

# Cancer Medicine in the Time of COVID-19 ....Organizational Collaborations

Lawrence N Shulman, MD  
Deputy Director for Clinical Services  
Abramson Cancer Center  
University of Pennsylvania

July 2021



# March 2020 – Beginning of Pandemic in US

---

- ▶ We had NO idea what to expect
- ▶ We had little idea of how to plan and proceed
  - Needs of patients
  - Infection risk for patients and staff
  - Hospital resources – testing capability, ICU capacity, surgery capacity, etc
- ▶ We were “learning on the fly”
- ▶ Major disruptions can facilitate change
- ▶ *“Bureaucracy is the death of any achievement” – Albert Einstein*



# ***US Medicine is Severely Siloed/Fractured***

---

- ▶ Spirit of “Individuality” applying to organizations and individuals
  - Differences between US and some other countries (Sweden, Rwanda)
- ▶ Payors fragmented
- ▶ Medical Record info fragmented
- ▶ Professional organizations non-interactive



**Ontario Health**  
Cancer Care Ontario

# Pandemic Planning Clinical Guideline for Patients with Cancer

March 10 2020



Penn Medicine

# Cancer Care Ontario

**Priority A** – Patients who are deemed critical and require services/treatment including supportive treatments/psychosocial care/ toxicity management even in the event of a pandemic because their situation is unstable, has unbearable suffering and/or immediately life threatening. The following is a list

**Priority B** – Patients who require services/treatment (including supportive care, psychosocial care and toxicity management) in the cancer centres, hospitals or primary care settings but whose situation is deemed non-critical (no unbearable suffering, patient is stable and condition is not immediately life

**Priority C** – Patients who are generally healthy whose condition is deemed as non-life threatening where the service can be delayed without anticipated change in outcome. Staff will be deployed elsewhere. If

# *How to manage our Breast Cancer Patients*

---

- ▶ Professional organizations rapidly came together in late March
  - Commission on Cancer (CoC)
  - National Accreditation Program for Breast Centers (NAPBC)
  - American College of Radiology (ACR)
  - American Society for Breast Surgery (ASBS)
  - National Comprehensive Cancer Network (NCCN)
- ▶ *1700 emails and a week later produced a guidance manuscript*





# Recommendations for prioritization, treatment, and triage of breast cancer patients during the COVID-19 pandemic. the COVID-19 pandemic breast cancer consortium

Jill R. Dietz<sup>1,2,6</sup> · Meena S. Moran<sup>1,3,7</sup> · Steven J. Isakoff<sup>3,8</sup> · Scott H. Kurtzman<sup>1,9</sup> · Shawna C. Willey<sup>2,10</sup> · Harold J. Burstein<sup>3,11</sup> · Richard J. Bleicher<sup>1,12</sup> · Janice A. Lyons<sup>3,6</sup> · Terry Sarantou<sup>1,13</sup> · Paul L. Baron<sup>1,2,14</sup> · Randy E. Stevens<sup>1,15</sup> · Susan K. Boolbol<sup>2,16</sup> · Benjamin O. Anderson<sup>3,17</sup> · Lawrence N. Shulman<sup>4,18</sup> · William J. Gradishar<sup>3,19</sup> · Debra L. Monticciolo<sup>5,20</sup> · Donna M. Plecha<sup>5,6</sup> · Heidi Nelson<sup>1,4</sup> · Katharine A. Yao<sup>1,21</sup>

Received: 8 April 2020 / Accepted: 10 April 2020

NAPBC, CoC, ASBS, ACR, NCCN – 19 authors





A QUALITY PROGRAM  
OF THE AMERICAN  
COLLEGE OF SURGEONS

The COVID-19 Pandemic Breast Cancer Consortium Recommendations for Prioritization, Treatment and Triage of Breast Cancer Patients During the COVID-19 Pandemic

**Webinar**

**Monday, April 13th at 7:00–8:00 pm ET**

**1,000 attendees on 3 days notice**



# Clinical impact of COVID-19 on patients with cancer (CCC19): a cohort study



Nicole M Kuderer\*, Toni K Choueiri\*, Dimpy P Shah\*, Yu Shyr\*, Samuel M Rubinstein, Donna R Rivera, Sanjay Shete, Chih-Yuan Hsu, Aakash Desai, Gilberto de Lima Lopes Jr, Petros Grivas, Carrie A Painter, Solange Peters, Michael A Thompson, Ziad Bakouny, Gerald Batist, Tanios Bekaii-Saab, Mehmet A Bilen, Nathaniel Bouganim, Mateo Bover Larroya, Daniel Castellano, Salvatore A Del Prete, Deborah B Doroshow, Pamela C Egan, Arielle Elrief, Dimitrios Farmakiotis, Daniel Flora, Matthew D Galsky, Michael J Glover, Elizabeth A Griffiths, Anthony P Gulati, Shilpa Gupta, Navid Hafez, Thorvardur R Halfdanarson, Jessica E Hawley, Emily Hsu, Anup Kasi, Ali R Khaki, Christopher A Lemmon, Colleen Lewis, Barbara Logan, Tyler Masters, Rana R McKay, Ruben A Mesa, Alicia K Morgans, Mary F Mulcahy, Orestis A Panagiotou, Prakash Peddi, Nathan A Pennell, Kerry Reynolds, Lane R Rosen, Rachel Rosovsky, Mary Salazar, Andrew Schmidt, Sumit A Shah, Justin A Shaya, John Steinharter, Keith E Stockerl-Goldstein, Suki Subbiah, Donald C Vinh, Firas H Wehbe, Lisa B Weissmann, Julie Tsu-Yu Wu, Elizabeth Wulff-Burchfield, Zhuoer Xie, Albert Yeh, Peter P Yu, Alice Y Zhou, Leyre Zubiri, Sanjay Mishra, Gary H Lyman\*, Brian I Rini\*, Jeremy L Warner\*, on behalf of the COVID-19 and Cancer Consortium

**Interpretation** Among patients with cancer and COVID-19, 30-day all-cause mortality was high and associated with general risk factors and risk factors unique to patients with cancer. Longer follow-up is needed to better understand the effect of COVID-19 on outcomes in patients with cancer, including the ability to continue specific cancer treatments.

1,035 Patient Records: Jeremy Warner, Vanderbilt, published on-line May 28, 2020, Lancet

# COVID-19 Cancer Consortium (CCC19)

---

Mass General Hospital

Dana-Farber Cancer Inst

UT San Antonio

MD Anderson

Vanderbilt

NCI

U Miami Sylvester

Fred Hutch

Lausanne(Switzerland)

McGill (Canada)

Mayo (Rochester/Phoenix)

Winship Emory

Madrid (Spain)

Mt Sinai

Brown

Stanford

Roswell Park

Cleveland Clinic

Washington University

Columbia

Hartford

Kansas

Northwestern

Shreveport



# Management of Lung Cancer During the COVID-19 Pandemic

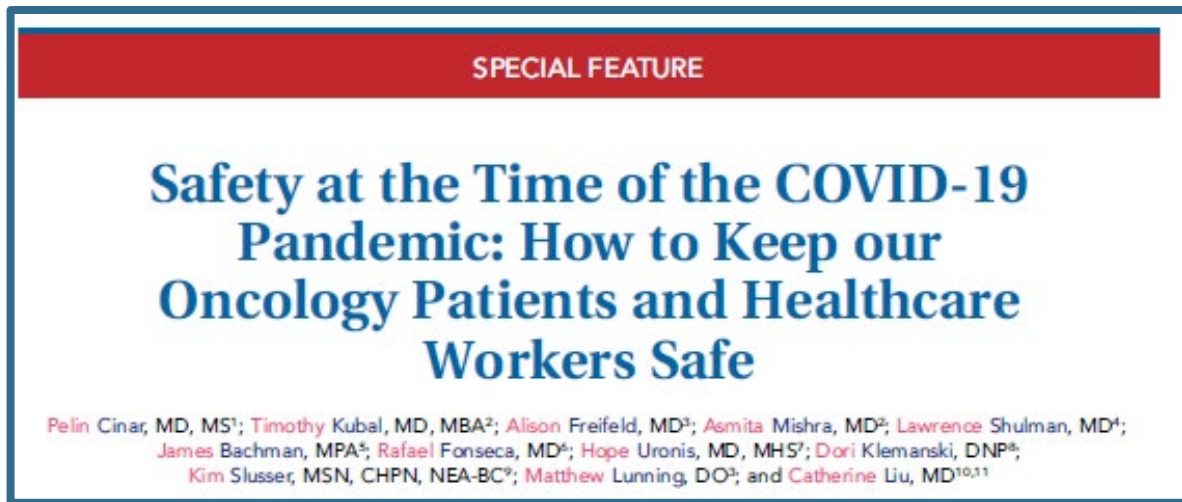
Aditi P. Singh, MD<sup>1,2</sup>; Abigail T. Berman, MD<sup>2,3</sup>; Melina E. Marmarelis, MD<sup>1,2</sup>; Andrew R. Haas, MD, PhD<sup>4</sup>; Steven J. Feigenberg, MD<sup>2,3</sup>; Jennifer Braun, RN, BSN, MHA<sup>2</sup>; Christine A. Ciunci, MD<sup>1,2</sup>; Joshua M. Bauml, MD<sup>1,2</sup>; Roger B. Cohen, MD<sup>1,2</sup>; John C. Kucharczuk, MD<sup>5</sup>; Lawrence N. Shulman, MD<sup>1,2</sup>; Corey J. Langer, MD<sup>1,2</sup>; and Charu Aggarwal, MD, MPH<sup>1,2</sup>

Coronavirus disease 2019 (COVID-19) has had a devastating impact around the world. With high rates of transmission and no curative therapies or vaccine yet available, the current cornerstone of management focuses on prevention by social distancing. This includes decreased health care contact for patients. Patients with lung

*Penn - JCO – Oncology Practice, May 26, 2020*

# NCCN and COVID

- ▶ **NCCN Covid taskforce** formed in March 2020
  - 30 NCCN centers met weekly through the Spring 2020
  - Met regularly since with frequency as needed
  - Very transparent sharing of information



**JNCCN May 2020**

# ***NCCN and COVID vaccination***

- ▶ Once COVID vaccine became available for cancer patients, ***NCCN COVID-19 Vaccination Advisory Committee*** formed on January 11, 2021, published January 22, 2021
  - Chairs:
    - Steven Pergam, MD, MPH, ID, Fred Hutch Cancer Research Center
    - Lindsey Baden, MD, ID, Dana-Farber/Brigham Cancer Center
  - Broad membership including ethics specialists

NCCN: Cancer and COVID-19 Vaccination

Version 1.0 1/22/2021

## **Preliminary Recommendations of the NCCN COVID-19 Vaccination Advisory Committee\***

- Patients with cancer should be prioritized for vaccination (CDC priority group 1b/c) and should be immunized when vaccination is available to them.



# *Now what???*

---

- ▶ Can we preserve the collaborations across programs and societies?
- ▶ Can we continue to share information freely, transparently, and rapidly?
- ▶ Can we avoid “re-ossification” of the US healthcare system?

***Thank You***

