



COVID-19 and Cancer Updates
COVID-19 Pandemic Education
First Quarter 2021 Panel

COVID-19 Variants and the Challenge for Cancer Care

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Dr. Jared Weiss-Associate Professor Clinical Research Hematology/Oncology; University of North Carolina School of Medicine; F 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 the thoracic oncologist at University of North Carolina.

Dr. Benjamin Levy: Hi, 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. Are you getting many questions about, and are you thinking a lot about different variants and whether that is going to introduce you know, a higher level of challenge? We we've seen the trends going down. How worried are you and or your patients about?



this being a temporary Valley, going back up as more aggressive variants emerge and become more prevalent?

Dr. Benjamin Levy: I will tell you, surprisingly as resourced as some of my patients are as savvy as they are getting. This has not, at least in my region been on their radar. More on their radar is when can I get, what can I do now that I'm vaccinated? I think people are exceptionally fatigued. They are seeing the numbers go down too. And I think this is happening across the country, but certainly in DC and Maryland, Virginia, we have seen a real drop in cases since mid-January. So, I'm not getting a lot. I'm surprised I'm not getting a lot of those questions about variants and what that means. And I don't get the question about which vaccine protects against which variant I have not seen that in my practice. I'd be curious to see what you guys have seen in yours though.

Dr. Jared Weiss: I'm getting asked, but not by patients. Patients and their families, my experience is identical to yours. I'm getting those questions from family, from friends, from people I interact with in other contexts.

Dr. Jack West: And I'm not getting that much, but, you know, I think there's just like the isolation fatigue. I think that there's so much uncertainty fatigue that at some point you just accept, I feel a certain amount of learned helplessness that we can agonize and agonize. It doesn't get anywhere other than you just have to. And I think that's interesting because one of the issues for me as a control freak by nature, I think being an oncologist and having to accept that there's a lot in cancer that we can't control and just need to wait and see how somebody responds to a treatment. We can give the same treatment to two different people, and one will have a brilliant, amazing long-lasting response. And another person will have a much more humbling growth through that treatment. You just don't know. And I would say the reality is that in COVID, I am more accepting that I cannot, you can't pour over this, and accurately predict what's going to happen. You just need to accept. We'll have to see, and we'll know more in a few months than we do now. And that's just going to be the way it is.

Dr. Jared Weiss: I do you think there are two things we do know that give me some reassurance, I'll get aside the pessimistic thing first. I do worry about these variants and I do worry about new viruses. I think there are reasons why this pandemic happened that have not gone away in terms of climate change, human habits, social interactions, and such. Leaving all that aside, there are two things that reassure me. Number one is that the vaccines that we have do seem to prevent quite well against death from any of the variants out there. They're not protecting against illness as well for some compared to others, but against death, they still seem quite good. Number two is I was floored in a good way by how quickly Madera had developed a booster vaccine in case of need to the new variant, it took all of days, right? Because the nice thing about RNA vaccines as compared to



proteins are there's no synthesis problem. In plainer English, you have a new viral variant. You sequence it. You can make a new RNA based vaccine all of a day or two later.

There's nothing to figure out. In contrast with the old protein vaccines that many of us have worked with for years. It's a protein synthesis problem. Once you know what you need to make, you need someone to figure out how you could make that, can it be soluble? Can it be compared with your adjuvant, right? The development can take a long time. And so from a scientific perspective, from the emergence of a new variant to theoretical actionability, in terms of somebody has a vaccine in a vial on a shelf is a matter of days. Now, the bigger barrier of course has been approval. And the FDA has signaled already that they will lower the barrier for entry and authorization of a new vaccine. That's addressing a variant in a similar way to a vaccine that already exists. And so put together in much plainer language. What this speaks to me as that I agree Jack, we don't know what's going to happen with these variants, but the fact that we can move quickly to action them. That we can move quickly from knowledge to a product that can do something about it. Lets me sleep a little bit better at night.

Dr. Jack West: Well let's just close on that. I want to thank both of you, Ben and Jared. I think that you know, we will probably have reason to revisit some of these issues as the pandemic and cancer care continue to evolve. And I hope that we can continue to see some of the very favorable trends that have allowed us to get back to not necessarily normalcy, but at least something closer. And we will have to continue to revisit the long-term effects, both on the implications for cancer, the less screening. And also how we practice a little differently as telemedicine gets integrated as at least a component appropriate for a subset of our patients. So great. Thank you both for taking the time.

Dr. Benjamin Levy: Thanks so much.

Dr. Jared Weiss: Thank you.