

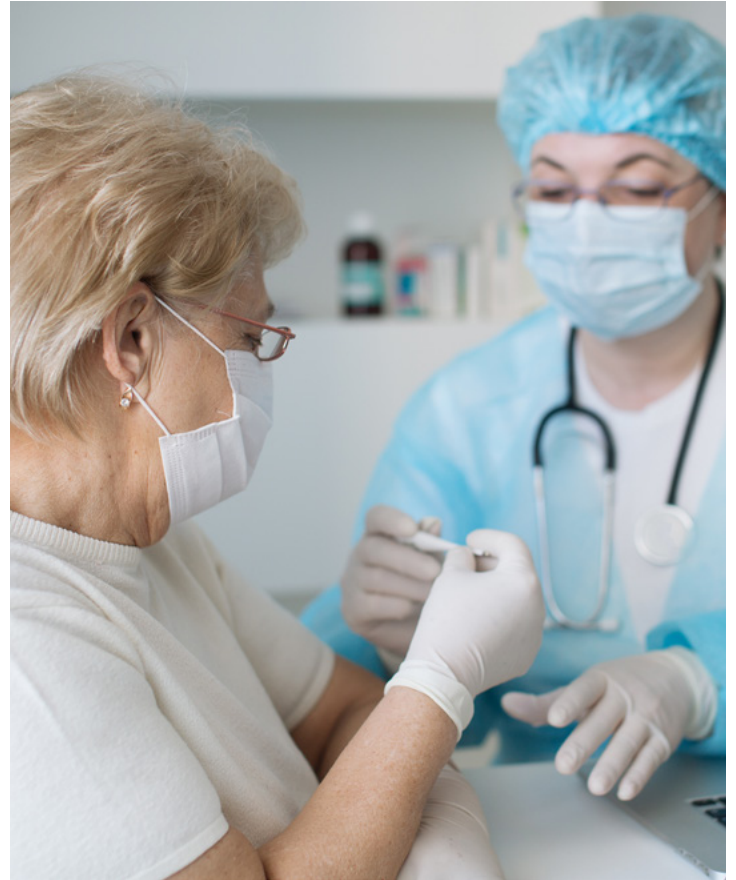
# THE VALUABLE LESSONS FROM THE COVID-19 GLOBAL PANDEMIC



LUNG  
CANCER  
CANADA

AWARENESS. SUPPORT. EDUCATION.

The COVID-19 pandemic has been a new and challenging experience for lung cancer patients, caregivers and healthcare providers, with no one having experienced a disease like this before, many had little or no knowledge on how to fight it. Our Canadian healthcare teams had little time to react, with the best way to proceed seemingly unclear but as more information became available, the key was for teams to learn and adapt to keep lung cancer patients safe while preserving their care. Lung Cancer Canada asked several physicians from across the country to reflect upon their COVID-19 experience and to provide major takeaways for lung cancer patients and caregivers moving forward.



## IMPACT OF PANDEMIC ON LUNG CANCER MANAGEMENT

As public health units began to implement restrictions in response to the pandemic in early March 2020, hospitals across the country immediately had to make large sweeping changes. Many patients had their cancer care management disrupted as appointments, tests and treatments were rescheduled, this sudden change was a source of anxiety for patients, not knowing what to expect moving forward. However, as healthcare teams learned more about the virus, they were able to better manage and minimize disruptions to patient care.

## Face-to-face vs. Virtual visits

One of the initial issues most healthcare providers had to address was managing in-person hospital visits. Appointments were now held over the phone or virtually, although online appointments have been used in the past. Without face-to-face interactions, it was difficult for physicians to confidently make big treatment decisions. Dr. Paul Wheatley-Price, a medical oncologist at the Ottawa Hospital Cancer Centre, Ottawa reflected, “While virtual care has been very effective for many patients, I personally found I was uncomfortable prescribing new treatments, with the potential for serious side effects, to someone I had not seen and assessed in person.” Virtual medicine could easily miss things that come with face-to-face contact and assessments, like a physical examination.

But at the same time, the pandemic has helped virtual care quickly develop into a practical option for patients. This has offered increased flexibility for patients in terms of reducing transportation time and being seen within the comfort of their own home, both of which are especially helpful for patients residing in rural areas. Dr. Silvana Spadafora, a medical oncologist at the Sault Area Hospital, Sault Ste. Marie, in Northern Ontario, describes the powerful combination of virtual appointments with ‘home care teams’ where a local nurse would be physically present with the patient to assist with the appointment while calling the oncologist. This option to some extent resolves some of the misrepresentation that comes with virtual care and she is hopeful to see this being implemented moving forward.

## Delayed Diagnosis

The lack of a universal approach to managing a cancer diagnosis during the pandemic was evident, as each healthcare centre had a different approach depending on the number cases in their geographical area. For many regions, tests and scans were cancelled or rescheduled, and the inability to track whether a patient’s cancer was improving or progressing was a cause of concern for both patients and physicians.

Dr. Rosalyn Juergens, a medical oncologist at the Juravinski Cancer Centre, Hamilton, says she is now noticing a ‘delayed diagnosis’ effect. Patients who would typically present with early lung cancer symptoms such as a cough or difficulty breathing may now have their symptoms attributed to COVID. Other patients have been hesitant to seek medical help out of fear of contracting COVID-19. Now that people have become more comfortable with hospital visits, our oncologists are unfortunately seeing an increase in patients presenting with lung cancer at a later stage.

## Changes to Cancer Treatment

Cancer treatment plans were undoubtedly impacted throughout the pandemic and hospitals reduced the capacity of procedures including cancer surgeries to prepare for the influx of COVID-19 patients. In an effort to reduce COVID-19 exposure, patients may have been advised to change the frequency of treatments to avoid coming into the hospital. Dr. Gwyn Bebb, a medical oncologist at the Tom Baker Cancer Centre, Calgary says the pandemic has forced him to think about the minimum number of visits required for proper lung cancer care. He says, “We probably don’t need as many face-to-face visits as we think we did. But how this affects adverse outcomes down the road is difficult to know.”

Prior to the pandemic, patients were allowed to safely take breaks from their treatment for a variety of reasons such as vacation or sickness. Similarly, physicians have taken these lessons in being forced to cut back on visits and exploring the flexibility by which patients were able to reduce the frequency of their treatments to ensure physical distancing. More evidence is still required to determine if these changes can be permanent.

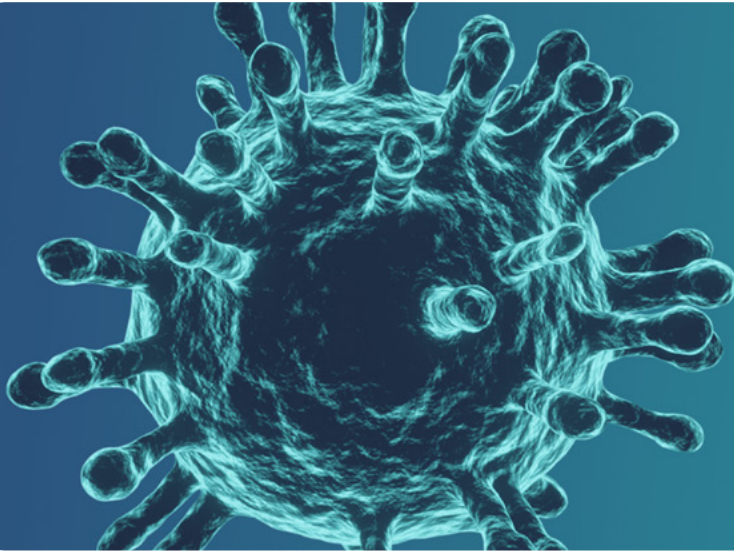
## Cancer Research

Enrolments for many cancer clinical trials were stopped, and even laboratories developing new cancer therapies were affected. Recently, these trials have been allowed to resume on a priority basis with certain safety guidelines in place. Faced with the possibility of financial loss and low enrolment and out of the fear of contracting COVID-19, to accommodate public health guidelines, clinical trials have loosened restrictions on their follow-up procedures including allowing patients to complete assessments over the phone and having blood work done at local medical laboratories instead of hospitals.

Dr. Stephanie Snow, a medical oncologist at the QEII Health Sciences Centre, Halifax, says, “When the COVID-19 restrictions came quickly in March, we had to scramble to make the safest plan possible for our patients on clinical trials. It was a matter of balancing their trial assessments and minimizing potential exposure to COVID-19 by making trips to the hospital. My patients who were doing well on targeted therapies on trial were switched to telephone virtual follow ups, and we reduced the frequency of some of the follow up imaging tests that went above and beyond standard of care. For those patients who weren’t already on trials, they lost that treatment option, as we had to stop recruiting new patients. This was hard, as we often find trials are a way to get access for our patients to the newest therapies not yet approved and available in Canada.”




# COVID-19 Experience: Perspective of a Front-Line Physician



**“You can never be overprepared”**

- Dr. Kevin Jao

Dr. Kevin Jao, a medical oncologist at Hôpital du Sacré-Cœur-de-Montréal, Montreal, a hotspot for COVID-19 in Canada, was called to combat the pandemic on the front lines at a designated COVID-19 hospital. When the pandemic first started, Dr. Jao did not expect to be called to the front lines and was caught off guard when the number of new cases began to rapidly escalate. He describes the ‘chaotic’ transition period when hospitals began to clear wards of lower priority patients to accommodate more COVID-19 patients. Even oncology patients post surgery in isolated wards were contracting COVID-19 and oncology wards were unexpectedly getting COVID-19 at an alarming rate, with several healthcare workers simultaneously getting infected with COVID-19 too. It was only recently discovered the virus could be spread through people without symptoms, as such, healthcare workers and experts were unsure of what personal protective equipment was sufficient for the virus.



When Dr. Jao went to see his first COVID-19 patient in the emergency department, the province was still working out how to protect healthcare workers. He expected specialized containment rooms and more protective equipment, yet only received a mask and a gown and was seeing patients on gurneys. He recalled feelings of anxiety being thrust into that encounter, fearing for the health of his family and the reality of possibly getting really sick, which was an unnerving experience. In his words, “Every day, it was stressful leaving the hospital just hoping you didn’t catch COVID-19.” It was truly the lack of knowledge about the virus that made it so challenging to fight. Out of precautions for his

older parents and a young kid at home, over the first few weeks, Dr. Jao isolated himself in his basement and was unable to be in close contact with his family. From a personal standpoint, he describes the situation as very stressful.

He also discussed witnessing the impact the first wave of the pandemic had on his oncology patients. It created many uncomfortable moments such as hospitalized patients being fearful of being placed in the same room as other patients, or patient family members feeling guilty for potentially exposing them to the virus. Restrictions on family gathering limits made it difficult for patients at the end of care to receive the in-person support that teleconferences are unable to recreate. As a result, a lot of patients felt very lonely and lacked the emotional support that is so important when going through a cancer journey. Family members were also unable to properly say goodbye to loved ones.

Dr Jao's biggest takeaway from this experience is “you can never be over prepared.” Even incorporating lessons from the H1N1 pandemic, there was still so much that was unexpected and the health care system was constantly adjusting. But as a result of the pandemic, Canadians have learned the necessary skills in reacting to this disease by wearing masks and gloves, being willing to get tested and physically distance. Hospitals are also now better equipped to reorganize resources in response to a rise in infectious cases and organizing hospital space to minimize spread of the virus. Our healthcare teams continue preparing to be ready for any surprises in store, over the next few months. Despite his experience, Dr Jao reassures patients by saying, “COVID is stressful and full of unknowns, but life can go on in spite of this, and if we do things right, we can still help you without compromising your safety.”

# LESSONS LEARNED:

## FACE-TO-FACE VS. VIRTUAL VISITS:

Virtual care is an effective tool but not one for everyone. The pandemic has offered more opportunities to explore virtual care and it certainly has helped patients access care and avoid travel to the hospital during this difficult time. There have also been challenges with virtual care. Some aspects of care such as patient assessment and treatment decisions may be important to face-to-face interactions so that appropriate decisions can be made. Social disparities such as age, level of education, ability to access technology can pose barriers and mean that this form of care may not be appropriate for some patients.

## DELAYED DIAGNOSIS:

The healthcare team is working to keep patients safe. While we understand patients may be afraid to seek medical care during this pandemic, if they notice a change in symptoms or require medical attention they should seek care.

Just as the general public has become aware of COVID-19 symptoms and when they should seek a COVID-19 test, knowing when to seek medical attention in response to lung cancer symptoms is key to improving the chances of successful treatment. This is a message cancer agencies, clinicians and patient groups must continue to send.

Lung cancer patients should continue to advocate for their own health by following up on any appointments or diagnostics that may have been missed.

## CHANGES TO CANCER TREATMENT:

The message to governments is, “Yes you can!” Governments have been flexible during this pandemic to make changes to treatment algorithms based on clinical rationale, allowing oncologists to make treatment plans even more patient focused. This will be constantly evaluated using available evidence to make decisions about changes in care, and it is hoped this flexibility will be maintained even after

the pandemic. Modern cancer care must also include timely lung cancer screening and molecular testing.

## CANCER RESEARCH:

Clinician trials are a lifeline for many patients and should be preserved! Clinical trials were severely impacted due to the pandemic. As trials are starting up again, research teams are learning that clinical trials can still be completed with increased flexibility to patients and in some cases virtually, a trend we hope to continue in the future. This also increases opportunities for people living away from trial sites to get enrolled.

## MENTAL HEALTH:

Overall patient health includes mental health. This is an area that has been neglected in cancer care. As lung cancer survivorship increases, and as the pandemic has shown, this is an area that cannot be neglected. As future care models are reassessed based on learnings from the pandemic, mental health care must be included in the management of these patients.

## CONCLUSION

The pandemic has pushed everyone out of their comfort zone, but despite the difficulties experienced, healthcare teams rose to the occasion to ultimately deliver the best care possible. The lessons learned from adaptability to creative solutions for continuing cancer care is helping to deliver the best care possible to patients, because lung cancer management should not stop because of a pandemic, but rather should be carried out using approaches that suit the situation and ensure continuity of care.

The pandemic has also created opportunities to better serve patients. Learnings from the use of virtual care, streamlining of patient visits to hospitals, considerations for patients that live in remote areas and expanded use of allied health professionals are areas that should be examined, with the best practices made a

permanent part of patient care.

It is understandable that the current situation will cause fear or stress, especially as a lung cancer patient, but our patients should find comfort and assurance in knowing that measures that are in place will protect them. What we have learned over the past few months has taught us how to minimize the risk of contracting COVID-19, and we all should continue to do our part by following public health guidelines. Although we may not know where this pandemic will take us, our patients can always trust that their health care teams have and always will be advocating for them. We encourage everyone to continue to maintain relationships with their healthcare and support networks, because the best way that we can emerge from this pandemic is if we do it together.

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