

## **Introduction.**

COVID-19 (the “Virus”) significantly disrupted the “Cancer Care Continuum” (or the “Continuum”). Access to care among patients who have cancer and those who are suspected of having cancer has been profoundly impacted. There is widespread agreement among cancer care experts that the Virus itself and disruptions to the Cancer Care Continuum caused by the Virus will lead to excess cancer deaths.<sup>1</sup>

Cancer and the treatments deployed to combat cancer often weaken the immune system, placing individuals with cancer at a high risk of experiencing serious illness from COVID-19. After treatment ends, the immune system may return to normal, but each patient is different. Strict adherence to up-to-date recommendations is paramount to protect individuals under active treatment for cancer, as well as those who have recently completed treatment or those suffer chronically from the disease.

Louisiana’s cancer death rate (2013 – 2017) ranks 46<sup>th</sup> in the U.S. at 180 deaths per 100,000 citizens vs. a rate of 158.2 nationally.<sup>2</sup> A new diagnosis of cancer (2012 – 2016) occurred for 480.8 Louisianans per 100,000 population, also ranking 46<sup>th</sup>.<sup>2</sup> In the whole of the U.S., cancer incidence for the same period was 448.5.<sup>2</sup> Prior to the onset of the Virus, Louisiana expected 26,480 new cancer cases and 9,300 deaths.<sup>2</sup>

In the absence of coordinated actions, Louisiana citizens will likely bear a disproportionate share of excess cancer death in the U.S. due to the Virus. The guidelines below are intended as countermeasures to lessen excess death from cancer in Louisiana during the pandemic.

We must do everything possible to improve survivorship and lessen the burden of cancer.

## **The Cancer Care Continuum.**

Cancer care outcomes are impacted by the interventions listed below. Together these interventions and the many associated areas of specialization within each area form the Cancer Care Continuum. Advancements in basis science and clinical research hoover over the Continuum stimulating progress and improved outcomes. In normal times, service delivery across the Continuum is extremely challenging. Comprehensive cancer care programs such as Mary Bird Perkins – Our Lady of the Lake Cancer Center, with experts leading each aspect of the Continuum are essential to advancing cancer outcomes in Louisiana.

Appropriate measures must be considered by cancer care providers and individuals across the Continuum.

- + Education
- + Prevention
- + Screening
- + Diagnosis
- + Treatment
- + Survivorship
- + End-of-Life

**Executive Briefing**  
**Cancer in Louisiana & Considerations due to COVID-19**

**Immediate Countermeasures.**

Immediate attention must remain focused on individuals with a confirmed cancer diagnosis. These individuals face risk of being exposed to the Virus when accessing care in person, which could result in their outcome being negatively impacted because of disruptions to the interventions required to manage their cancer care needs.

Cancer patients experience an array of clinic visits across multiple specialists, infusion sessions, invasive procedures and surgeries, radiation therapy appointments, hospital admissions, laboratory blood draws, and imaging studies while under active treatment. Each of these steps is essential to an accurate diagnosis, treatment, and surveillance of outcomes the patient experiences during their journey. Determining when and how to carry out these lifesaving services must remain the immediate focus across the entire cancer care industry.

To aid cancer care professionals on the front lines, all of the major cancer-related medical societies formed task forces to inform caregivers and patients about methods to navigate through these difficult decisions. The major societies and their COVID-19 resources centers are listed below.

- + American Society of Clinical Oncology  
<https://www.asco.org/asco-coronavirus-information>
- + American Society of Hematology  
<https://www.hematology.org/covid-19>
- + Society of Surgical Oncology  
<https://www.surgonc.org/resources/covid-19-resources/>
- + National Comprehensive Cancer Network  
<https://www.nccn.org/covid-19/default.aspx>
- + American Cancer Society  
<https://www.acs.org/content/acs/en/covid-19.html>

Guidelines addressed in the clinical societies resource centers are based on best-level evidence, considered on a consensus basis and committee member recommendations.<sup>3</sup>

Cancer care providers, in Louisiana, and across the U.S. have been responsive to these recommendations by updating operational practices and clinical guidelines based on CDC and oncology society specific recommendations as the pandemic evolves. Generally, these interventions fall into the following categories:

- + Healthcare Facility Safety Measures
- + Remote Care (Telehealth)
- + Guideline-based Avoidance, Deferral, and/or Reduction of In-Person Medical Interventions

The following links, which were updated to focus on the management of prostate cancer as stay at home orders were initiated across the globe, is a representative example of the information that is readily available to cancer care professionals.

[https://www.nccn.org/covid-19/pdf/NCCN\\_PCa\\_COVID\\_guidelines.pdf](https://www.nccn.org/covid-19/pdf/NCCN_PCa_COVID_guidelines.pdf)  
[https://www.nccn.org/covid-19/pdf/Prostate\\_Early\\_Detection.pdf](https://www.nccn.org/covid-19/pdf/Prostate_Early_Detection.pdf)

**Executive Briefing**  
**Cancer in Louisiana & Considerations due to COVID-19**

The following provides a reference point in coordination with reopening Louisiana.

**Current Status (Phase I)**

- + Cancer care facilities protect patients and staff by following Phase I CDC guidelines and applicable recommendations from cancer care societies.
- + Cancer care facilities must implement active entry screening practices that limit access to essential personnel and patients who require person-to-person intervention as ordered by the patient's physician. A significant proportion of cancer care is provided on an outpatient basis. The MGMA's *COVID-19 Medical Practice Reopening Checklist* represents an appropriate standard for most physician offices caring for patients with cancer. Additional provisions and precautions must be considered for outpatient infusion centers, imaging centers, and specialty practices that see patients with certain types of cancer, e.g., head and neck cancer.
- + Physicians and other cancer care professionals (nurse practitioners, physician assistants, social workers, navigators, etc.) provide person-to-person interventions with their patients *via telehealth* when possible.
- + Physicians and other cancer care professions who are making medical decisions or coordination of care decisions with their patients should consider options to avoid, defer, and shorten/reduce staging, and treatment when possible based on each patient's situation and disease specific recommendations provided by oncology societies.
- + Limit *new* accrual to clinical research trials, unless a clinical trial offers the most appropriate medical option to the patient.
- + Avoid routine screening of asymptomatic patients.
- + Defer work-up of recently diagnosed patients at healthcare facilities until they are considered safe and harbor a low risk for COVID-19 infection.
- + Negative pressure rooms in combination with appropriate personal protective measures must be in place for to accommodate aerosolizing procedures.
- + Cancer care providers follow *Phase One* Opening Up America Again guidelines applicable to employers to limit person-to-person contact within the cancer care delivery continuum.

**Phase II**

- + Cancer care facilities protect patients and staff by following Phase II CDC guidelines and applicable recommendations from cancer care societies.
- + Cancer care facilities continue active entry screening practices that limit access to essential personnel and patients who require person-to-person intervention as ordered by the patient's physician. During Phase II, cancer care facilities with space to cohort *visitors* in public areas in compliance with social distancing requirements may elect to relax entry guidelines by allowing one visitor to accompany

**Executive Briefing**  
**Cancer in Louisiana & Considerations due to COVID-19**

patients. However, visitors will be restricted to cohort in public areas that are geographically and physically disconnected from patient care areas, and set-up to strictly promote social distancing.

+ Physicians and other cancer care professionals continue to provide person-to-person interventions with their patients *via telehealth* when possible.

+ Physicians and other cancer care professions who are making medical decisions or coordination of care decisions with their patients should consider options to avoid, defer, and shorten/reduce staging, and treatment *for patients who are at an elevated risk for COVID-19 complications conditions*. Physicians should continue to consider recommendations provided by oncology societies by disease type.

+ Any *new* accrual to a clinical research trial should be considered in light of the physician's assessment of the patient's clinical presentation and care needs, and in balance with factors that might give rise to options to avoid, defer, and shorten/reduce care. Accrual to clinical research trials should continue to be avoided for the most vulnerable of patients, unless the trial is best medical option under the circumstances.

+ Screening asymptomatic patients, mammography, colonoscopies, etc. can commence under strict adherence to *facility* access screening protocols, social distancing, and adherence to universal precautions. Note the correlation to the immediate bullet above. Patients who present with a positive finding upon screening would still be subject management based on guidelines that require consideration of measures to avoid, defer, shorten/reduce further workup.

+ Negative pressure rooms in combination with appropriate personal protective measures should remain in place to accommodate aerosolizing procedures.

+ Cancer care providers follow *Phase Two* Opening Up America Again guidelines applicable to employers to limit person-to-person contact within the cancer care delivery continuum.

### **Phase III**

+ Cancer care facilities protect patients and staff by following Phase III CDC guidelines and applicable recommendations from cancer care societies.

+ Cancer care facilities may relax screening practices but should assess those measures in consideration of the vulnerable nature of their patients. Consideration should be given to continuing to restrict access to worksite personnel, patients, and limiting the number of guests who may accompany patients during their visits. Consideration should be given to restrict access to vulnerable individuals accompanying a patient. To accommodate vulnerable visitors during Phase III, cancer care facilities that implemented public cohort areas during Phase II should continue to direct at risk guests to wait in these designated areas.

+ Physicians and other cancer care professionals continue to provide person-to-person interventions with their patients *via telehealth* when possible.

+ Physicians accruing who elect to offer enrollment into a clinical research trial should consider the process as a routine part of medical decision making and shared decision making with their patients,

**Executive Briefing**  
**Cancer in Louisiana & Considerations due to COVID-19**

with the exception of the most vulnerable of patients, who should be considered for clinical research pursuant to Phase I measures.

+ Physicians and other cancer care professions who are making medical decisions or coordination of care decisions with their patients should consider options to avoid, defer, and shorten/reduce staging, and treatment *only for their most vulnerable patients who are at an elevated risk for COVID-19 complications conditions*. For these patients, physicians should continue to consider guidelines and recommendations provided by appropriate oncology societies.

+ Screening asymptomatic patients, mammography, colonoscopies, etc. is provided in adherence to *facility* access guidelines, social distancing, and universal precautions as may be applicable at the time.

+ Negative pressure rooms in combination with appropriate personal protective measures should remain in place to accommodate aerosolizing procedures for the most vulnerable patients.

+ Cancer care providers follow *Phase Three* Opening Up America Again guidelines applicable to employers to limit person-to-person contact within the cancer care delivery continuum.

End.

References:

<sup>1</sup> Medscape, Excess Cancer Deaths Predicted as Care Disrupted by COVID-19

<sup>2</sup> American Cancer Society, Cancer Facts Statistics Center; [www.cancerstatisticcenter.cancer.org](http://www.cancerstatisticcenter.cancer.org)

<sup>3</sup> Managing Cancer Care During the COVID-19; ScienceDirect;  
<https://www.sciencedirect.com/science/article/pii/S2405803320301357>