

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/closing-gaps-nsclc/how-covid-19-has-impacted-the-care-continuum-for-nsclc-patients/11224/>

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How COVID-19 Has Impacted the Care Continuum for NSCLC Patients

Announcer:

Welcome to *Closing the Gaps in Non-Small Cell Lung Cancer* on ReachMD, sponsored by Lilly. On today's program, we'll hear from Dr. Joshua Bauml, who's a medical oncologist and an assistant professor at the Perelman School of Medicine at the University of Pennsylvania. Dr. Bauml joins us to discuss how the COVID-19 pandemic has impacted our patients with non-small cell lung cancer. Let's hear from him now.

Dr. Bauml:

The COVID-19 pandemic has presented a unique and very difficult problem for our patients with lung cancer. We know that COVID-19, unfortunately, affects patients with lung cancer substantially. We know that patients with lung cancer are at great risk of having severe toxicity if they develop an infection, and so, many of them wish to remain socially distant in order to maximize their safety. Of course, the problem is that they have another deadly disease that must be treated, so we need to balance the risks and benefits of any approach. To simply say, "Well, patients with lung cancer shouldn't leave their homes," means that they won't be able to receive the treatment that is often keeping them alive, so this is a difficult topic.

Recently, we saw data presented from the TERA-VOLT registry, which is an international consortium evaluating outcomes for patients with lung cancer who are infected with COVID-19. What we found did confirm that outcomes for such patients was relatively poor, and yet there are some bright spots to be seen. We can see that patients who are receiving targeted therapy seem to do a little bit better than those receiving chemotherapy. Between the TERA-VOLT and other series, it is unclear the impact of immunotherapy, but what is clear across all of the series that have been done is that these patients are at high risk.

So, at the University of Pennsylvania, what we have done is taken up a series of approaches to minimize the risk for our patients. First, any visit that can be done via telemedicine is being done via telemedicine, and we're minimizing patient exposure to the healthcare system. Next, we're trying to space out our infusions whenever appropriate. Of course, there were recent approvals for durvalumab, atezolizumab, and pembrolizumab with expanded infusion time periods going from 2 to 3 weeks all the way up to 6 weeks for the recent pembrolizumab approval, so we're trying to take advantage of that to minimize exposure to the healthcare system. We're working very hard to maintain social distancing within our infusion center and going through extensive cleaning procedures in between patients to minimize patient risk.

In addition to that, and most important moving forward, we're modifying the approach that we have towards clinical trials to ensure that research can still proceed in the era of COVID-19. We have to be nimble. This is a very fluid process. But I think that there are a lot of very smart and good people who are working on this problem so we can get through this difficult time together.

Announcer:

That was Dr. Joshua Bauml discussing the impact of the COVID-19 pandemic on the non-small cell lung cancer care continuum. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/NSCLC, where you can Be Part of the Knowledge. Thanks for listening!

