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Breast Cancer Care Amid COVID-19: How It's Changed for the Better & for the Worse

Announcer:
From the ReachMD studios, this is *COVID-19: On the Frontlines*. I'm Dr. Matt Birnholz.

On this program, we caught up with Dr. Stephanie Graff, medical oncologist and Director of the Breast Cancer Program for the Sarah Cannon Research Institute at HCA Midwest Health. Dr. Graff shared her perspectives on the challenges and opportunities in caring for patients with breast cancer amid the coronavirus pandemic. Let's hear from her now.

Dr. Graff:
I think Covid-19 is changing things in ways that are good and ways that are bad.

Ways that are bad, for example, in my clinic we are practicing social distancing. So, I am not able to hug a patient on their last day of chemo or high-five somebody who got an amazing response to the treatment that we gave them. And, I'm not able to hug somebody who's crying because they just got bad news and darn it, I am a hugger, so that has been really, really hard for me.

I also think that with a mask on and goggles and not touching, our ability to communicate with our bodies, which is a big part of communication, has been altered. And so I'm very aware of the language of my eyes because it's the only thing my patients can see right now. So I think that's a real barrier and a real challenge that we're trying to figure out.

Ways that it's changing for the good is that there is a lot more flexibility around virtual visits, and I can't think of anything more patient-centered than for my patient to be sitting at their work computer and slip over to an online waiting room, keep returning those work emails, and when I'm ready to hop on the call, they're there. We can have a video chat for 10 minutes and then they can go right back to work. There is no more missing a half day of work as you drive across town, sit in my waiting room, get your blood pressure checked, wait on me. It's just the most beautiful expression of direct-to-patient care to be able to do some of the telehealth services that we're now able to deliver.

We've also received some federal guidance from organizations like the FDA or even clinical trial sponsors around being a little bit more adaptive in the restrictions of clinical trials, as we try to figure out how to best serve our patients during the pandemic, and that's been really refreshing because clinical trials can be very, very tightly regulated, and eight hours here or there on a blood draw can make a huge difference in the clinical trial and so knowing that everybody is collaborating broadly internationally on team-based care to improve clinical trial delivery has been really exciting and would be a great thing to continue to develop after the pandemic is over.

I think telehealth has been great for my patients that have been able to connect using both a video and an audio feed, but unfortunately, I still have lots of patients who do not have access to that video component. And to communicate bad news to somebody when you can't even see their face or to meet somebody when you can't see their face doesn't offer that same level of human connection that the video feed does. And I think that there's been some sort of age and socioeconomic factors that contribute to who has that video component, who doesn't, and I'd love to come up with a solution to overcome that barrier. I just don't know quite what that is yet. I think we're still all learning and growing through this process and hopefully we are able to find a way to deliver same care to everybody.

Announcer:
That was Dr. Stephanie Graff from the Sarah Cannon Research Institute at HCA Midwest Health.

For continuing access to this and other episodes from *COVID-19: On the Frontlines*, and to add *your* perspectives toward the fight against this global pandemic, visit us at ReachMD.com and become Part of the Knowledge. Thank you for listening.