COVID-19 and Cancer Updates

COVID-19 Pandemic Education

First Quarter 2021 Panel

Changes and Challenges of Consistent Cancer Care During the Ongoing Pandemic

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Dr. Jack West: Hi, I'm Dr. Jack West and I'm a medical oncologist, an associate clinical professor with a focus on thoracic oncology, working at the City of Hope Comprehensive Cancer Center in the Los Angeles area. And I'm happy to be joined today by two of my colleagues who are also on the board of directors for GRACE, Global Resource for Advancing Cancer Education. I serve as the founder and president, but I'd like to welcome two of my colleagues to introduce themselves. If you can, maybe I can start with you, Jared, if you can.

Dr. Jared Weiss: Sure. I'm Jared Weiss. I'm also the thoracic oncologist at University of North Carolina.

Dr. Benjamin Levy: Yeah, Ben Levy. I'm a thoracic medical oncologist at Johns Hopkins School of Medicine and primarily based out of Washington DC.

Dr. Jack West: Great. So, what about general care? Have things largely normalized that you know that, no. So, you're shaking your head? No, that you're is it that you're not recommending things the same way that you would have a year ago in terms of frequency of visits or

the patients remain reluctant and may not be doing the same protocols? You know, the daily visits to radiation for several weeks. So how is it changing a year later with the sense that this isn't going to change anytime quickly?

Dr. Jared Weiss: So, I think some things have changed and gone totally back to normal. Some have not. So, we know things that we did not know at the beginning of the pandemic. Most critically, we know that strict guidelines within the hospital work for preventing spread, right? If everyone's basically wearing a mask and doing what they're supposed to, you have pretty much zero or close to zero, no custodial transmission. And then we didn't know that when we first started. So, I think that drive to keep all patients the heck away from our hospitals, that we were all doing it the very, very beginning, no longer makes sense in terms of what we know. The other thing that's changed is we now have some patients with natural immunity. We have some patients thank goodness we're vaccinated. I think nationally we're about up to about 16% roughly that have gotten at least a dose and that's rising every day, right?

So, you know, there's all kinds of different modeling, but the immunity level in gross, over summer is rising and the protective measures work. So, I think in terms of what I'm doing as a doc, there's greater normalization, I'm bringing more patients back to the office. In particular, not as much in my lung practice, my head and neck population where the bandwidth for video visits isn't as good. Where examination, physical examination is quite a bit more useful. Where patients can't speak as well physically. I'm bringing pretty much everyone back. In lung, I think there's some residual learning from that certain populations really don't need to show up. Right? My patients with EGFR mutation who are feeling wonderful osimertinib and can get scans and a lab locally, FedEx, me a disk. And I think the quality of care is near identical, saving them hours of driving.

Even if there isn't a pandemic, and I think I'll do that forever. Where the heterogeneity comes into play is in what patients are choosing to do. So, there are some people who as from the beginning are completely ignoring this appendi. They're going to do whatever they're going to do, right? I mean, if you show up in South Florida, you can see that outside of cancer patients, right? It's as if life is going on as normal. There are other patients with a more nuanced view who within the context of a dangerous cancer, and understanding now that we know it's safe to come to the doctor's office, to come to the hospital, have adjusted in response to that new data. And have normalized what they're doing, but there are other patients you know, humans are very bad at estimating quantitative risks, right? So, I remember in my twenties I was into skiing and rock climbing.

And my mother was scared every time I went rock climbing, she, you know, needed me to call her after I was done, to tell her I was okay, but when I went skiing in the winter, no worries. You're actually much more likely to die skiing than you are rock climbing. Right. And that's normal. That's not just my mom, that's humanity. So, I think there are people that won't go to their primary care doctor when they're sick, who won't go to get screening, who don't want to come to see us. That's a very real proportion of patients and decision-making, isn't always rational what people will come for and what they won't come for. I've had a few patients who will come to see me, but won't show up to get the scans before. They just refuse to do that. And I use this just as an example, I'm sure each of you have other examples of things that maybe knowing the data better, you wouldn't have decided as making sense, but there's a lot of that still going on. So, it's mixed.

Dr. Benjamin Levy: Yeah. I would just piggyback on a couple of things that Jared said resignate, I think as a general theme over time, there's been less reluctance to come in again. I think overall patients feel a little more comfortable coming in as some of our patients get vaccinated, protocols are instituted inside the institution. So, I think there's been some movement on that, even though you're right. I think some patients have decided what they're going to do. And some people have adjusted and accepted the data and change their practice pattern based on more safety, more vaccinations. I think the undercurrent that's the challenge that continues is the coordination of care. I think that there are still significant challenges within our health system. And what I mean, you know, you've got the telemedicine is a wonderful opportunity, I think, and that will be leveraged as we move forward, post pandemic.

But you know, you've got telemedicine coupled with the idea that even some of our staff are not back full time. They come in on a rotating basis, including nurse navigators, including nurse practitioners, until patients get vaccinated. And that does create challenges and hurdles with coordination of care, as it relates to scheduling chemotherapy, making sure they're following up with their radiation oncologists, making sure that the labs are done at the appropriate time. We've had significant challenges with that. Even up to now with patients who have not been appropriately scheduled. We just two months ago, brought in checkout staff. And so, all the checkout was being done virtually. So, to have them back in two or three months, we start to see a change, but we still see this undercurrent of challenges with coordination that I think over time, will get better with everyone back and patients being less reluctant. For patients more likely to come in for their physical visits.