



COVID-19 and Cancer Updates

COVID-19 Pandemic Education

First Quarter 2021 Panel

Trends & Implications- The COVID-19 Pandemic Impact on Cancer Care

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Dr. Jared Weiss-Associate Professor Clinical Research Hematology/Oncology; University of North Carolina School of Medicine; Faculty and Vice President of GRACE Board

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 a 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, we have met as a panel already on a few occasions and generated some thoughts had some Q and A about COVID and how it relates to how we deliver cancer care, screening, all sorts of things, but we are in different parts of the country. We



practice in somewhat different settings as well, just in terms of the populations we see. And time has also been an important variable. So, as we've done this on a couple of occasions, the pandemic and our views, and our sense of risk have evolved, as well as our knowledge and the availability of treatments and vaccines. So, I think it is valuable for us to continue to revisit some of these issues over time and because the story is evolving. So, let's start with the question of what you have seen and what data we have to speak to, what the pandemic has wrought on cancer globally in the US? At least in terms of screening, delivery of care, anything on outcomes? Can either of you speak to just some of the general trends in implications of what has happened as people have had more concern about going for screening or even going for their treatments?

Dr. Benjamin Levy:

Yeah, I can start, you know, in our health systems, clearly, we've seen a drop in, we're going to see a stage migration with lung cancer, I think over this time. I think that less people unfortunately have come in with symptoms that they usually would come in with, given the pandemic and their fear of the pandemic. So, we're going to start seeing a later stage of diagnosis for many of these patients. So, there's no doubt that, you know, our surgeries also dropped off early. So, some of these patients unfortunately moved along to a different stage, and I think that's an unfortunate thing. I think, you know, you said it's been a long year, and I think we've learned a tremendous amount. And I think we've gotten finally an understanding of how to best navigate this, but clearly one of the things we've seen in our health system has been less of an early-stage diagnosis. And even an intent to address early stage at the very early stages last year. And also, patients unfortunately not coming to us or having fear of coming in with symptoms that could have been addressed as an outpatient, where they end up being admitted through the ER or whatnot. So, I think there's clearly these things are getting better, but that's something that we saw that I think is corrected or autocorrected over the past, probably two or three months.

Dr. Jack West:

Now the role of screening, at least for lung cancer, but in a few different settings has long been debated. Obviously, we have some general parting lines and have some evidence to support a survival benefit for lung cancer screening, but mammographic screening, particularly in younger women is somewhat debated. There are other settings where there's just under screening being performed. Do you either, have you seen there being any silver lining to really clarifying in a natural world experiment the value of this, or is this, you know, just clarifying that giving water to people who are dehydrated is valuable? I mean, are we, is that too charitable? I definitely think that we're going to see the impact of suspended screening. I just wonder if one upside of this could be to clarify that there is a true impact that is favorable of screening that we've missed for a year now.



Dr. Jared Weiss:

You know, the sociologists would call this a natural experiment, right? When you have some change that happens naturally and you look before and after the change you see everything else is the same. I don't know that we're really powered to answer that here. If you think about cancers that are a little bit more slowly growing, like breast cancer or perhaps colorectal, which in my opinion, has the best data for a survival advantage from screening. You know, the lag is long enough that COVIDs only been about a year that it may not be long enough to really get at that with great power. And when you look at lung cancer where clearly, it's an aggressive, awful cancer and clearly screening has fallen off, I don't know if there was enough uptake, pre pandemic to power as well to try to address this. And so, I like the idea that there could be some silver lining that something good could come out of this tragedy, but with apologies for the pessimism, I'm skeptical we're going to actually learn anything from this.

Dr. Jack West:

Yeah, no, that's a good point that, you know, we would have had to have seen a better uptake in this setting at least. And that's fair.