

Transcript Details

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How Radiation Oncologists Are Adapting Patient Care Amid COVID-19

Announcer:

You're listening to ReachMD. On this special edition of *COVID-19: On the Frontlines*, Mario Nacinovich spoke with Dr. Anthony Dragun, Professor and Chairman of the Department of Radiology and Oncology at Cooper Medical School of Rowan University and Chief of the Department of Radiology Oncology at MD Anderson Cancer Center at Cooper, about the changes he's seen in the treatment approaches for his oncology patients in light of the COVID-19 pandemic.

Here's your host, Mario.

Mario:

Certainly in the unprecedented era that we are in regarding COVID-19, are there any changes that you're making as a radiation oncologist to the treatment of your patients coming into the institution?

Dr. Dragun:

What I'm seeing from a regional and national level is physicians in the United States and radiation oncologists looking for ways to minimize risk for their patients in the era of COVID-19 pandemic. And so, there's a lot more discussion and a lot more adoption of shorter courses of radiation therapy for patients who qualify in an endeavor to minimize their number of visits to a hospital or radiation center in order to minimize their exposure. So, I consider that a positive development in the overall treatment of patients because this is a strategy where you shorten the course of radiation performed in fewer sessions that can help a lot of different patients improve their access to care and improve the access of care of patients who are underserved or have difficulties with time and travel and transportation. And I think some of the things that come out of this in cancer medicine and radiation, maybe in the medical community in general, will be that there are going to be new more convenient ways to access care for patients that endure long beyond when this pandemic is over.

Mario:

Is there anything specific in breast cancer that you're doing in the radiation oncology field?

Dr. Dragun:

Yeah, so for breast cancer or for radiation oncology, traditionally many patients are treated with daily radiation therapy that's every day, Monday through Friday, five days a week for anywhere from six to seven weeks. Now over the last decade, there has been more use of a shorter course of treatment, say three weeks to four weeks of daily radiation for early stage breast cancer. What we're seeing during this pandemic is that people are taking that data and extrapolating it more often to treating patients with more advanced breast cancer, stage two and three disease, so that those patients would be able to qualify for a shorter course of radiation. And then, beyond that, there's what we call extreme hypofractionated radiation therapy where patients can have their treatment course shortened to even as few as five radiation treatments given over once a day for one week or even once a week for five weeks. These are treatment courses that were originally developed in Europe and the United Kingdom and have shown a lot of promise. I was involved in a large clinical trial of that type of radiation in the United States. It was the only one of its kind. And now, what I'm finding is a lot of people are reaching out to me because they're seeing that this is a particular strategy that would be useful during the time of a lot of infection in the community and a lot of concern on the part of patients of coming to the hospital. So, I'm really encouraged by the willingness of both physicians and patients to explore some alternative treatment strategies that have good data to back them up, but may just be newer but tremendously advantageous during a time like this.

Mario:

Dr. Dragun, thanks for sharing some of those additional thoughts specific to how we are treating patients with cancer more broadly in

terms of radiation oncology treatments and certainly in the management of patients with breast cancer and really accelerating treatment based on data, and I think really at the end of the day, yes, it may be new, yes, it may be novel but those recommendations are optimizing care for patients during a most unprecedented time, and we certainly could all be the beneficiary of optimizing treatment for a time. So, thank you for your great work, for your groundbreaking data that's currently being put to use. So, what's new isn't necessarily things that we should avoid, it's things that we should absolutely embrace.

Dr. Dragun:

Yeah, I think we have to keep in mind the fact that cancer doesn't wait and it doesn't really care about the circumstances of, you know, a dangerous infectious pandemic and that there are patients who are worried about their exposure and they're worried about the pandemic, but they're also worried about their cancer, and if we can give them more options during this period of time to be able to both minimize their risk and maximize the ability for them to have peace of mind that they're doing the right thing in treating their cancer.

Mario:

That's indeed a great thing. Thank you for your time and thank you for joining us.

Dr. Dragun:

Thank you so much. I appreciate the opportunity.

Announcer:

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. Where you can be part of the knowledge.