

COVID-19 and Cancer:

Updates from Infectious Disease and Cancer Experts

National Webinar Transcript

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Elana Silber:

Good afternoon for those of you who are on the East Coast and good morning to those on the West Coast. I want to thank everyone for joining us today. My name is Elana Silber, and I am the Executive Director of Sharsheret. Just to make sure you're in the right place, this is Sharsheret's weekly webinar series to update you on critical information for you as someone who is living with breast or ovarian cancer or caring for someone who is. I just want to remind everyone that we're on a group call with lots of people, so please remain on mute. Also, we are recording this so that others can access it at another time. So, if you'd like to remain anonymous, you can change the name on your screen, you can turn off your video. You will only see the speaker, but for extra privacy during the call, feel free to maintain your anonymity.

Elana Silber:

I'm really excited to see you here today, which means you are well enough to join us. So, first and foremost, your health and your safety is a priority. So, that's what these calls are about. Sharsheret offers resources and information and support all virtually, all by phone and by email. So, if there are other issues that you are dealing with, Sharsheret has a team of social workers and a genetic counselor who are available and eager to speak with you about your personal issues and concerns. We have been doing this for 18 years. The circumstances are different but Sharsheret is prepared and eager to help you when you need us most. I'm privileged to have with us today two incredible people.

Elana Silber:

We have Dr. Arthur Reingold, who is Division Head of Epidemiology and Biostatistics at the University of California at Berkeley School of Public Health. He also has worked for over 40 years on the prevention and control of infectious diseases, both at the national level including eight years at the CDC, as well as with numerous developing countries around the world. He's co-directed the CDC-funded California Emerging Infections Program since inception in 1994.

Elana Silber:

We have Dr. Marisa Weiss, who is the Chief Medical Officer, Founder, and Visionary, Breastcancer.org, an incredible website. If you have not been there, I encourage you to go there when you have questions, when you have concerns. Everything on that website is reliable. Sharsheret turns to Breastcancer.org very often for our resources. Dr. Weiss is also the Director of Breast Radiation Oncology and Director of Breast Health Outreach at Lankenau Medical Center. We also have sponsors for these webinars, so we can keep them coming too, The Siegmund and Edith Blumenthal Memorial Fund, Seattle Genetics, and we're in partnership with Breastcancer.org. So, now it is my pleasure to turn the floor over to Dr. Reingold.

Dr. Arthur Reingold:

Good afternoon. I'm delighted to be able to be with you and see if I can be of any help. I generally find in these types of sessions that the less speechifying I do and the more answering questions that are on people's minds, the more useful time is. So, I'm not making a PowerPoint presentation. I'm not giving a big lecture, the way I have to do it at work, but I'm just going to make a few points of introduction. I want to begin by saying that there are lots of things that are challenging about the current times, but one of the good things is that pretty much anybody with access to the internet can remain quite up to date about this rapidly evolving disease and situation. The World Health Organization, the CDC have excellent websites.

Dr. Arthur Reingold:

Frankly, one of the better sources of information on a daily basis is the New York Times, which is making its COVID-19 information available, I believe, for free even for non-subscribers. So, I rely on all those sources in addition to medical journals to stay up to date. There's no reason why people can't access that information themselves. I think the other thing I just want to start out with is anything I say today will be out of date by tomorrow. So, that's one of the complexities is that this is such a rapidly evolving situation that you do need to sort of stay up to date and not rely on anything anybody told you in a given day.

Dr. Arthur Reingold:

So, just to briefly recapitulate where we are here at the end of April. It was only six months ago, even less than six months ago, when this new virus originated, we think, in China, and almost certainly coming from a bat or perhaps another mammalian species, and making it into human beings. And then unfortunately, being easy to transmit from one person to another. So, we have lots of information that tells us that this may have all gone back to a single animal to human event transmission of this novel Coronavirus.

Dr. Arthur Reingold:

Just in remarkably short period of time, these counts are wildly underestimates but at least 3 million cases globally, and at least 200,000 deaths globally with a third of those cases and a half of those deaths in the United States. So, a quarter of those deaths are out there in the United States, but every day the numbers will go up. We know the numbers are a gross underestimate of how many people been infected with the virus, and almost certainly an underestimate of the number of people who have died. So, as you all know, the world is scrambling to keep people safe, to understand how we can best do that while we await, hoped for vaccine and better treatments.

Dr. Arthur Reingold:

So, a lot of the emphasis to date has been on social distancing maneuvers, trying to keep yourself from being infected in the first place. That's particularly important for people with underlying illnesses, such as cancer, or heart disease or lung disease, or for the frail elderly, particularly people living in congregate settings, such as nursing homes, and other shared facilities, where a staff member or visitor can inadvertently introduce the virus. It can spread very quickly with devastating results. So, as you all know, our society and all societies around the world have been upended. Our economic situation has greatly worsened. Lots and lots of people are out of work. Kids are not in school. Large events are all canceled. So, this is having a huge effect on our society.

Dr. Arthur Reingold:

Some of us are lucky to have jobs, so we can work at home without much disruption, but others clearly are unable to do that. So, we really don't know yet which treatments will be effective. I haven't been a clinician for several decades, but it looks like we do have a good clinician on the call. Maybe she can speak more about the therapies but none of the therapies is yet proven to be effective for Coronavirus-19 number one, or COVID-19 rather. As everyone knows, the optimistic projections are that we might have a vaccine in 12 to 18 months. Although having one that shown to be effective is one thing, having a billion or two billion doses of a vaccine for widespread distribution is quite a different thing.

Dr. Arthur Reingold:

So, in the meantime, we're all doing our best through standard public health measures to keep people safe. I'd be happy to talk about those measures and what we know about them. But I suspect that would be better done in the context of questions that people have about social distancing, about masks, about all the other things that you've heard about. So, let me end there, because I really do think the more time for discussion and questions, the better.

Elana Silber:

Thank you, Dr. Reingold. I'm now going to turn over the floor to Dr. Marisa Weiss.

Dr. Marisa Weiss:

Well, thank you for having me participate [inaudible 00:08:55] call and to meet all of you and to work with Dr. Reingold. That's a pleasure. Thank you.

Dr. Marisa Weiss:

So as a Chief Medical Officer of Breastcancer.org, open 24/7 365, we're certainly hearing from our audience of now 90 million people about how much this pandemic is completely upending their lives, may just causing chaos and a real crisis for each individual in so many different ways. For those people who, for example, were diagnosed with breast cancer, their ability to have surgery is completely constrained. People who even have significant disease or stage of disease have had their surgeries postponed. Meanwhile, they're being put on an interim method of treatment like anti-estrogen therapy or anti-HER2 therapy. For those people who have, let's say, triple-negative breast cancer, who have been treated for protocol.

Dr. Marisa Weiss:

Let's say they've had chemotherapy and they need to take their next step surgery in short order. Those people are able to get their surgery, but they may not be able to get reconstruction if they have to or they choose to have mastectomies. Those reconstructions will be done later. The reason why the doctors don't want to perform long surgeries is because the longer you're under anesthesia, the more suppression of your immune system, the more exposure you have, the more PPE that your surgical team uses, the longer you need a ventilator, the more likely you might need blood for a transfusion, and the more likely if there was a complication that you might yourself need to go to the ICU, which you don't want to do.

Dr. Marisa Weiss:

So, in order to keep each person as safe as possible, we're trying to postpone surgeries whenever that is possible. If it's not possible, to minimize the extent of the operation. So, it's at least an anti-cancer operation, but with a plan of doing reconstruction later. Some places may be able to put in a tissue expander or basically a placeholder to hold the area open, and to give you at least some shape in the time that you're waiting that may not be possible. Other people's plans have been shifted where instead of going right to chemotherapy, they may be postponing that with anti-estrogen therapy, because the doctors may not want you to be immunocompromised with chemotherapy.

Dr. Marisa Weiss:

Chemotherapy does knock down your immune system, making you more vulnerable to infection such as the COVID-19 virus. So, that's why some people have had changes in their treatment that way. When it comes to radiation therapy, some patients might proceed straight on to radiation if they have significant

disease where in which the treatment has to happen within a reasonable period of time, let's say a month or so, in order to expect the greatest benefit, for example, people who have triple-negative breast cancer. But for most other groups of people, their radiation may be postponed because of the pandemic. But in the meantime, they need to put on anti-estrogen therapy or anti-HER2 therapy as a holding pattern.

Dr. Marisa Weiss:

For those people who are not diagnosed with breast cancer, but who may be at high risk for having breast cancer because of a strong family history or because of unknown inherited high-risk mutation. Those people may see an interruption of the close surveillance that they're used to have, that they've had this whole schedule of close surveillance that they've been sticking to along the way. That schedule may be destroyed by the whole COVID-19 crisis because we're trying not to have people come in and get mammograms, even high risk surveillance mammograms at this time, if we can postpone it just a little bit like a month or two months to keep you safer.

Dr. Marisa Weiss:

When the mammogram centers do open back up again, they are most likely to take those people who are at high risk, who are on a very active surveillance program and want to keep the rhythm and the schedule of their surveillance in order. So, those of you who are in that situation will most likely get in sooner than later to get back on your schedule. Of course, the physical isolation that so many people are experiencing during this COVID-19 crisis, basically everybody, but for those people who have been dealing with breast cancer diagnosis, or the threat of a diagnosis, or they were in the middle of a workup to see if they were high risk, you can feel alone anyway. And then with the COVID-19 crisis, people are more physically isolated.

Dr. Marisa Weiss:

If you've gone through treatment and you're immunocompromised because of chemotherapy, most people want to protect you and have you stay on your own. That's obviously safest for you, but it's physically isolating. Along with physical isolation can come a lot of emotional or social isolation, which is something that we help people with through Breastcancer.org programs. We have all kinds of content on all these issues. We also have discussion boards where people connect with each other on our Breastcancer.org community where you can feel more socially and emotionally connected, despite all the physical isolation. Our audience from around the world, people have been experienced the same challenges no matter where you are. So, it sort of made the world a small place.

Dr. Marisa Weiss:

We at Breastcancer.org have met this surge of new need in all kinds of ways through new articles and videos, podcasts, all kinds of content. Of course, our goal is to provide answers, information, support at this critical time, and as Dr. Reingold said, things are changing on a daily basis. So, even some of the content that we have, we're always trying to revise it to reflect the newer advances, so that people have that timely, actionable information. There are a lot of people who reach out to us who are caregivers that are trying to help the person going through all this get more continuity of care, despite the fact that access to doctors might be limited, access to medical services might be limited.

Dr. Marisa Weiss:

A lot of your care might be done through telemedicine or much more remote methods. You really miss the closeness and the importance of your relationships with all kinds of people in your immediate support network, your doctors, your family, your friends. It's a lonely time. Just the feeling of getting a hug from somebody is one of those things people crave that they can't have, the simplest and most important things in life.

Dr. Marisa Weiss:

During these periods of time when you're waiting to get your care back on track, there are things that you can do to feel more empowered and to be more ready to roll when the restrictions lift. So, for example, genetic counseling and genetic testing, which is really important to share it off to your whole community and your mission, is such an important thing to accomplish in your evaluation for breast cancer risk and a breast cancer diagnosis. That is one area that you can move forward with during the pandemic to make sure that you have the benefit of genetic counseling and genetic testing, even if it's not delivered in the usual way.

Dr. Marisa Weiss:

So, for example, most of the genetic counselors in our hospital, the Main Line Health System in the Philadelphia area, are doing telemedicine genetic counseling. A kit is being sent to the individual and the sample is obtained inside the mouth with a swab rubbed against that the wall of the mouth in different areas and put into the solution. It's not as easy to get the blood sample to send off for genetic testing. But the genetic testing companies can do an accurate test on the swab test as long as they have a good sample. They usually tell us if the sample was insufficient, and it needs to be repeated, let's say, through a blood sample. So, getting genetic testing during this period of time is an important step to accomplish.

Dr. Marisa Weiss:

Getting healthy and strong, getting physically as strong as you can. Improving your nutrition is something that you can do during this period of time, even though your access to good food might be constrained. People offered to help you by making meals, that's very nice for them to offer. You could be specific and say, "I really would love to have, let's say, a vegetable stew or a casserole." Basically, ask for things that may be more healthy. Generally, it's important to accept food that can be heated up or cooked, because the virus hates heat. When you heat up your foods, it is likely to kill the virus and kill anything that might be on the outside of the casserole or the dish that you've accepted from a loving family member or friend.

Dr. Marisa Weiss:

Less safe foods to accept from other people if they're offering you would be things that don't get reheated or get cooked, like salads, sushi, and deli meats, and things like that, where you're not going to reheat them, re-cooked them. You're just going to use them as is. I'd recommend against that. You just don't know what is going on in the people's home when they prepare these foods and deliver them to you. I do think it's going to be a big transition for people who've been actively seeking care for breast cancer and who've been physically isolated. It's a big transition to go from that isolation back out into the world again. Even to visit your doctor in the hospital can be met with dread and anxiety.

Dr. Marisa Weiss:

So, I think it is important to really understand how you can protect yourself in that environment as you move out of your home and start interacting with other people and going to new places. I'm sure Dr.

Reingold would agree with me, generally speaking of the hospital, while there are COVID patients in hospitals, hospitals are a controlled environment. Like they check everyone at the door with temperature checking, questions about where you've been, who you've connected with, and if any exposure people with COVID-19. Cancer centers are very far apart from emergency rooms and intensive care units where the COVID patients are. In the hospital, we are trained to handle these things in the safest way possible.

Dr. Marisa Weiss:

So, I got ready to go here, we all have our masks. These are really important because this particular mask is a surgical isolation mask. It's not a N-95 mask. We wear this when we're doing regular interactions with patients. The masks do protect you from the patient. They protect the patient from you, and they also protect you from you, because you don't want to be touching your face. When this is on you, you're less likely to be touching your face, the places where the virus likes to get in, the eyes, the nose, and the mouth. Always have a mask with you or be wearing a mask when you go out and about, particularly those people who are immunocompromised.

Dr. Marisa Weiss:

I wear rubber gloves because I wash my hands a million times a day, my skin is about to fall off my hand. So, it's a way for me to protect my hands from all the harshness of the chemicals that we use to clean our hands all day long. Of course, social distancing. We provide that in the hospital, in waiting room areas, where we make sure that you are at least six feet away from people who are also here to get their care. Even if you're with family and friends, I think it's important to know that one significant source of getting infected is from the people in your life around you, family and friends. You just don't know who has been where.

Dr. Marisa Weiss:

As everyone knows, you can catch COVID from anybody who has the virus with or without symptoms. We just don't know who does and who doesn't have the virus. We would like to invoke the precautionary principle which is better be safe than sorry. Keep yourself as safe and well as possible as you make your way through this whole crisis. So, I think I'll stop there and have people submit questions, or happy to address anything that comes of mind.

Elana Silber:

Thank you, Dr. Weiss. Dr. Weiss and Dr. Reingold will be taking questions. You would type them into the chat, and then we'll be addressing those. So, a question came in and I think this one is for Dr. Weiss. There's been a lot of press that COVID-19 can attack your heart. For patients who took Herceptin and had to have echocardiograms every couple of years to check their heart valve function, is there an increased risk or concern with COVID-19 infections?

Dr. Marisa Weiss:

Well, that's an excellent question. As Dr. Reingold said, this is a new disease, infectious disease and we're learning a lot more about it every day. Initially, we thought it was only a pulmonary infection, like respiratory infection in the upper airways, in the lower airways in the lungs. We've since learned that it can affect your blood clotting system and it can cause clotting and problems with your vessels and pulmonary emboli, and things like that. It can affect your heart and it can cause strokes. I think the way to approach this is to say that everybody is at risk for COVID-19, some more than others.

Dr. Marisa Weiss:

On top of that, some people are at high risk for having complications if they were to get COVID-19, compared to other people who seem to maybe get it but are asymptomatic or have only mild to minimal symptoms. We know that the average age of a woman getting breast cancer is 62. So, one risk factor for having complications from COVID is being over 60, especially being over age 65. So, by age alone, about half the people with breast cancer are considered in a higher risk pool of people. And then add to that any other underlying condition like diabetes, heart disease, lung disease, or any other problems with blood clotting, or things like that, that may put you at higher risk. So, those people do have to be extra careful.

Dr. Marisa Weiss:

I think that would include people who may not have heart disease, but took treatment that made their heart a little less strong or a little less able to handle the challenges that you could experience if you had a full on COVID infection. Just because when you get sick with COVID and you get high fevers, your body has to work super overtime to manage and to stay alive and stay healthy and survive it. It can strain your whole body including your heart and lungs. So, I think I would take extra steps to be extra careful to protect yourself against getting COVID-19 if you had treatment that could have affected the health of your heart. Could be Adriamycin, it could have been Herceptin, or medicines like that.

Dr. Marisa Weiss:

Plus, there are medicines that people are on now that can affect their lungs, like the CDK4/6 inhibitors can cause interstitial lung disease. So, we want to make sure that people who are on those medicines are being extra careful. Now during this pandemic, some of the medical oncologist may recommend that you switch from one type of chemotherapy that may be more likely to suppress your immune system over to another that may be maybe effective with less of that type of side effect as a holding pattern until we learn more about this virus, how to avoid the virus, and how to treat the virus.

Elana Silber:

Thank you. There are a lot of questions coming in privately in all different ways. Dr. Reingold for you, as you can imagine, so might be a series of questions coming your way. You started to talk a little bit about masks. So, now the question is we have these, you can order fabric masks. You can get what Dr. Weiss is wearing. What mask, N-95's... What should we be wearing generally? Or if we're going for chemo infusion, what is really recommended? What's the right thing to do?

Dr. Arthur Reingold:

Perhaps I let Dr. Weiss speaks specifically about the question of going in for an infusion of some kind. I don't if that requires a higher level of mask and what the recommendation is for that, but I think there are a few things to say. First of all, despite being a rich country, we seem to have started out at a disadvantage with regard to enough masks and different kinds, and have had to give priority to frontline health care providers, particularly with regard to the N-95 masks, because they're at very great risk of being infected as they care for sick patients. So, the general belief among those of us in public health is that you don't need N-95 mask when you're out and about.

Dr. Arthur Reingold:

I would say that N-95 masks really should be properly fitted to your face, number one. Number two, they're actually somewhat uncomfortable to breathe in and wear for long periods of time. Many people

don't wear them correctly, because of these problems. So, we want to conserve the N-95's for people who are in really risky situations. But Dr. Weiss might have some information about someone coming in for an infusion or something. But I think outside that setting, the current recommendation, as many people will know, is that, for example, here in my county, you're not allowed to go out without a mask or a facial covering. So, a surgical mask or something of that kind is believed to be sufficient, but many people are wearing other types of face coverings made from different fabrics.

Dr. Arthur Reingold:

Some suggestion perhaps an extra layer of nylon underneath the cloth might be more effective. But the primary reason we want people wearing masks when they're out and about is to reduce the chances that if they are asymptotically infected that they will transmit the virus to other people. Do the masks also offer a degree of protection to the person wearing the mask? Well, we hope so. But I think the scientific data are really quite limited about that.

Dr. Arthur Reingold:

So, the reality is that you can buy different types of cloth or other masks online, you can make your own. But primarily, we want to make sure that your nose and mouth are covered when you're out and about in proximity to other people. Whether one type of mask or another is going to be radically more effective than the other, I think frankly, we don't really have the data. But Dr. Weiss may have a comment about in the clinical setting when the patient comes in.

Dr. Marisa Weiss:

Yeah, well, thank you. So, I totally agree that the N-95's are being reserved for the healthcare professionals who are directly taking care of COVID patients. For those of us who don't have direct care or not doing procedures that would aerosolize the COVID virus, we are using these surgical masks called isolation mask, which you may be able to get. You put them on with these loops and you put them over your nose and your mouth both. You put them behind your ears and you also take it off with the loop also. If you don't have access to the mask, then you can use fabric.

Dr. Marisa Weiss:

The recommendation by the CDC is to use 100% cotton that's got 180 thread density or higher. That is basically tightly woven enough to be an effective filter to catch the droplets either invisible or visible, the very tiny or the larger droplets that COVID tends to live in. These droplets get into the air by people breathing in and out. For people who have COVID, they're breathing heavily. A lot of times they're having trouble breathing. So, they might be really propelling their breath out when they exhale. Also, of course, if they cough or a sneeze. When they do that, the spray effectively that comes out of them can go way beyond six feet actually, 6 to 12 feet. But even the breathing can drift a few feet. So, you want to have some level protection.

Dr. Marisa Weiss:

What I tell my patients is double up. So, if you have a tightly woven fabric like a bandana, fold it in half, and tie it over your nose and mouth. If you have a longer scarf, wrap it around twice over your nose and your mouth. Make sure it's tightly woven. To know if it's sufficiently tightly woven, you can take a flashlight, put it up against the fabric. If it's tightly woven, not all the light will come through. Whereas if it's a gauzy kind of scarf, the light goes all the way through. That's not good enough. Again, you want to

either wear it out or have it available to you. Where we are, also in the hospital, you're supposed to wear a mask at all times.

Dr. Marisa Weiss:

Sometimes I see people not wearing a mask, but they're supposed to. In grocery stores, the places that are preparing your food, they should be wearing masks too, particularly in places where they're preparing foods that are not going to be heated or reheated like the deli counter, the sushi counter, the salad area. Even if they've removed the salad bars, they are still preparing those foods. I think that they should be wearing masks. Or I recommend that you don't buy that stuff right now or make it yourself.

Dr. Marisa Weiss:

So, I do think that a mask also gets you in the habit of being more aware of this whole issue, but we don't want it to give you too much confidence. The mask alone is not enough, you still need to do the social distancing. You still need to wash your hands. You want to wash your hands after you take the mask off. You want to make sure the masks are clean. That if it is cloth mask, you're washing it and fully drying it, because they don't work as well when they're wet as when they're dry. It also helps to have a mask on to keep you from touching your face. The thing about mask is that can cause some fogging of your glasses. So, you do need to put it on and put the metal piece tight against your face here if it's got a metal piece.

Dr. Marisa Weiss:

Put your glasses on top. That helps prevent the fogging. We do recommend that you don't wear contact lenses right now, because people who wear contact lenses are touching their face repeatedly and their eyes repeatedly. It's better to switch over to glasses right now. The reality is, is that we're talking about masks to cover your nose and your mouth, but eyes are also a place where people can get exposed if someone's coughing near you. I mean it's not as much of an entry point but it's an area of concern. So, if you do wear glasses, that's maybe a little bit helpful. I have safety glasses or even goggles.

Dr. Marisa Weiss:

Some of us wear goggles if we're doing anything close to a patient for that reason. Maybe you have safety glasses in the basement that we're in the shop or N-95 from the past. We found a few down there in my basement, to be helpful. I do want to say that it's going to be tough for all of us to transition into the world back again after this. This is not going to be over for a while. But as restrictions ease up, we're all going to have to learn how to get back into the swing of things and learn how to interact with other people. Generally, everyone thinks that they, themselves, are clean and okay and healthy. You always doubt someone else's if someone else is clean and healthy, if you could catch something from them. When the reality is, is that any one of us could have it and even in the absence of symptoms.

Dr. Marisa Weiss:

We're going to have to have open conversations with people that we connect with to say, "I'd like to hang out with you, but where have you been and who've you've been hanging out with? Are you sure you're okay?" Just so that you can feel comfortable and trusting what someone else is doing to be safe and healthy as well. In my family, I'm from a big family and we haven't seen each other for a long time. My husband and I are both doctors on the front line, in the hospital. Our kids don't want to see us right now. So, we have three kids that are sort of avoiding us completely on the other side of the window. My

mother, who's a breast cancer survivor, 90 years old. She's completely isolated. We bring her food and things like that, but we see her at a great distance.

Dr. Marisa Weiss:

So, we all look forward to a time when we can hang out together and hug each other and be safe and be well. But I just want to say that there's going to be a big transition between now and then, not just when stores are open and the things that the news is focused on, but emotionally and socially. What's it going to take for us to be comfortable hanging out with each other again, and sharing a household, sharing a party, or going out to dinner with anybody, having people over. It's going to require a lot of like straightforward conversations where people don't get offended when people ask about this. It's very touchy.

Elana Silber:

Thanks. Two questions for Dr. Reingold. One on antibodies and one on... There's this article in today's New York Times. It's talking about estrogen therapy that maybe perhaps, and tell us what the validity is, that women seem to be faring better. I mean, many of us on the call today are cancer survivors. I don't know if that's pulled out for the study, but there's a lot of talk about estrogen, injecting estrogen. Can you talk a little bit about this estrogen therapy and then on antibody question after that?

Dr. Arthur Reingold:

So, let me take the second one first. Again, Dr. Weiss may have more information on this than I do, but I would be a little hesitant to conclude that the difference between men and women with regard to this virus is estrogens. Men are the weaker sex in general and have worse outcomes for virtually every disease we know of, including many infectious diseases. So, A, this is not unusual for an infectious disease. But B, whether estrogens are at the heart of it and whether pumping estrogens into men or women with COVID-19 will improve their outcomes, I remain skeptical about. I understand people are desperate to give good treatment, and try and reduce severe illness and death. But I'm quite skeptical of that link if you will, but Dr. Weiss may have more information on that than I do.

Dr. Arthur Reingold:

I think the issue of antibody testing is something I am comfortable talking about. Fundamentally, these blood tests to look for antibodies are extremely useful for a whole host of different infectious diseases that we study. There's enormous work being done to develop the good antibody tests. They are not ready for clinical decision making, none of the tests even the ones approved by FDA. So, I don't believe they should be used for making a diagnosis that somebody has COVID-19. They're really a research tool at this point. They're of great help to epidemiologists. Even given the limitations of the tests, they do help us understand something about how prevalent infection has been in the community, even asymptomatic infection.

Dr. Arthur Reingold:

So, we think they're useful for people like me, doing studies on populations. The unanswered question, frankly, is whether detecting antibodies says anything about whether you're protected against infection in the future. I know a lot of politicians and leaders think we're going to start issuing cards based on your zero status, your blood tests result that you are immuned, that you can safely go back to doing X, Y, and Z. I think research is needed to see if that's a correct statement, and whether we can really rely on the antibodies being detected. If so, for how long? They might confer clinical protection. They might provide

protection for weeks or months or years or maybe for lifetime, but we just don't know yet. So, this is really an area in need of a great deal more research.

Dr. Arthur Reingold:

So, I would say at the moment, the antibody test is something people like me are using to study populations. But I think the use in a clinical setting or for saying who can go safe and go back to work and go outside and not wear a mask and doesn't need to worry, that that's quite premature.

Elana Silber:

Dr. Weiss, what about oral chemo therapies? Are they also immunocompromising for patients?

Dr. Marisa Weiss:

Yeah, well, so chemotherapy is only given to people who need chemotherapy because of a serious illness like breast cancer or another type of cancer. In the setting where you need chemotherapy and you're talking to your oncologist about, "Okay, I need chemotherapy. What chemotherapy should I go on at this time when I can't get in to see you very much and I can't be monitored as closely?"

Dr. Marisa Weiss:

The oncologist may say, "Well, rather than you come into the cancer center and get an infusion that takes several hours to get and that has a significant potential effect on your immune system, how about we give you a medication you could take at home so you don't have to come in here. You don't have to be exposed to other people. That may have an effect on your immune system but not quite as significant in effect." That might be a decision that you make together with your doctor weighing the pros and cons during this temporary period of time, let's say, a month or two, when you might shift to that oral route rather than the intravenous route for all those reasons.

Dr. Marisa Weiss:

So, any chemotherapy can knock down your immune system, some more than others. But it's not just that, it's also that your doctor doesn't really want you in the hospital where you're exposed to other people. You're there for hours at a time and you have a high risk of getting sick from a stronger chemotherapy. If your immune systems down, you're more likely to get sick from any type of infectious agent, not just COVID-19. You're more likely to get sicker and more have more complications from an infection if you do get sick. So, that's why they make that recommendation.

Elana Silber:

What about if someone's on Coumadin? How is that affected with what they're talking about with blood clots and all that?

Dr. Marisa Weiss:

I don't really know enough about that. I know that we're learning as we go, and that we are really hearing a lot more about the COVID-19 infection being associated with a high risk of making blood clots in your body, that thrombus when blood clots that fill up your veins, and even some arterial blood clots. So, how you manage that with a blood thinner like Coumadin would depend very much on your particular situation and the best form of anticoagulation in your particular situation. Coumadin is one of multiple agents that a doctor can use to help people who have a blood clotting disorder or develop that

with COVID. I'm not aware of its role in a preventative setting. Back to what Dr. Reingold said about the difference between men and women.

Dr. Marisa Weiss:

We also know that men are much more dependent on sharing their lives than women are, relative to their emotional health and their longevity. Like in the cancer arena, there was a fascinating study out of Harvard that looked at men and women who have the top five types of cancers, how long they lived, if they were married or not. It turns out that the men who are married had a greater survival benefit from marriage than they did from chemotherapy. Women did also have a benefit, but it wasn't as much as it was for men.

Dr. Marisa Weiss:

So, I do think that the social isolation for men and for women is unhealthy and upsetting and depressing and can be lonely, maybe more for men than for women. But it's a call to action and we need to find ways to be socially connected. If it's zoom calls, or phone conversations, or you take a walk, and you have your friend on the phone and you're like walking together in parallel, but not in the same area, or you're walking together at a distance, or you're finding ways to share funny stories or tell jokes or whatever. Write a letter, send a meal, all kinds of ways that you can stay socially connected, so important at this time.

Elana Silber:

A question a lot of people talk about this. We've heard it a lot about radiation and scarring in the lungs. How is that affected by COVID or risk or recovery and all that?

Dr. Marisa Weiss:

So, when we do radiation therapy to the breast, we treat the breast at an angle. We come to each side of the chest and treat the breast in angle. There's a little bit of lung that can be underneath the chest surface that may be in the treatment field. That may produce a trace of scar tissue that could be seen on a subsequent X-ray. Usually, it has no impact on the person's breathing or exercise tolerance. It's unknown if that teeny bit of scar tissue would make somebody more vulnerable to having a complication from COVID-19. We don't have the answer. But we do know that in public health and in the world in general, there's the expression, it's better to be safe than sorry. That precautionary principle which I invoke all the time.

Dr. Marisa Weiss:

We don't know, but I do think that if you are under treatment for breast cancer, which could be chemotherapy, could be radiation, it could be surgery, it could be anti-HER2 therapy, anti-estrogen therapy, or some combination of those things, together or in sequence, that you need to be extra careful to protect yourself from getting the virus. Because you don't want to get sick at all and you certainly don't want to be sick at a time that you might not be... You're fully strong and healthy when you might be at risk for having more complications.

Elana Silber:

Thank you. A lot of people on the call are already living or have recovered from COVID-19. So, some of these questions, just to keep in mind, might be people who are not only trying to prevent it, but also to

get a sense of what the future might look for them also. So, as the questions come in, I'm hearing some of those comments too.

Dr. Marisa Weiss:

Just wait, one more thing. One thing that's really mentioned is for people who have diabetes, it is very important to take care of yourself and to keep your sugars as closely controlled as possible. Anybody with diabetes is at high risk for having complications from COVID-19. We don't know yet if perfect control is going to protect you from the worst in potential complications. But it just makes sense to try to be extra careful to stay as controlled as possible. Also, to be stay away from people who may be sick.

Dr. Marisa Weiss:

Also, I would say that if you're stuck at home and not getting out and about, it is important to be exercising while you're at home that you're not just sitting around. You want to be breathing fully and expand all areas of your lungs and getting that exercise and staying in shape. Doing the stairs or following classes online. There are plenty of free classes online to do, to follow, to be exercising in place, or do yoga, or to do stretching, or to do whatever. Taking a walk in a place where you're not going to be up against other people. So, I mean, staying healthy and keeping your lungs regularly functioning and fully aerated is a good idea.

Elana Silber:

Thank you. Dr. Reingold, there's a lot of discussion and Dr. Weiss touched upon it a little bit when we talked about food and heating things up and protecting ourselves with food. But there's also a lot of information out there that it doesn't really survive on surfaces. How much are we supposed to clean? So, if we're talking about fruits and vegetables, are we supposed to wash them with soap and water? What about containers? What's the practical way of us cleaning, especially for those who are living not isolated, but multiple family members? So, you could have six to eight people live in a house and it's not practical to wash everything. What's really important and what is something that maybe we don't have to do?

Dr. Arthur Reingold:

So, this is another area of a lot of ongoing research. First of all, there have been some laboratory studies that look at detectability of the virus for varied lengths of time after it's been put on various surfaces, different metals, plastic, glass, paper, cardboard. It doesn't survive very well on paper and cardboard. It survives a little better on plastic and survives even longer on things like stainless steel. When I say a little longer, it's been detected after being put onto stainless steel at least several days later. Whereas paper and cardboard tends to be in more in the range of less than half a day. So, those are experiments that speak to the biological plausibility that you can get transmission of the virus through these packaging materials or things in the environment.

Dr. Arthur Reingold:

We absolutely want to make sure that people are doing a good job of environmental decontamination. Lots of the things you've heard about in the news the last few days that shouldn't be applied to the body can in fact be applied to surfaces in a safe way and reduce viruses on countertops and things like that. So, we do want people to do that. I think the issue of food is a very perplexing one for many people. I want to begin by saying that there's really no evidence at this point of transmission of this virus on food items. So, the risk is theoretical, but it's certainly reasonable to be concerned.

Dr. Arthur Reingold:

If I have the virus on my hands and I prepare food that you don't heat up, and then you eat, or it's on the packaging that someone brings to your home, theoretically, it could transmit the virus. I'm just saying we don't actually have evidence that that's happening. But certainly, for people who want to be extra careful, I think your recommendations about or Dr. Weiss' recommendations about foods that you can reheat are perfectly good ones. Some people I know if there's a delivery, will wipe the surface of that container. Wearing gloves and wipe the surface and try and minimize the chance that anyone could have deposited virus on the packaging around the food itself.

Dr. Arthur Reingold:

I think the real problem is with fresh fruits and vegetables. Things that are basically solid, like an orange or an apple or a pepper or tomato, virtually all the things that you could potentially buy will in fact and activate this virus. So, you can cleanse the outside of those types of vegetables in a way that's really not possible for leafy green vegetables, for example. I don't have a good solution in terms of leafy green vegetables. But my own assessment is that people certainly can provide themselves an extra level of protection by thinking about the packaging and the fruits and vegetables. But as I said at the moment, we don't really have evidence that people are getting infected through contaminated food with this virus, so just keep that in mind.

Elana Silber:

Thank you. Dr. Weiss, there's concern about lumps, maybe that were found. There's lump growth and they don't have access to a doctor at this time. Is there any recommendation regarding food or supplements to [inaudible 00:53:24]? Is there anything that slows the growth of a lump that we could do on our own?

Dr. Marisa Weiss:

Well, so just because of the COVID-19 crisis, doesn't mean that we're not evaluating people who have something of concern, because we're not doing routine mammograms right now. That's not a general source of concern right now because people are not coming forward with a mammogram abnormality. But if you feel something or you see something that's not normal, that's different, that persists, that worries you, you can absolutely get access to the doctor. Most likely the first step would be through telemedicine. But if you and the doctor together are concerned that it could be something significant or that you want to have checked out further, we absolutely do diagnostic studies right now, ultrasound, mammography, MRI scanning, for people who have a finding.

Dr. Marisa Weiss:

The main thing that has been postponed is screening mammograms in people who are without symptoms, that were just your regular screening studies. But what we are seeing actually right now at a national level is underutilization of the medical system by people who really do have urgent or emergent problems. Breast lump is not an emergency, but I'm just making the point that people are so afraid of going to the hospital for anything other than COVID that they're not coming in for problems that are emergencies that need treatment, like stroke-like symptoms, or maybe symptoms of uncontrolled diabetes, or people who have heart attacks, or people who have fevers for other reasons.

Dr. Marisa Weiss:

Everyone's trying to stay away from the hospital. You do want to stay away if you can stay away. But if you have something that's significant, absolutely call your doctor. Start out with a telemedicine evaluation, explain what you're concerned about it. With a video component, you can actually show a doctor many things that might be visible by that method, and then take it from there.

Elana Silber:

Okay, I know that Dr. Weiss has a hard stop at 3:00, but I just had one more question for Dr. Weiss. And then one more question for Dr. Reingold. So, Dr. Weiss, is there a sense of when we might be rescheduling preventative mastectomies and when that might happen?

Dr. Marisa Weiss:

Oh, yes. So, there is a backlog of people were waiting for surgeries include including people who are at high risk, who have made the decision to have prophylactic removal of breasts and then usually reconstruction afterwards. Your doctor knows who you are, but you can also remind them that you are really waiting to go. There might be a window of time where it's best for you to have that procedure. I'm sure they're going to make you a priority. But realistically, it probably won't be until the summer. It depends on where you live, because the first people to get into the operating room are going to be people with cancer, who need their surgeries done.

Dr. Marisa Weiss:

It might be people with cancer who had mastectomies, but couldn't have reconstruction and went home flat chested and feel are very sad about that. They're also on the list of people who are waiting to have their procedures. But for people who don't have cancer, but who are at high risk for cancer who are waiting to have these procedures, you're very important too. I would just talk to your doctor where you are about how to get on their schedule, not just the breast surgeon schedule, but the breast reconstruction person schedule, the coordinated team.

Dr. Marisa Weiss:

Meanwhile, there are discussion boards on Breastcancer.org who are people like that, who are people are waiting for these treatments or handle experiences, change up in their treatments that are feeling uncertainty from that, and are giving each other a lot of important support.

Elana Silber:

I said it was your last question, but I keep getting this question over and over again. So, I'm going to ask it quickly. I can talk very quickly, but what are the effects of estrogen blockers that breast cancer patients or survivors are undergoing have on the body and are there increased risks related to COVID?

Dr. Marisa Weiss:

So about two thirds of people who have breast cancer have hormone receptor-positive breast cancer, for whom hormonal therapy can have a very important role. There are millions of people out there that are taking it. Right now, we don't know of any connection between being on anti-estrogen therapy and having a higher risk of getting COVID or having complications from COVID. But I would just say we don't know because this is again a new disease. These are not things that we're tracking in any systematic way right now in most places, but it's certainly something that we'd love to learn more about.

Elana Silber:

Thank you, Dr. Weiss. Dr. Reingold, one more question for you. But for all of you that are still on the call, if you have remaining questions, please feel free to submit them to us. We will get you the answers within the next day or two. But Dr. Reingold, before we sign off... Thank you, Dr. Weiss. ... do we have a full sense of security when we're wearing a mask when we go into a supermarket or grocery store or somewhere else? Everyone says, "Oh, six feet away but if I'm wearing a mask, I can slide by this person to get down the aisle." Is there recommendation for six feet away even while one is wearing a mask?

Dr. Arthur Reingold:

First of all, let me see. I did see a question asking for clarification about eating apples, tomatoes, peppers, if you wash them. My own advice would be yes, that's perfectly reasonable. So, it's a reasonably safe thing to do. I wouldn't have any hesitation about doing that. With regard to the social distancing in a place like a supermarket or a pharmacy, certainly the ones I attend, they're pretty well set up at this point to reduce crowding and try and reduce the people coming close to each other. But admittedly, if you're going down the aisle to get something and put it in your basket, you could come within less than six feet of someone.

Dr. Arthur Reingold:

So, my own view is that if you're wearing the mask properly and it's a reasonable mask, I wouldn't get terribly anxious about having to walk past somebody in the aisle if you're in the grocery store. But, obviously, maintaining distance is one of the factors we think is protective. So, I think in the real world, sometimes it is necessary to get a little closer to somebody as you're navigating your way around the store.

Elana Silber:

Okay, so everyone, thank you so much for your time. This is just a reminder that Sharsheret is for you or your loved one, whether you're living with cancer, at risk for breast or ovarian cancer, or are family member or friend taking care of someone in your home or even at a distance. Sharsheret's here for you, for any questions that you have. We're providing emotional support, mental health counseling, and up to date health information. Everything is private, confidential, and one-on-one. We also have a huge peer support network. So, people like you, women like you who are on this call, can provide your help to other women who are going through this. This is a tremendous opportunity for us to be a community virtually.

Elana Silber:

While we look forward to being together again physically, we can remain together online. So, please feel free to reach out to us anytime, [sharsheret.org](https://www.sharsheret.org). Again, [Breastcancer.org](https://www.breastcancer.org) is a huge resource for you for understanding a lot of the terminologies that came up today and any questions that you have that are available every day all day, as is Sharsheret. Thank you, Dr. Reingold. We know that someone with CDC experience is what everyone wants to hear.

Elana Silber:

So, thank you all and thank you for your expertise, your time, your everything, your concern. I mean, [inaudible 01:01:34] we just want to stay healthy. We want to get past this, and we want to go back to normal life. So, we wish everyone here continued good health. If there's anything you need, feel free to reach out. We're here for you. Thank you.

COVID-19 and Cancer: Updates from Infectious Disease and Cancer Experts

Dr. Marisa Weiss:

Thank you.

Dr. Arthur Reingold:

Wash your hands.

Dr. Marisa Weiss:

Right.

Elana Silber:

Got you. A lot. A lot. Okay.

About Sharsheret

Sharsheret, Hebrew for “chain”, is a national non-profit organization, improves the lives of Jewish women and families living with or at increased genetic risk for breast or ovarian cancer through personalized support and saves lives through educational outreach.

With four offices (California, Florida, Illinois, and New Jersey), Sharsheret serves 150,000 women, families, health care professionals, community leaders, and students, in all 50 states. Sharsheret creates a safe community for women facing breast cancer and ovarian cancer and their families at every stage of life and at every stage of cancer - from before diagnosis, during treatment and into the survivorship years. While our expertise is focused on young women and Jewish families, more than 15% of those we serve are not Jewish. All Sharsheret programs serve all women and men.

As a premier organization for psychosocial support, Sharsheret’s Executive Director chairs the Federal Advisory Committee on Breast Cancer in Young Women, Sharsheret works closely with the Centers for Disease Control and Prevention (CDC), and participates in psychosocial research studies and evaluations with major cancer centers, including Georgetown University Lombardi Comprehensive Cancer Center. Sharsheret is accredited by the Better Business Bureau and has earned a 4-star rating from Charity Navigator for four consecutive years.

Sharsheret offers the following national programs:

The Link Program

- Peer Support Network, connecting women newly diagnosed or at high risk of developing breast cancer one-on-one with others who share similar diagnoses and experiences
- Embrace™, supporting women living with advanced breast cancer • Genetics for Life®, addressing hereditary breast and ovarian cancer
- Thriving Again®, providing individualized support, education, and survivorship plans for young breast cancer survivors • Busy Box®, for young parents facing breast cancer
- Best Face Forward®, addressing the cosmetic side effects of treatment
- Family Focus®, providing resources and support for caregivers and family members
- Ovarian Cancer Program, tailored resources and support for young Jewish women and families facing ovarian cancer • Sharsheret Supports™, developing local support groups and programs

Education and Outreach Programs

- Health Care Symposia, on issues unique to younger women facing breast cancer
- Sharsheret on Campus, outreach and education to students on campus
- Sharsheret Educational Resource Booklet Series, culturally-relevant publications for Jewish women and their families and healthcare Professionals

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