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

Review
COVID-19 and Cancer: Current Challenges and Perspectives

Ziad Bakour1,2, Jessica E. Hawley,2,3 Toni K. Choueiri,1 Solange Peters,1,4 Brian L. Rini,5 Jeremy L. Warner,1,6 and Corrie A. Panteller1

Funding
Research
Patient Care

- COVID-19 Testing / Retesting
- Navigating treatment decisions
- Telehealth
- Clinical Trials Affected
- Managing lack of elective procedures / screening tests
- Visitor policy
- Disruption in clinic flow

Personal Stressors:
- Occupational risk of acquiring COVID-19
- BPR Concerns
- Family concerns (e.g., ill family members, homeschooling)

- Philanthropic funding decreased
- Fewer foundation grants
- NIH supplements and revisions to shift / expand focus

- Laboratory shift to COVID-19 pathophys., vaccines, test development, drug screen
- All virtual conferences
- Limited networking opportunities
Unmet needs, health policies, and actions during the COVID-19 pandemic: a report from six European countries

<table>
<thead>
<tr>
<th>WHO’s general recommendations</th>
<th>Belgium</th>
<th>France</th>
<th>Italy</th>
<th>Poland</th>
<th>Spain</th>
<th>UK</th>
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<tbody>
<tr>
<td>Enough stock of medical supplies</td>
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<td>Clinical guidelines specific to older people</td>
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<td>CGA-based treatment escalation plans</td>
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<td>Restricted visits in NHs</td>
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<td>Specific action plans for NHs</td>
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<td>Programmes enabling social networking</td>
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* 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.

Brian R. Englim, MD, MHS; Nikhil K. Prasad, MD, MHS; Rachel E. Lake, MSPH; Minerva Mayorga-Cartín, MPH; Douglas J. Turner, MD; Tariq Siddiqui, MS; John D. Sorkin, MD, PhD; and Brajesh K. Lal, MD
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Global effect of the COVID-19 pandemic on paediatric cancer care: a cross-sectional study


A

B

C

Responses (%)
Rare cancers in the new COVID era: THE HEALTHCARE PROFESSIONAL’S PERSPECTIVE

The treatment modalities affected by COVID-19 pandemic
• 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.
Delay > 12 weeks in surgery can decrease overall survival
# Rare cancers in the new COVID era: The Healthcare Professional’s Perspective

## 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

<table>
<thead>
<tr>
<th>Risk of Progression With Cancer Care Delay</th>
<th>Decision Regarding Immediate Cancer Treatment During COVID-19 Crisis</th>
<th>Risk for Significant Mortality from COVID-19 (considerations need to be considered)</th>
</tr>
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<tbody>
<tr>
<td>Low (safe to delay &gt;3 mo)</td>
<td>Surgery: Nonmelanoma skin cancer; HR+, HER2- 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; &gt;3 cm renal mass; Stage IIA cervical cancer</td>
<td>Hematology/Oncology: Chronic hematologic cancer; Radiation Oncology: Nonmelanoma skin cancer; HR+, HER2- breast cancer (needs neoadjuvant endocrine therapy on board); Low- or intermediate-risk prostate cancer; Low-grade lymphoma</td>
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<td>Intermediate (delay of ~3 mo acceptable)</td>
<td>Surgery: High-risk prostate cancer (consider starting androgen deprivation therapy if significant delay); Colorectal cancer with low risk for metastatic obstruction; Stage IIA cervical cancer; Low-risk melanoma</td>
<td>Hematology/Oncology: Chemotherapy for advanced breast, colon, lung cancer; Radiation Oncology: Postoperative endometrial cancer; High-risk prostate cancer (start androgen deprivation)</td>
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<td>High (ideally, no delay)</td>
<td>Surgery: &gt;2 cm lung mass; Colon cancer with inoperable 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; &gt;T1b localized kidney cancer; Stage IB cervical cancer; Non-low-grade sarcomas</td>
<td>Hematology/Oncology: Chemotherapy for testicular, renal, 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; Renal cancer; Head and neck cancer; Gynecologic cancers; Non-low-grade sarcomas</td>
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**Proceed with immediate treatment**

**Balanced risks and benefits of immediate treatment**

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

Amid the crisis researchers and clinicians learned valuable lessons about sharing data, setting priorities, and communicating virtually that could help permanently reshape the field.
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.
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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.
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 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.
Implementation, relevance, and virtual adaptation of neuro-oncological tumor boards during the COVID-19 pandemic: a nationwide provider survey

Niklas Schäfer\(^1,2\) – Elisabeth Bumes\(^3\) - Fabian Eberle\(^4\) - Viola Fox\(^5\) - Florian Gessler\(^6\) - Frank A. Giordano\(^7,8\) - Juergen Konczalla\(^9\) - Julia Onken\(^9,10,11\) - Malte Ottenhausen\(^12\) - Moritz Scherer\(^13\) - Matthias Schneider\(^4,14\) - Hartmut Vatter\(^2,14\) - Ulrich Herrlinger\(^1,2\) - Patrick Schuss\(^5,14\)

«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.
Thank you!