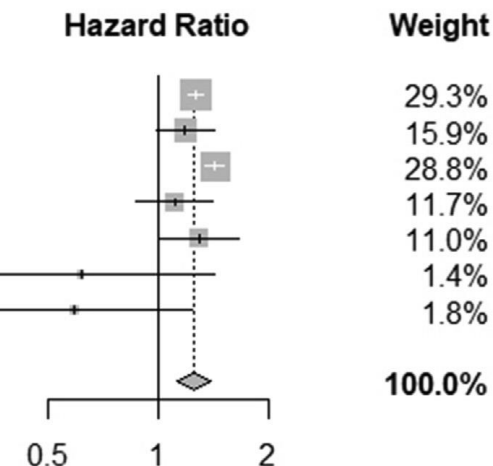


Colon Cancer OS

| Study | HR per 12-wk delay [95% CI] | Weight |
|------------------------------|-----------------------------|--------|
| Bagaria et al 2019 : I-III | 1.26 [1.20; 1.33] | 29.3% |
| Simunovic et al. 2009 : I-IV | 1.18 [0.99; 1.42] | 15.9% |
| Grass et al. 2020 : I-III | 1.42 [1.34; 1.50] | 28.8% |
| Flemming et al. 2017 : I-IV | 1.10 [0.87; 1.40] | 11.7% |
| Yun et al. 2012 : I-IV | 1.28 [1.00; 1.65] | 11.0% |
| Iversen et al. 2009 : I-IV | 0.61 [0.26; 1.42] | 1.4% |
| Wanis et al. 2017 : I-III | 0.59 [0.28; 1.23] | 1.8% |

Overall 1.24 [1.12; 1.38]

Heterogeneity: $I^2 = 71\%$, $\tau^2 = 0.0086$, $p < 0.01$



Rare cancers in the new COVID era : THE HEALTHCARE PROFESSIONAL'S PERSPECTIVE

IDEAS AND OPINIONS

Annals of Internal Medicine

A War on Two Fronts: Cancer Care in the Time of COVID-19

Alexander Kutikov, MD; David S. Weinberg, MD, MSc; Martin J. Edelman, MD; Eric M. Horwitz, MD; Robert G. Uzzo, MD, MBA; and Richard I. Fisher, MD

| Decision Regarding Immediate Cancer Treatment During COVID-19 Crisis | | Risk for Significant Morbidity From COVID-19 (comorbidities need to be considered) | | |
|--|---|--|--------------------|----------------|
| | | Low (<50 y/o) | Medium (50-70 y/o) | High (>70 y/o) |
| Risk of Progression With Cancer Care Delay | Low (safe to delay >3 mo) Surgery: Nonmelanoma skin cancer HR+, HER2-, postmenopausal non-locally advanced breast cancer (needs neoadjuvant endocrine therapy on board) Low- or intermediate-risk prostate cancer Type 1 endometrial cancer Low-grade urothelial cancer Most thyroid cancers <3 cm renal mass Stage IA1 cervical cancer Hematology/Oncology: Chronic hematologic cancer Radiation Oncology: Nonmelanoma skin cancer HR+, HER2-, postmenopausal non-locally advanced breast cancer (needs neoadjuvant endocrine therapy on board) Low- or intermediate-risk prostate cancer Low-grade lymphoma | | | |
| | Intermediate (delay of ~3 mo acceptable) Surgery: High-risk prostate cancer (consider starting androgen deprivation if significant delay) Colon cancer with low risk for imminent obstruction Stage IA2 cervical cancer Low-risk melanoma Hematology/Oncology: Chemotherapy for advanced breast, colon, lung cancer Radiation Oncology: Postresection endometrial cancer High-risk prostate cancer (start androgen deprivation) | | | |
| | High (ideally, no delay) Surgery: ≥2-cm lung mass Colon cancer with imminent obstruction Type 2 endometrial cancer Pancreatic mass suspicious for malignancy Ovarian masses suspicious for malignancy Liver mass suspicious for malignancy High-risk non-muscle invasive or muscle-invasive urothelial cancer >T1b localized kidney cancer Stage IB cervical cancer Non-low-grade sarcomas Hematology/Oncology: Chemotherapy for testicular, rectal, all non-low-grade hematologic cancers Non-low grade sarcomas Small cell lung cancer Most head and neck cancers, except thyroid Radiation Oncology: Lung cancer Rectal cancer Head and neck cancers Gynecologic cancers Non-low-grade sarcomas | | | |



Proceed with immediate treatment



Balanced risks and benefits of immediate treatment

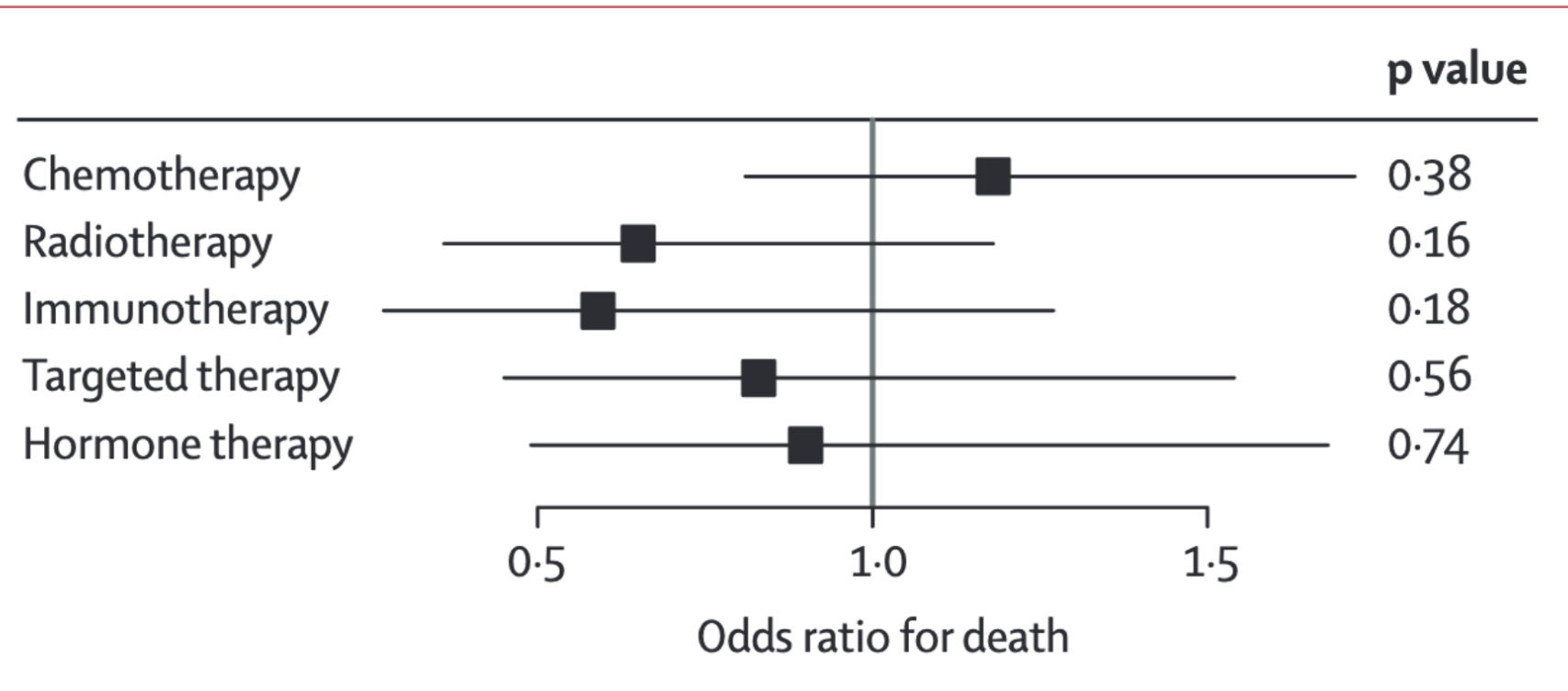


Delay immediate treatment

Rare cancers in the new COVID era : THE HEALTHCARE PROFESSIONAL'S PERSPECTIVE

COVID-19 mortality in patients with cancer on chemotherapy or other anticancer treatments: a prospective cohort study

Lennard YW Lee*, Jean-Baptiste Cazier*, Vasileios Angelis, Roland Arnold, Vartika Bisht, Naomi A Campton, Julia Chackathayil, Vinton WT Cheng, Helen M Curley, Matthew W Fittall, Luke Freeman-Mills, Spyridon Gennatas, Anshita Goel, Simon Hartley, Daniel J Hughes, David Kerr, Alvin JX Lee, Rebecca J Lee, Sophie E McGrath, Christopher P Middleton, Nirupa Murugaesu, Thomas Newsom-Davis, Alicia FC Okines, Anna C Olsson-Brown, Claire Palles, Yi Pan, Ruth Pettengell, Thomas Powles, Emily A Protheroe, Karin Purshouse, Archana Sharma-Oates, Shivan Sivakumar, Ashley J Smith, Thomas Starkey, Chris D Turnbull, Csilla Várnai, Nadia Yousaf, The UK Coronavirus Monitoring Project Team, Rachel Kerr†, Gary Middleton†



CHANGES IN HCP DAILY PRACTICE

Amid the crisis researchers and clinicians learned valuable lessons about sharing data, setting priorities, and communicating virtually that could help permanently reshape the field.

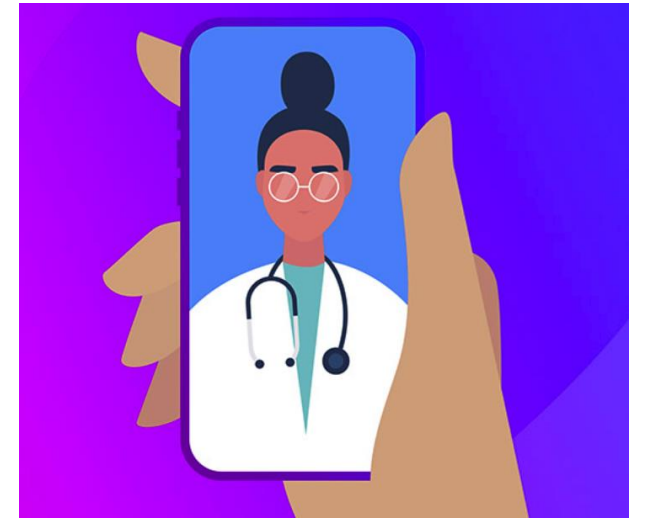


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CHANGES IN HCP DAILY PRACTICE

Switching outpatient consultations and discussions with other health professionals to online or phone rather than face-to-face is being universally adopted by oncology services.



This change is strongly recommended by oncology organisations, including ESMO, but it has represented a huge change in how staff interact with patients and colleagues.



Rare cancers in the new COVID era : THE HEALTHCARE PROFESSIONAL'S PERSPECTIVE

TELEMEDICINE

Implementation of nontraditional care delivery strategies and harnessing of modern information technology platforms, offers tremendous opportunity to minimize the negative effect of cancer care delivery on public health efforts.

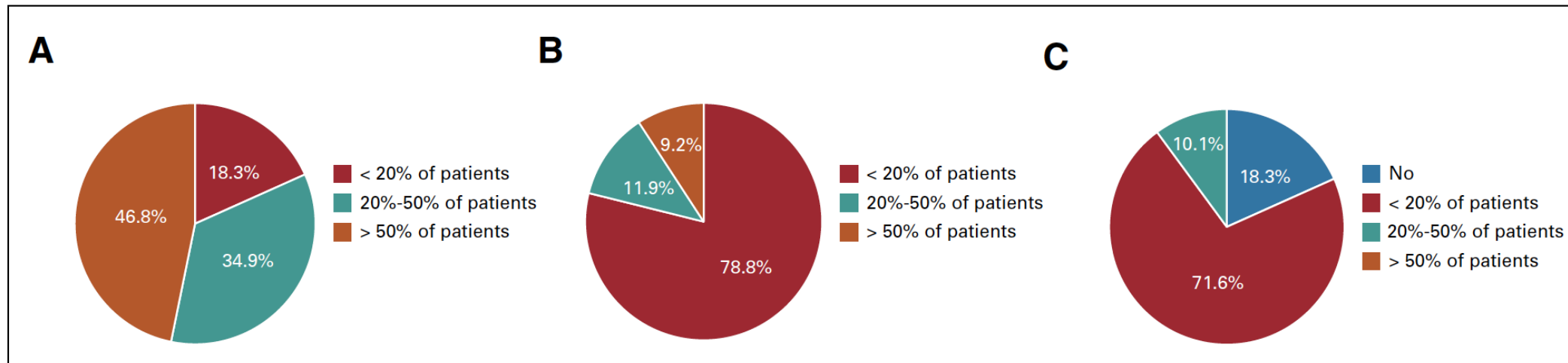


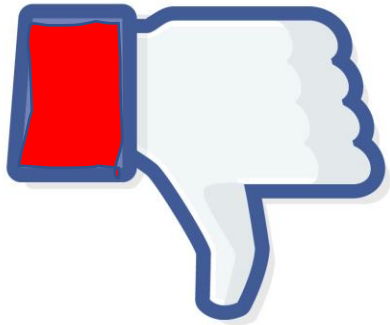
FIG 4. Teleconsultations during and after COVID-19 outbreak. The use of teleconsultations in oncology department during the peak of the pandemic (A) and in the postacute phase (B). (C) Representation of the expected use of telemedicine in the near future after COVID-19 crisis.

TELEMEDICINE

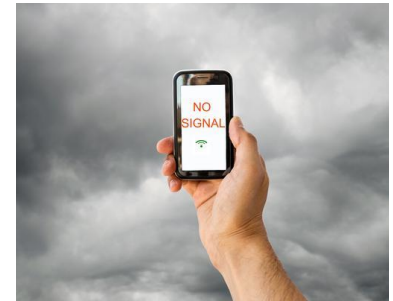


- One key advantage of telemedicine is its ability to remove physical location as a barrier to care.
- a virtual visit may provide the physician with other clues, such as what a patient's home environment is like and how they are interacting with it.
- Some patients prefer telemedicine sessions because of the increased focus on them.

TELEMEDICINE



- telemedicine in the time of COVID-19 has further laid bare existing disparities in cancer care ; the technology does not widen the gap further.
- delivering bad news such as cancer progression can be particularly challenging via telemedicine given the delicate and emotional nature of the conversation.
- the format can complicate preoperative appointments that help a physician determine whether a patient is an appropriate candidate for a procedure or treatment.



TELEMEDICINE: MD Board

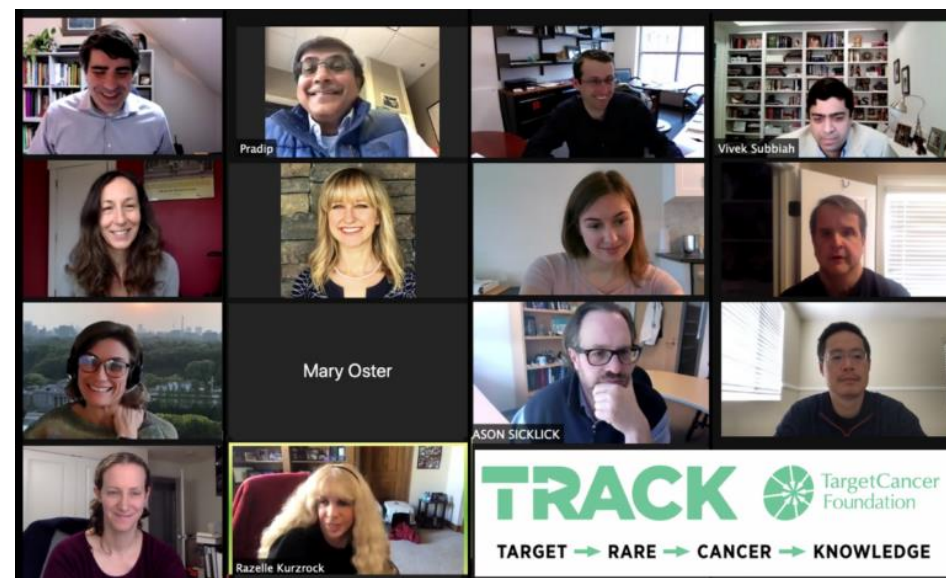
Journal of Neuro-Oncology (2021) 153:479–485
<https://doi.org/10.1007/s11060-021-03784-w>

CLINICAL STUDY



Implementation, relevance, and virtual adaptation of neuro-oncological tumor boards during the COVID-19 pandemic: a nationwide provider survey

Niklas Schäfer^{1,2} · Elisabeth Bumès³ · Fabian Eberle⁴ · Viola Fox⁵ · Florian Gessler⁶ · Frank A. Giordano^{2,7} ·
Juergen Konczalla⁸ · Julia Onken^{9,10,11} · Malte Ottenhausen¹² · Moritz Scherer¹³ · Matthias Schneider^{2,14} ·
Hartmut Vatter^{2,14} · Ulrich Herrlinger^{1,2} · Patrick Schuss^{2,14}



«*The enormous efforts of healthcare providers in the context of the COVID-19 pandemic, including the augmented virtualization of neuro-oncological tumor boards, could help to implement optimal care for neuro-oncological patients even in remote hospitals*»



TRACK is a prospective clinical trial seeking to enroll 400 patients with rare cancers or cancer of unknown primary. **The TRACK Virtual Molecular Tumor Board** unites a 'braintrust' of medical oncologists, surgeons, pathologists, genetic counselors, and others- all who specialize in rare cancers and are experts in reading and interpreting the comprehensive genomic profiling reports that a TRACK patient receives in order to offer recommendations for on-label, off-label, or clinical trial treatments for these extremely difficult to treat cancers

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Joining forces for action

Thank you!