



WEBSITE DISCUSSIONS Part 2

The Battle Against Coronavirus and the Implications in Cancer Treatment Update on the Use of Telemedicine in Patient Care During the Pandemic

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- Dr. Jack West: Hi, I'm Dr. Jack West, and I'm an associate clinical professor in medical oncology at the City of Hope Comprehensive Cancer Center. And I'm also the founder and president of GRACE, Global Resource for Advancing Cancer Education. And I'm very happy to be joined today by two of my colleagues who are also on the board of directors for grace and have long been committed to patient education. And so I'd like to introduce and have them give details on their own positions. First, Dr. Jared Weiss, if you can say a bit about yourself.
- Dr. Jared Weiss: Sure. I'm Jared Weiss. I'm an associate professor of medicine at University of North Carolina's Lineberger Comprehensive Cancer Center, where it's a privilege to take care of patients and run trials in lung cancer.
- Dr. Jack West: And also Dr. Ben levy.
- Dr. Ben Levy: Yeah, I am an associate professor at Johns Hopkins School of Medicine and the clinical director for the Johns Hopkins Sibley Kimmel Cancer Center at Sibley Memorial Hospital in Washington, DC. And like Jared, it's a pleasure to take care of lung cancer patients and deliver hopefully great care and great science to these patients.
- Dr. Jack West: Excellent. We're here today to give an update on where we are in the battle against Coronavirus and also the implications of Coronavirus in our own treatment of lung cancer and potentially other cancers telemedicine, isn't going to go away and shouldn't go away, but it's not the right tool for every job. And that it is well suited for some patients, and that is dictated in part by their acuity. Some of our patients, the visits are more of a ritual and, and, and I think that one thing that Coronavirus concerns has forced us to do in a good way, has been to look carefully at what we're doing and pair down the things that are not as necessary that do we need to get labs every few weeks? And can we space these out and can visits be virtual instead of in real life?



In other cases we might, as you have defined that, you know, there is some incremental benefit to the patient coming in, in this particular case, and or there are barriers whether that is bandwidth hardware or for one. So the fact is that patients, they are largely older lung cancer. The median age is at diagnosis a little over 70, and some patients may not have the technical ability to navigate some of the more cumbersome so-called solutions out there that require what would seem like a cut team of IT specialists to get into the virtual exam room. So I think we do recognize that. That said, I'm practicing at City of Hope, where we have a lot of patients who are getting STEM cell transplants and car T, which is a long treatment. And I think one of the challenges that we haven't paid a lot of attention to, and it may not apply as much in lung cancer, as some other cancers is the restriction on visitors, whether it's outpatient or inpatient, we have really clamped down on that.

And I think it's a hardship for some patients, even just having someone in the family coming to accompany them, we are not allowing that with very rare exceptions and virtual visits do allow that possibility. And that's one of the reasons that some of my patients prefer virtual visit because they can have one or several people around them when we don't have that facility, if they're coming in live. I'm interested. Ben, can you offer your thoughts here about, and then I'd like to also get Jared's thoughts on just what proportion of patients, you know, how that balance might work out in your own practice. I think it's going to vary from Doc to Doc and the region and various things like that, but I think that they should coexist in the long-term. Ben?

Dr. Ben Levy:

I can give you the exact numbers because we just ran them. We're in DC, we're around 70/30, 70% telemedicine, 30% in person. In Baltimore, it's around 50/50, and at Bay view and Greenspring, which are two other parts of the health system it's around 5/50, or even at Greenspring around 70/30 the other way. In person visits versus telemedicine, we just had a meeting about this. I want to echo some of Jared's sentiments, and we are in what we call this reanimation phase. I don't know if this is something that's termed by Hopkins or not, but this is where we're really trying to make a push to bring patients back in a meaningful and a careful way. And I do agree, Jack, I think there is a role for telemedicine and it's not a one size fits all model. I have been surprised as much as I take pride in my bedside manner. My bedside manner is just the things that, the ability to have the conversations are different over telemedicine as they are in person.

And I think I said this, you know, the last time, the things that go down on that one on one meeting in a physical space may be very different than the things that go down in a virtual space. Specifically for new patients. I've had some challenges with new patients



and creating that rapport and getting a rhythm going so we can get treatments going. So I have, if we look again similar to Jared, what Jared said and something that you said too, if we look at our in hospital transmission rate, it's Zero. If the right metrics are put in place in their follows. So mask wearing, temperature taking, all of the things that Jared mentioned, we're dealing as well. And I do think we can bring people back in a safe and meaningful way with some caveats that if patients or physicians don't feel comfortable, we can do telemedicine visits for those patients. And there's still those that, you know, even outside of COVID that probably will. I think this will change medicine altogether, but you know, we are still around, depending on the site, you look at it at Hopkins 50/50 or 70/30.

I'm hopeful that we, again, we're making these decisions based on our own numbers, which continue to go down. And if we have another one of these in four weeks, maybe I'll say something different. But we are in a process of trying to bring more patients back. We have found major gaps in care through telemedicine. We may not have been as savvy as City of Hope and others like you, Jack, you know, this is brand new to us for the most part. And so we're learning this and we've had some challenges. And again, I want to have a balanced message here. I think that, yes, there are some cases where telemedicine is very reasonable, and will continue to do so. But I think that we're learning the challenges and that, that, that things are falling through the cracks at times when this is going on. And because of that, we're trying to make a more meaningful effort to bring folks back in person with the right precautions

Dr. Jared Weiss:

Jack, you had brought up the contrast to head and neck and it's been instructive to me. My average lung cancer patient is a stage four patient who unfortunately I can't cure. And I'm trying to treating for the goals of preserving quality of life and duration of life. My average head and neck cancer patient as you referenced, it's true, I'm doing rather aggressive things too. But for a goal of cure. And the human math of what a person's willing to go through when there's cure and decades of poly life, on the other side, isn't really our subject today. But when I do want to speak to, is that I'm seeing a stage migration in head and neck that is really disturbing to me. There was a period where I was pretty much not seeing new patients, not by my choice, no one was coming in. And on the other side of that now with a reanimation, as Ben put it, I'm seeing less local stage head and neck less local regional head and neck, and more incurable head and neck.

And I'm very disturbed by that because the loss of an opportunity to cure is tragic, right? You don't lose months of quality life. You lose years to decades and with suffering in between. So if I had one message to offer it's that with the data that we now have on the lack of transmission with appropriate precautions that patient, you know, if a patient feels a lump in his or her neck, trouble swallowing, trouble speaking, you know,



symptoms of Head and neck cancer, there is a substantial risk to going to get appropriate evaluation with precautions and it very much should be done.

Dr. Jack West:

And without losing that window of potential opportunity, yeah. Let me just ask, and it may be a quick answer, but, you know, one thing I would say is that with regards to telemedicine we all rolled that out very quickly. And at City of Hope, I've been keen on remote consults for awhile, but actual video based telemedicine has been a much newer enterprise and it was catalyzed incredibly by Coronavirus. Things that we're going to roll out over six or 12 months, suddenly went out over two weeks. And yeah, it was a big change, but we were all trained in bedside manner or in our patient interactions. I mean, we've experienced that since we were at pediatric patients ourselves, we've all trained all our long, there's an interpersonal connections, face to face, and we've had three months of very concentrated experience of screen-based interactions, including what we're doing now in the past would have largely been in-person because that was what was done. And of course we have very little experience in telemedicine and website manner. Do you think that that's going to get much better or is it just an inherent low ceiling in the platform in general that will make it always a poor substitute for deeper interpersonal connections?

Dr. Ben Levy:

Yeah. I wouldn't use the word poor substitute. It made, for me, I think this is a question that may get different answers depending on who you talk to. For me, I just, I really think that the ability to relay information, I've been shocked at this, because if we would have talked, you know, I was confident three months ago that this wouldn't be that big of a deal that yes, there would be some challenges, but, you know, I think that there's a low ceiling here for telemedicine and I'm willing to continue to push it and see how high it can go. I just am drawn to so many stories over the past six weeks, specifically with new patients trying to get, you know, a shared decision making going, trying to understand goals, try to understand their perspectives. Remember, you know, oftentimes these patients, when they do come in, they bring family members that don't live with them. And so when you're talking to them through telemedicine, oftentimes there's not the capability to the bring them in routinely, although we should, we've had challenges doing a three-way in terms of another family member coming in or being at the home when this happens. So,

Dr. Jack West:

Translators, is that been okay or has that been a problem?

Dr. Ben Levy:

Translators actually, believe it or not have been okay. It's just that getting other family members on the phone is sometimes challenging. And, you know, one of the beauties I believe of this field is it's a family affair. It's not just a, you know, one-on-one discussion. It's a discussion that patients bring their families in on their critical decisions. And I've had it hard time having a real flow with patients sometimes, especially when we're



talking about advanced stage lung cancer patients, where treatments are nuanced, outcomes are different based on genetic information. I mean, not only is there information overload, but there's the goals of care and I've had a harder time. And I don't know, in my, from my perspective, there may be a low ceiling for telemedicine.

Dr. Jared Weiss:

I think it's both. I think there's components that will never get better. I agree with Ben quite strongly that it's never going to be the same as being in person, but I do think there are things that could make it better that haven't quite gotten there because of limits in technology. And as Jack said, how quickly this has come to pass. So for example, the biggest barrier in my conversations overwhelmingly has been the bandwidth question. If I can't understand, if I'm struggling to hear you, every word or your every other word in terms of what you're saying, then it's hard to even start to develop rapport or get to the core issue. It's such a big barrier that it's almost hard to get to the other refinements that I think you're referencing Jack and, you know, some technology improvements will get us there. You know, maybe it's 5G rolls out, there'll be a democratization of a broader band internet.

Maybe there are solutions patients maybe need to park in the, you know, parking lot at their local library that has broadband. You know, there are organizations that have put out lists in different localities where you can actually do this. And telemedicine has been part of their target. Personally, I don't feel terribly comfortable telling a sick cancer patient go park it like, you know, I've looked up your locations, go parking your local Walmart or library or whatever it is and call me, it doesn't quite feel right. But if somehow people could get better bandwidth it would help, you know, people talk about zoom fatigue, even the three of us talking here, there's not a great sync between voice and lips moving. And that makes it even a little bit harder. Again, technology could help with that. You know we're all new to this. I have the hope as Jack suggested that as we do this longer, as our patients do this longer a society as a whole does this better, that we'll learn a little bit better how to connect via video. But I also agree with Ben, and even if all of that were implemented, there's still a ceiling of how high this can get, where there's nothing like being in person when you're trying to connect with someone and deal with really challenging issues together.

Dr. Jack West:

And I agree with that, I would just say that, you know, one of the other issues is, for us, we're able to do this with relative convenience, even if it's imperfect, compared to the complete and feasibility of flying to a place together to talk for an hour in the same room. And so it's a bit like, the comments about when phone-based cameras came out and largely ended up replacing your actual camera. This is not a medium format camera for art that people carry in their pocket, but they say also the best camera is the one you have with you. And, you know, to the extent that telemedicine makes it possible to do some things that might not be possible.

