Cancer and COVID-19:

Integrated Care Perspective

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Challenges that exist in Integrated Systems

- Cancer care and admissions combined with general inpatient population
- Hematopoietic cell transplant and Leukemia services are a large portion of inpatient services
- Plans for large number of inpatients and needed to prepare for shifting care in comprehensive system (e.g. less ICU bed availability for CAR-T cell therapies)
- Preparing for high-risk patients in high density outpatient environments



Jan 2nd, 2020



Been seeing interesting reports on a ?cluster of atypical #pneumonia cases in #Wuhan and alarm from the public about it potentially being #SARS - here's a great, balanced thread about that. In sum, heightened vigilance and surveillance is warranted but not panic **



The Menachery Lab @TheMenacheryLab · Jan 1

Been doing my best to avoid twittering over the break, but a rumored return of #SARS in 2020 caused me to dive into twitter and google translate for more information. Here are some random facts, thoughts, and speculation on what may or may not be happening with in Wuhan.

Show this thread



Jan 22nd, 2020





Cancer Centers Better Prepared

- Organized and well established respiratory virus prevention programs (experience with H1N1 influenza)
- Screening approaches in place for patients with rapid testing availability
- Staff well trained and focused on infection prevention, policies to limit presentism
- Patients and caregivers well educated about community exposures, highest risk groups significantly more cautious
- Cancer centers very well connected through societies and collaborations which allowed for early sharing of policies, procedures and experiences



Prioritization of transplants and CAR-T therapy

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Urgent	Consider delay	Delay
—High-risk AML in CR1 —AML and ALL > CR1 —Secondary AML	—MDS-EB —CMML-1 and 2 —High-risk ALL in CR1	 Intermediate-risk AML in MRD-negative CR1, tolerating consolidation Standard-risk ALL in MRD-negative CR1, tolerating maintenance or consolidation MDS without EB, tolerating transfusions Myeloproliferative disorders with low blast count and without evidence of rapid progression, tolerating transfusions
—Aggressive lymphoma		—Multiple myeloma (consider stem cell collection) —Low-grade lymphoma —Autoimmune diseases

- Limit transplants to those at highest risk
- Delay those who were stable/under control

Ueda BMT 2020



Building Testing Capacity Offsite

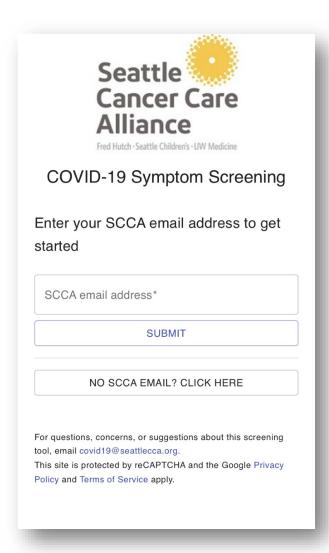
- Drive-through testing stations outside of clinical areas for pts and staff
 - Community testing sites outside of system often crowded and turn around time >48 hours
- Pre-procedure testing and prior to new arrivals for patients entering system
- Testing symptomatic employees and those exposed either in clinic or in community
- "Conference rooms to clinical care"
- Flexible staff who could play different roles

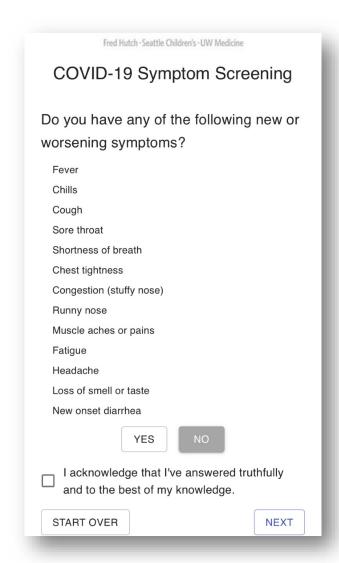


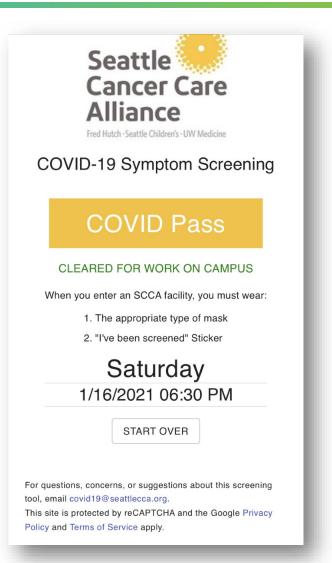




Leveraging Technology: App-based symptom screening









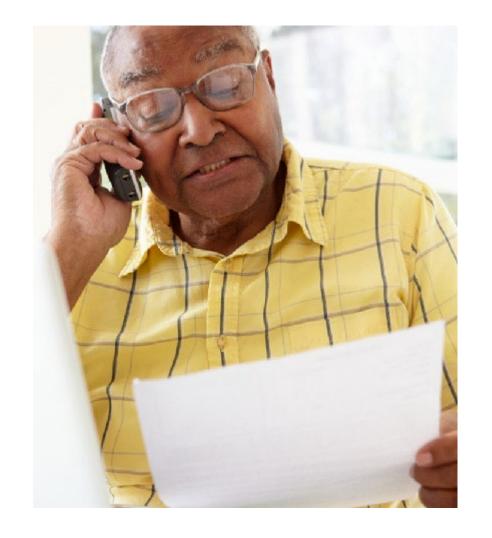
Communication: Example – pre-visit messaging

- System to call patients and review for symptoms preappts
- Allowed to identify patients early and send for testing
- Limited patients with active symptoms on campus

Following COVID-19+ patients

- Allowed teams to track patient's symptoms and move to higher level of care if need
- Organize repeat testing

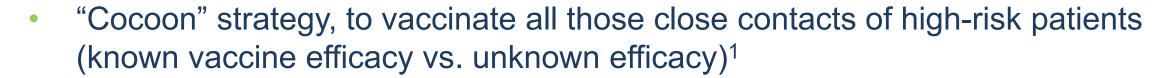
Social Media and Web-based Data/Guidance KEY





Caregivers/Family

- Household transmission is high
- Caregivers and family more likely to leave home and have at risk exposures
- Cannot prevent exposures



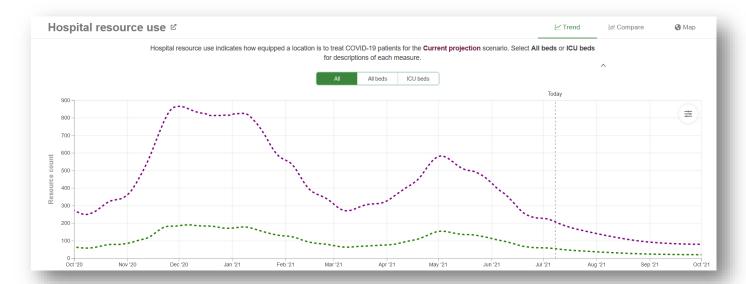
- Targeted effort to assure household contacts/caregivers get vaccinated
 - Experience with influenza vaccine helped address this issue





Using Modeling Data to Predict Needs

- IHME models predicted when we might run out of ICU beds
- Allowed system to plan to possible surge



- Models had weaknesses, but allowed for planning worst cases scenarios
- Could model out PPE usage to determine needs and plan for potential shortages
- Allowed teams to prioritize planning for shifts in care during expected peeks, but inaccuracies also delayed some care



So much great work

- Baseline prevention strategies protected patients
- Education for patients around respiratory etiquette during winter season allowed for seamless transition during pandemic
- Sharing of protocols, prevention and experiences (US and worldwide)
- National guidelines developed quickly
- Studies on a "shoe-string" that required others to use their time and energy to support studies
- Vaccine delivery systems
- A focus on equity amongst our systems and vaccine allocation



Save our notes from COVID-19

- What worked?
- What policies should you save?
- Where did you make mistakes?
- What do you wish you had done in advance?
- Who stood out as leaders?
- What extra training do you need?
- Where we weaknesses in our system?
- What was the best way to communicate?



Questions?

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