



WEBSITE DISCUSSIONS Part 2

The Battle Against Coronavirus and the Implications in Cancer Treatment Challenges and the Future Outlook for In Person Patient Care

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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 physicians. 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: I am an associate professor at Johns Hopkins School of Medicine and the clinical director for the Johns Hopkins Sidney 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. The requirement for physical distancing in terms of the waiting rooms and the exam rooms and everything like that has led to challenges for us that we had, we had space consideration problems before COVID-19 and just too many people crowding into the same space, both in the waiting rooms and in the clinic exam spaces, the need to have six foot distances has created at least as much acuity making it, so that transferring and just moving some people from direct clinic to



telemedicine has alleviated some of that. I'm interested in, I know Ben you're really kind of involved in the administrative side of some of this, how much is space issues in the clinics, a choke point?

Dr. Ben Levy:

They are huge. And I would not have known this until, you know, having an administrative role. A lot of work has gone into, as we reanimate some of the space constraints that you're talking about that even existed before COVID. I mean, our waiting rooms are, you know, there to accommodate patients, but there's overflow before COVID. And so, you know, we've had to be creative and nimble with how we bring people back and how we achieve social distance. We've done a lot of different things. We've created a separate waiting area outside of our waiting area that's designated for patients. So we have the luxury of some space where we've put some chairs and created social distancing chairs out there. So we've also decoupled visits. So it used to be that patients could come in for labs on the same day that they get their treatment. And we've been eliminated that altogether because when that happens, people are just waiting around.

And so we bring patients in one day for labs, unfortunately, and then they have to come back and we found that if we didn't do that, there was just overcrowding in our areas. We've also ruled out in some of the health system texting for patients so that patients can check in over their phone and when the room is available they get a text. So they proceed directly to the room rather than wait in the waiting room. So I think there's a lot that, and again this is technology saving the day. So there's a lot of different ways that we have to look at this as we bring people back, I've been impressed with Hopkins and some of the ways that they're thinking about doing this, because it's not easy, it's not easy, and it won't be easy as we continue to bring people back. And we exist in this fluid situation where there may be another surge and we have to, you know, go back to all telemedicine or, you know, we get a vaccine and then everyone comes back. Whenever that will be and it'll probably be way after the vaccine is developed and implemented. But so I've been overwhelmed, but it's allowed me to flex a different muscle in my brain about how to do this. It's pretty interesting to see it all unfold.

Dr. Jack West:

Jared?

Dr. Jared Weiss:

Your point about we adapt as critical, right? We're database people, or at least we try to be. Right now, we're bringing people back, reanimating because there's data to suggest it's the right thing to do that it's safe. But if there's another way of we'll adjust and we'll do whatever we think is best for patients based on how the situation changes at the moment. If we change what we're doing, we're not politicians here. It doesn't mean we're wrong, or we're waffling it's that we change as the data changes.



Dr. Jack West: I think that's a great point as well, but, you know, we always struggle with, with the balance between potentially over treating and undertreating patients. We don't want to miss opportunities and undertreat, but we can also do harm by certain things. And the challenges we're facing with a moving target, with the rates of Coronavirus exposure, those risks are going to be fluid, and we're going to need to respond to that. We need to balance the risk between not having patients come in, as Jared raised you know, we don't want people to not be diagnosed or to get undertreated, but we also don't want to put people in harm's way. And so as we get that greater confidence that we pursue protective prophylactic interventions to minimize that risk, it's appropriate to bring people back. If we had the ability to really look into a crystal ball, we probably all work Wall Street instead of what we do. But what do you see as the shape of things in the coming months? Do either of you see any marked decrease in the concerns, the risks, and returning back to where we were in January or February of this year, or do you see this as the new normal and the way we're going to have to adapt? And maybe even if beyond this? We talked a bit about telemedicine, but how many of the, the building developments, things like texting patients to say go directly to this or that exam room do you see as long lasting, even beyond Coronavirus concerns? Jared, can I start with you?

Dr. Jared Weiss: Sure. I think I'd be a much better doctor if I had a functional crystal ball. But.

Dr. Ben Levy: You don't have one?

Dr. Jared Weiss: Certainly doesn't work. So I think this is going to be with us for awhile. There will be changes. There will be waves. There'll be ups and downs. The virus will change. Society will change, not always in the same direction and logically as we've already seen, but, you know, in terms of the preparations that I'm making for my clinic, for my family for research endeavors, for really every part of my life, I'm anticipating that we are dealing with this for a long time. And I don't think I know how long the long time is, but I really don't have a thought that in a month, things are going to be back to normal or even two months or even six months. So I think we do need to plan for the long run. We can't delay surgeries for curative intent, lung cancer, head and neck cancer, any cancer patients thinking that it's going to be a whole lot better at some magical, a future date. We have to figure out how to take the best care of people with the situation that we actually have with an assumption that it is just not going away in the visible future.

But I do think you bring up a good point that we talked about some last time that, you know, necessity is the mother invention, and we've learned things on an accelerated pace that will be useful to post COVID care. Certainly while we may have differences in



the nuances of our opinions of how good it is or where it should be applied, we've all learned that some patients can even be better cared for in a virtual context and better served in that context. And some of the advances like Hopkins texting patients to come directly to a room. Gosh, that's a wonderful idea that non-COVID era, right? I mean, we would love to improve our patient's convenience, whether there's COVID-19 or not. And we've been forced to learn lessons that I think will benefit us in our patients indefinitely thereafter.

Dr. Jack West: Ben, what are your final thoughts as somebody who is looking at this from a systems level as well?

Dr. Ben Levy: I think we're in this for, I don't have much to say differently than Jared eloquently said. I think we're in this for the next six to 12 months. At least I think it's time to hunker down in a lot of ways. And I think the only thing that will change the calculus on this and I'm stating low hanging fruit is an effective vaccine that will change things. I think what we'll learn and how we adapt to this over the next six to 12 months, some of the lessons we learned as Jared mentioned will be carried forward. I think that the, you know, some of the things that we will take away from this won't all be bad. There will be some good things that we learn, whether it be telemedicine or effective ways to triage patients are better flows for patients as they come through. I mean, at a system level, I think we've already learned, you know, specifically, I'll give you an example with decoupling visits. We've learned by decoupling visits that the efficiency of the infusion area, it goes up about 30%. And you know, this is something we're probably going to take with us after we're done with it all.

So I think there's a lot to learn. I, you know, I do think we are, we just have to be measured and be able to adapt, and be patient. And you know, we're all kind of losing our minds a little bit here in terms of what's going on. It's not, I mean, I'm, you know, everyone's getting a little frustrated, tempers are a little bit hotter sometimes. And we just have to be, we have to have that internal barometer to understand, you know, we're in this for the long haul, this will get better. It will take time. This is another six to 12 months and we just have to be in it for the long haul and move forward as best we can.

Dr. Jack West: And I'd like to thank both of you, Dr. Jared Weiss, Dr. Ben Levy, both for your time today and also for your ongoing support and service for the audience for GRACE, and a great conversation. We'll see if there's enough developments as things evolve that maybe we'll revisit these questions, but I think we've been learning that the tempo of this is not maybe what we'd hoped for in the initial weeks. And now we're talking about this as how we are going to change things for the foreseeable future, at least. So thank you so much for your time today.



Dr. Ben Levy: Thanks Jack. Thanks Jared.

Dr. Jack West: Good talking to you.