Living with Cancer & COVID-19 Weekly Update with

Dr. Padma Sheila Rajagopal and Dr. Olufnmilayo I. Olopade

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Elana Silber:

Welcome to Sharsheret's webinar today. I don't know if any of you were on last week, but there have been a lot of webinars, so we just want to make sure you are in the right one that you want to be in today for this Zoom webinar. It's from Sharsheret. We're updating you with our medical professionals about COVID-19 and living with cancer.

Elana Silber:

First of all, it's good to see you all. I hope everyone is feeling well. It's I think week six that we're into this here from Sharsheret, working from home. And many of you are home, so I'm hoping that you're staying safe and feeling well. You're well enough to join us today, so that's already a good sign.

Elana Silber:

Things are changing every day. There's news coming out. And so whatever we could do to answer your questions, we are here for you. Today we have medical professionals on the call, but I want to remind you all that Sharsheret has an incredible team of counselors, social workers and a genetic counselor who are available to provide emotional support, mental health counseling and information. Everything is free, everything is confidential and everything is personalized. Feel free to contact any members of our team and also a national peer support network where you can speak to other women who are experiencing what you are going through at this time, any time.

Elana Silber:

If you can please keep yourselves on mute. We have a nice crowd today and we want to be able to hear everything. I also wanted you to know that this is being recorded, so if you want to remain anonymous and not see your name on the screen, you can call in or turn off your camera. And we do remove all the names before we post on our website. Again, keep yourselves on mute. And we've got questions from many of you in advance of the call, so we have those listed, but if you have ... And we'll be addressing those. If you have additional questions please feel free to include them in the chat, and we will address them at the end of the call during Q&A.

Elana Silber:

And so we're just going to get started. First of all I wanted to introduce our esteemed medical professionals. We have Dr. Rajagopal and Dr. Olopade. Dr. Rajagopal is a third-year cancer genetics fellow at the University of Chicago, specializing in cancer genetics. She currently sees patients with breast cancer and hereditary cancer syndrome, and is conducting research under Dr. Olopade at the University of Chicago to explore how hereditary genetic risk interacts with tumor genetics and helps better inform prognosis in breast cancer patients.

Elana Silber:

And Dr. Olopade is the Walter L. Palmer Distinguished Service Professor of Medicine and Human Genetics, and Director of Cancer for Clinical Cancer Genetics and Global Health at the Comprehensive Cancer Risk and Prevention Clinic and University of Chicago. Dr. Olopade is an expert in cancer risk assessment and individualized treatment for the most aggressive forms of breast cancer, having developed novel management strategies based on an understanding of the altered genes in individual patients.

Elana Silber:

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And we know how busy the medical professionals on the front lines are. We really appreciate you taking the time. We have a couple of sponsors who are supporting Sharsheret, enabling us to provide this service today, and all of our services. The Sigmund and Edith Blumenthal Memorial Fund, thank you so much. And Seattle Genetics for helping us to support it.

Elana Silber:

Now, I'm going to turn the floor over to Dr. Olopade to start off with some basic information. And then we'll be able to have some time for Q&A. Thank you so much, and I'm looking forward to hearing Dr. Olopade.

Dr. Olufunmilayo Olopade:

Okay, good afternoon, morning, wherever you are. It's really always a pleasure to interact with breast cancer advocates and breast cancer survivors, thrivers I call them. And also to be able to collaborate with Sharsheret. We're all incredibly busy, and today I must apologize that I actually have a class starting at 1:30, so I won't be able to spend a lot of time with you. But we know that everyone is sheltering in place, and I hope you are all sheltering in place.

Dr. Olufunmilayo Olopade:

We know our hospital is now filled with patients, who unfortunately, is very sick with coronavirus. And COVID-19 has really disrupted all of our lives. And we know that our cancer patients in particular are concerned, are worried and are wondering what's going to happen to them. For all of you who are out there, who are unsure or worried about your care, or you're worried about what's going to happen in the next three months, I just want to say you're not alone. This is a global-

Dr. Sheila Rajagopal:

Not at all. I said, no not at all.

Dr. Olufunmilayo Olopade:

Yeah. This is a global pandemic. And the good thing is that it's actually brought all of us together in solidarity, and there's nothing more on our minds than making sure that our cancer patients get the best care, continue to get the best care, and that you don't feel that you're abandoned by your doctors. But it is what it is.

Dr. Olufunmilayo Olopade:

And I know that I started my career in Nigeria, and for the rest of the world, everyone still thinks infectious disease, infectious disease. But we know as people are living longer, they're battling cancer. And so sometimes we forget that, as oncologists, we forget that infections are still really, really important. And so I have to figure out how to have hope in this moment. And the hope I have is actually that we the next generation of doctors, like Dr. Rajagopal, who are going to lead those into the new era of really bringing innovation into oncology.

Dr. Olufunmilayo Olopade:

Lots of us who are over 60, we've been grounded. I have not been able to go to work since March 9th. And why? Because we talk about risk factors, we talk about comorbidities, and we've figured out a way to actually be able to do our work, and support our patients by going to an online and telehealth system.

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Dr. Olufunmilayo Olopade:

We just concluded a meeting in Chicago this past weekend. As we were trying to make a decision about what to do, we thought, "Oh my goodness. We have to cancel this meeting because who knows what will happen in Chicago by April?" And we were making the decision on March 15th, expecting the worst. Expecting that Chicago was going to be like New York. And I thought, "Oh my goodness, maybe we will not even be alive on April 17th to have the conference." But guess what. Because of the action that everyone took, because of everyone who sheltered in place, because of the planning, because of leadership, because of what all of us could do as a community, we're saving lives and we're learning as we save lives.

Dr. Olufunmilayo Olopade:

And that's really what gives me hope that this is a moment in time that we're all going to look back on and say, "We all came together. We worked together, and we created new solutions to problems that we thought we could never solve." So I like to use the, I borrowed this from my former mayor who said, "Never waste a crisis." So we're using this crisis to gear up, to continue to support our patients, to look at innovative ways to do our work, and to really begin to prepare the next generation for whatever comes ahead.

Dr. Olufunmilayo Olopade:

I'm going to introduce Dr. Rajagopal, because she's a rising star. I've been working with her since she was a student at the University of Chicago College. And she was motivated to come to me as a junior in the college, saying, "I want to do cancer research. I want to be in your lab." And then she went on from the college to go and get a master's degree in public health at Harvard School of Public Health, while she was in medical school. And so not only does she have a medical degree, she has a public health degree.

Dr. Olufunmilayo Olopade:

And then during combining all of that, when it was time to come back to do a fellowship, she remembered that, "Dr. Olopade is still there and I want to come back to Chicago." So she came back to do a fellowship in medical oncology, and she's been persistent in really thinking about genetic epidemiology, being a doctor, a public health physician at the same time. And so she's really better qualified to talk to you about breast cancer and COVID. That's why without much further ado, I'm going to turn the podium over to her.

Dr. Olufunmilayo Olopade:

And because I have to go and teach the next generation of college students who want me, I may have to leave before she finishes. But she can handle any question you for her.

Dr. Sheila Rajagopal:

Well thank you so much and I appreciate such a kind introduction from everybody. It's an honor to be able to speak to you all, and I hope that we can put at least some fears to reassurance, and give you an update for what's going on for the week. I have a few slides, so I will share my screen and you can see those. If I can be enabled for host sharing, sorry.

Dr. Olufunmilayo Olopade:

Yeah, we had 110 people on, that's really awesome.

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Dr. Sheila Rajagopal:

... If Sharsheret can just enable me, I can share my slides. Perfect, thank you. Okay, and it's just a few slides, just because I think a lot of, at least with reviewing what has been discussed in the prior meetings, I think a lot of people were like, "What is the data? What is going on?" There's not that much data, but I'm happy to tell you about what there is so far.

Dr. Sheila Rajagopal:

And I think when Dr. Olopade were talking about what to call this talk, the thing we really wanted to emphasize was that this is a balancing act, and a lot of you are experiencing different versions of that as you're talking to your doctors. And we know that, I know at least, as I was told, as these COVID talks are going on, it's not been only breast cancer patients, but also caregivers, cancer survivors, people undergoing active treatment from other cancers. We just want to make sure you're aware, we're kind of thinking about everybody when we say this is all a balancing risk act, in terms of what we're balancing for your risk and how best we can treat our patients in our community.

Dr. Sheila Rajagopal:

In terms of where we are, I'll just answer a couple basic ... I think that it's really hard, really, really hard to be able to get information right now about what's going on with the number of cases in the United States as a metric, because different areas are undergoing different types of testing. It's super difficult.

Dr. Sheila Rajagopal:

You can use the number of deaths, unfortunately, as a metric of what the virus really is doing, in a way that can be compared across time and across different groups. And the good news, for what it is, is that social distancing is working. The rate at which new people are dying from COVID is decreasing, staying flat in different areas. And in Illinois, at least between two weeks ago and now, that curve flattening, that's real. And so that's how we were able to have this conference over the past weekend, it's how we're able to have space in our hospital. And it means that what you're doing at home is working and it's helping.

Dr. Sheila Rajagopal:

So update on the FAQs that I think everybody wants to know about. At least as of this morning, when can we get back to normal? We don't know. Which is a frustrating answer I think for everybody. We hope that, at least in Chicago, parts of the hospital can be used and accessible patients by the summer or the fall, but that's going to depend on a lot of factors in terms of how our community is doing, what government policies are and how they change.

Dr. Sheila Rajagopal:

In terms of vaccine development, there are at least five vaccine compounds that have already started trials, and at least 75 that are cooking, so something is possible certainly within the next one to two years. But this may take a little while longer still, as optimistic as people may be in the news.

Dr. Sheila Rajagopal:

In terms of what's going on with treatments, also where people are super optimistic. But at least right now, when we're talking about treatment, we're talking about methods that we try to use to help patients who have COVID in the hospital do better, live longer, get out of the hospital faster. Right now,

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nothing is confirmed with enough trial data that we can confidently say, "It helps patients every single time."

Dr. Sheila Rajagopal:

And a lot of times I get, or hear from patients, "Oh, I heard that blah, blah, blah." Or, "Blah, blah, blah." A lot of people, everybody is talking about COVID and everybody is saying a lot of stuff about COVID. And a lot can be outside of people's field of expertise.

Dr. Sheila Rajagopal:

We tried really hard, in the slides that I'm presenting, to really refer to guidelines that are available and specific papers. But I think a lot of people are also positing a lot of different things, so it's just important to be careful if you're hearing one thing from one place, another thing from another place. A lot of the information is so hard to get and so disjointed right now. And that's part of the reason I'm grateful to be able to be here and try to help with that.

Dr. Sheila Rajagopal:

So what's the data for cancer patients specifically? I didn't see this specific couple papers referenced over the last couple of chats, so I'm sorry if this is old information for anybody. But we don't have that much data yet on cancer patients and how they do with COVID came specifically out of China and had 18 patients. That is not many patients. That's fewer people than are in this room right now. And all that showed was that there was a higher risk of bad outcomes. Bad outcomes meaning going to the ICU, being put on a ventilator or dying from COVID, for people who had cancer or an active history ... Or an active cancer or an history of cancer. This higher risk for bad outcomes seemed worse in the patients who had recent chemotherapy or surgery within the past month, relative to people who had cancer several years ago and were in remission.

Dr. Sheila Rajagopal:

Again, this is a handful of patients. It's so small. A meta analysis, so a group that took a bunch of different pools of reports of patients together, from the Chinese data, from the Italy data, found that even when you looked at the small, small groups of cancer patients across all of these studies, with all kinds of histories and all kinds of backgrounds, this all seemed to have an increased risk in the hospital.

Dr. Sheila Rajagopal:

And so accordingly, that's kind of what's put oncologists at our guard in terms of, how can we mitigate risk to our community and our patient population? The European Society of Medical Oncology released this list of at-risk categories, for patients, among all cancer patients, who would be more at risk from complications related to COVID. And that list includes people who are actively receiving chemotherapy or a lot of radiotherapy treatment.

Dr. Sheila Rajagopal:

Sometimes, for example, we will give radiotherapy throughout the whole body for certain types of bone marrow cancers, things like that, so extensive radiotherapy. People who are undergoing bone marrow or stem cell transplants or are taking specific medication to suppress your immune system for these. Or people who have blood or lymphoma cancers or lymphomas, where your immune system may not work. These are all groups of people who would be at risk anyway in sort of any infectious setting.

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Dr. Sheila Rajagopal:

And then this list you've seen referred to many times, in many different places, but this is the general at-risk categories for people who may be at risk for more complications from COVID. This, as Dr. Olopade referred to, is where we get the age of 65 and older, people who are living in nursing homes or care facilities will be more at risk. People who have chronic lung disease, chronic heart disease, chronic kidney disease, diabetes, or high blood pressure, or obesity, are all considered to be at risk. And that's based on those, the larger pools of data, as well as guideline recommendations.

Dr. Sheila Rajagopal:

I hear a lot of questions about asthma. People who have very poorly controlled asthma, like if you're going to and from the hospital to get your asthma under control, that's kind of like having a chronic lung disease. But for people who have run-of-the-mill asthma, you may have an exacerbation once or twice a year, it's not clear that that puts you at much higher risk.

Dr. Sheila Rajagopal:

The CDC also includes people who are immunocompromised, For example, HIV patients or patients who are on specific medications. And liver disease, as other categories for risk, because those patients also can be at risk whenever there's an infection, but there's not specific data for those groups in particular.

Dr. Sheila Rajagopal:

There are some great recommendation pages for patients specifically, from a few different cancer societies. The European Society of Medical Oncology, which I had referred to earlier, has a great website and a great guide for patients to deal with coronavirus questions in particular. The American Cancer Society also has a great website. And the American Society of Clinical Oncology, ASCO, also has a great website. So I thought these sites would be great for people who are interested in learning more information.

Dr. Sheila Rajagopal:

From our standpoint, and the data that we're getting right now, and recommendations that we're getting, not only those groups, but also the NIH, the American College of Surgeons and the NCCN, National Comprehensive Cancer Network, the people who set up our whole guidelines for how we treat cancer patients, all of these groups have already come out with COVID associated recommendations as well, on how we should manage our patients in these settings.

Dr. Sheila Rajagopal:

And so I'm going to not go through all of these recommendations in detail, but what I am going to touch things you may start to be hearing from your doctors, if you haven't already heard of them, just so that you can get a sense of where they're coming from and why you may be hearing this from your doctor.

Dr. Sheila Rajagopal:

For our genetic carriers, and we are coming from a cancer prevention and genetics clinic, so these are the people who have BRCA1 and BRCA2, other genetic mutations, but may not have been diagnosed with a cancer, in general our guidelines are recommending deferring screening as much as possible. And that's just in the context of while everything is going on. As we're reopening the hospitals and reopening access for all patients, we certainly want to get patients back on the schedule to be screened again, as

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soon as we can. This differs if you're starting to have new symptoms. People who have new breast lumps, people who are suddenly losing weight, other symptoms, these are the folks that your doctors want to hear about if something has changed. We definitely want to know so that we can evaluate if it's worthwhile for you to come in and get imaging, and figure out what's going on.

Dr. Sheila Rajagopal:

In terms of recommendations from cancer societies, like I said, I distilled a lot of different recommendations down into a couple repeated points across all of these guidelines. We're really prioritizing, as I'm sure you've heard, as you're on this call right now, really prioritizing telemedicine right now. And anything that we can do routinely by video or by phone, we are really trying to do that and limit how often patients are having to come to the hospital.

Dr. Sheila Rajagopal:

We are also trying to reinforce staying at home. As much as we can, if you're coming in for chemotherapy or for an acute treatment, we may be saying that we don't ask visitors to come with you. You may hear changes in your surgery schedule, chemotherapy schedule or radiotherapy schedule. All of those are being advised in very specific ways by the guidelines that we have, and your doctor will be adjusting with each patient, what makes sense to change in terms of your therapy schedule. I'll go a through a little bit of that, but how that's going to change, is very much a personal question between you and your physician.

Dr. Sheila Rajagopal:

And then you may hear a lot about limiting trial enrollment. Right now at least, new patients getting on trials is difficult because you have to come to and from the hospital a lot. We don't want to jeopardize any patients by having them come back and forth and going through all of the steps that it normally takes to get on a new trial, but it's certainly a priority to get patients back on research studies as soon as we can.

Dr. Sheila Rajagopal:

And then you may hear very commonly, across the board, a lot of oncologists have new been recommended to talk to patients about their thoughts about the end of life, if they're going through active treatment, or if they recently recovered from cancer. Not because anybody wants to be scary or add to the stress of the already very stressful pandemic environment, but because if you're doing well, things are going okay, it's much better that we have a sense of what your wishes are if something changes quite rapidly and we don't have time to address it as that situation has changed. And that's being recommended quite widely across the board, so you may hear from your oncologist or your physician about that. And that's a standard thing that's being recommended.

Dr. Sheila Rajagopal:

This chart, I'm not going to go through it in full detail. I did highlight the patients with breast and ovarian cancers on there briefly. But the purpose of this chart is just to go through how doctors are thinking about what a delay in your treatment means for you, and with regard to those of you who have cancer and progression of that disease, if we are to delay any kind of intervention for that. And how we're mitigating that with the risks that we expect from all the risk factors that I mentioned associated with COVID.

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Dr. Sheila Rajagopal:

And so this chart is just here to say that we are actively thinking about what specific cases you have, what specific treatments we need to give, and how best we can mitigate that risk to get cancer patients treated. We want to get you through this virus, we want to get you through to the other side, and we want to get the cancer care taken care of as well. How best we can do that, while mitigating the risk in the meantime, so this is part of a, it's a very nice part that summarizes the guidelines, but this is where you see the, where we might be delaying, where we might be asking you to come into the hospital, how we're balancing that risk.

Dr. Sheila Rajagopal:

Just a couple of reminders. The basics still work. Please wash your hands, please six feet when you're going outside. But also, maintain your self care, that matters. Keep exercise, eating a well balanced diet, all of that stuff. Maintaining your social community and the communities that keep you uplifted, all of that stuff matters especially while we're under very, very significant times of stress.

Dr. Sheila Rajagopal:

In terms of sheltering at home seriously, what we noted was that there's a lot of people that we've heard, whose family members have come from out of town to shelter with them, or whose children may be going on play dates, or small things like that. If you're having people in the family who are interacting with the outside world on a regular basis, just keeping those family members within that self-quarantine as much as you can, and away from people who are more at risk in multi-generational households. We mentioned that you can still go outside for walks, just not near people. And just being a part of the community, as you are by being here today.

Dr. Sheila Rajagopal:

I was asked to talk specifically about masks and what is going on with masks. And it's a mess. I completely understand having no idea what people are talking about with masks. I just wanted to highlight what the current recommendations are at least, and what they mean as far as we see them as healthcare providers. An N95 mask is the one that's all over the news. This is the one that wear that's fitted on our face. That's something that we use in COVID wards in the hospital, so where there's a lot of COVID in the air, everyone around is very sick and we're trying to prevent healthcare providers from getting infected. This is something that we're using pretty much in very high-risk areas. And it's something that we're using, really specifically, in the hospital. This is something that we're not recommending for patients or anybody really to be using at home.

Dr. Sheila Rajagopal:

The next category, surgical masks, they will help protect people to some extent, from droplets from others. But when we wear them in the hospital, we wear them with gowns and out of that, we're really limiting the exposure to any virus or anything that's getting on that mask. If you're wearing the mask, and then you've touched the mask right after, you're not really protecting yourself that much.

Dr. Sheila Rajagopal:

We recommend these type of surgical masks, or you may get a recommendation from your doctor if, for example, people who are undergoing transplants or have immune problems, or people who have what's called neutropenia, like your white blood cell count is very, very far down, which may be related to a

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specific therapy. This may make sense for you to wear a surgical mask, at least for some period of time, because that just puts you at very high risk for infections in general.

Dr. Sheila Rajagopal:

But otherwise, this is something that we're currently wearing in the hospital if we are seeing people who might have COVID but we don't know, et cetera. This is something that you should talk to your doctor about if you're in that high-risk category and ask, "Hey, does it make sense for me to be wearing surgical masks."

Dr. Sheila Rajagopal:

In terms of cloth masks, that is not really going to help you so much, it's going to help protect others from you. But if everyone's wearing a cloth mask in our community, then in theory we are helping protect each other all together. I've heard some questions about, can you layer masks with other masks? And that's not something that we would recommend. And again, no mask is going to replace washing your hands, staying home or staying away from people as much as possible. This is just to try to mitigate any time you have to go out or do other things.

Dr. Sheila Rajagopal:

Just to let you know, because I think I find this very encouraging. And this gives me hope too, aside from working with my wonderful colleagues, but there are oncology specific research efforts related to COVID that are nationwide and countrywide. ASCO, AACR, the American Association for Cancer Research and the UK are all developing massive research projects to try to help get more specific data as quickly as possible, to help stratify this risk. We hope that at least some of this data will be useful now, and some of this data may be useful as things go down the line, but as things are reopening really more around the country, and just to get more data on how cancer patients were affected. But we hope that some of this data may be available sooner rather than later to help.

Dr. Sheila Rajagopal:

And then I just wanted to highlight at least a couple resources that I've come across from interacting with other doctors and asking around, "What are you sharing with patients that's helpful for them?" This website cancer.net, just specifically has some cancer resources for people who are going through COVID specific financial issues and have cancer as well. That's ones I've heard of. I'm always glad to collect more, but I haven't designed that, so I just wanted to mention that as well. And the of course Sharsheret and people who are able to take the time to listen and check in with your mental health, that's so important as well.

Dr. Sheila Rajagopal:

And then, those are the ends of my slides, so that's it. But I just wanted to at least put some data out there, so that would help ask some questions and sort of let you know where things are right now.

Elana Silber:

Thank you. Thank you so much. You put everything into perspective. Really appreciate the slides. We haven't had that, and I think seeing visually, hearing you speak, and seeing that together really was very helpful, very up to date, especially the mask one, because I know that's forefront on everyone's mind.

Elana Silber:

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Just going back, we had a bunch of questions, so I'd love to pose them to you. And if you all have questions feel free to put them in the chat.

Dr. Sheila Rajagopal:

Absolutely.

Elana Silber:

In your presentation you mentioned alternative dosing for chemotherapy. What is being learned about the trade offs of doing that? What are the risks? What are they seeing by doing that? Because that's not generally what's recommended.

Dr. Sheila Rajagopal:

Great, great, great question. Any, at least on the couple of guidelines that mention this in more specific detail, the alternative dosing that's being referred to is alternative dosing that was already being explored prior to COVID. For example, some specific therapies that are used for HER2 targeted patients, they've been exploring whether or not those doses can be given in longer intervals. That was already research that was ongoing and has published data to support it, so that's where those type of recommendations are coming from. They're not being made up helterskelter. And in general, we're going to do our best to adhere to either existing guidelines or published data about dose intervals.

Elana Silber:

Okay. There's a couple questions that came in about scarred lung due to radiation. Does that affect respiratory, and how does that interact with COVID-19 and all that?

Dr. Sheila Rajagopal:

Great question. I would say, in general, very generally speaking, we don't know. If you are having great lung performance, that wouldn't necessarily be a risk factor. In general, when you've had some sort of effect on the lungs, we would say be on the higher side of cautious. But if you had radiation therapy, had some scarring and are running marathons, I don't know that I could say that your risk was that much higher. The general recommendation we'd say is, if you had something that affected your lungs at some point, you know you have something that's ongoing, maintain your exercise ability as much as you can. Check in with your doctor. But otherwise, you may be on the higher side of risk if you develop the infection.

Elana Silber:

Okay thank you. You talk a lot about the recommendations that we all know, staying at home, washing our hands, wearing masks. But as cancer patients, is there any other tip? Is there a number four that we should be doing on top of all those things? Is there-

Dr. Sheila Rajagopal:

Not specifically. I think I've met a lat of patients who ... I think it's so difficult in this environment to adjust how worried you should be. And I've met a lot of patients who are like, "Okay, I should never come to the hospital because you said if I get any therapy I'm going to die from COVID." And I encounter patients who are like, "Oh, COVID doesn't exist. My cancer's the thing that's the problem." And it's kind of somewhere in between.

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Dr. Sheila Rajagopal:

We're really trying our best to get you through the next couple months, or we hope the next couple months, maybe a little bit longer. And trying to get you through to not only that period, this COVID high period as we're dealing with it, but also the cancer itself and treating you past the cancer. We can do this.

Dr. Sheila Rajagopal:

And so I just want to say, the worry should be kind of in between. In terms of balancing and checking in with your doctor, and really making that a conversation about your risk, and coming to and from the hospital, and what else you can be doing at home.

Elana Silber:

And just to follow up with that- [crosstalk 00:34:13]

Dr. Sheila Rajagopal:

Yeah.

Elana Silber:

With port flushes, should they keep coming in for office visits? Can you extend those? What's the risk there?

Dr. Sheila Rajagopal:

Port flushes, I don't specifically know about, and I haven't heard any specific recommendations about one way or the other to try to limit those. We do have people who, where nurses are going into their houses and still having home healthcare on a very regular basis. Checking in with the home healthcare provider and what their recommendations are and what their concerns are as they're going between cancer patients, is a very reasonable thing to do. But I haven't heard anybody talk about port flushes specifically, and trying to extend that or change that. COVID's one thing, but we also don't want to introduce other infections or other things that aren't as informed as we can be.

Elana Silber:

There's a lot of questions about being immunocompromised, because being a cancer patient is a big category, so there are a couple of things that people are asking about.

Dr. Sheila Rajagopal:

Sure.

Elana Silber:

One thing is, what if someone had cancer several years ago, but now are dealing with chronic lymphedema, also some UTIs, [jejus 00:35:21] from previous surgeries and treatment, does that affect? Are they considered immunocompromised at- [crosstalk 00:35:27]

Dr. Sheila Rajagopal:

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Great question. I think the best ... When we're saying immunocomopromised from the medical side, specifically what I mean for this purpose, which I think will help sort of mitigate that worry a little bit, is people whose white blood cell counts are down because of their treatment or because of a cancer, like a blood cancer or a lymphoma that they may have. Those specific patients we know are at high risk.

Dr. Sheila Rajagopal:

There's some people who get rheumatologic medications, or who had transplants, who get things that are specifically designed to suppress your immune system. Those people are also, I think, at higher risk and immunocomopromised in this setting.

Dr. Sheila Rajagopal:

There are people who, where we see them in clinic, like you're saying, "Oh, we get a bunch of UTIs and there's all this other stuff going on." And it seems like you may have more infections than the average person, but that may not mean that your immune system isn't working, it just may mean you happen to be getting a few infections as they're sorting something out about your care.

Dr. Sheila Rajagopal:

I'd say that if you are aware that you're on one of these medications, or you're aware that your blood counts, specifically your white blood cell count has been running low, and your doctor's been concerned about it, those are the people that I would put as immunocomopromised, most strongly in my head.

Elana Silber:

Okay, thank you. There are a lot of therapy questions, so I'm just going to read through a few names, and you'll tell us how to address this. There are people on the call today who are on IBRANCE, there are people who are taking tamoxifen, there are people on letrozole, there are people on aromatase inhibitors-

Dr. Sheila Rajagopal:

Yeah.

Elana Silber:

Can you run through and just tell us, overall, are they making us more immunocomopromised? Is there one that we should be more worried about? Have you been seeing patients with that? Tell us what you're seeing.

Dr. Sheila Rajagopal:

Sure, sure, sure, absolutely. In general, sorry this is not there. In general, tamoxifen, very briefly, it's a hormone suppressive therapy, it should not be affecting your immune system. It should not be having any relevance to this. In fact, we're putting a lot of patients who've had surgeries deferred or other issues, that have hormone receptor positive cancers, on tamoxifen or on aromatase inhibitors. Those therapies are something we're very much still actively using, and are not expected to affect your immune system in any way that's really relevant to this.

Dr. Sheila Rajagopal:

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In terms of the CDK4, CDK6 inhibitor therapies, those like palbociclib et cetera, those medications they may have a little bit of an impact on your immune system, but the degree to which that's there, we monitor by checking your blood counts. This is something where I would check in with your doctor. Same as olaparib or the PARP inhibitor medications. I would check in with your doctor about how your blood counts are doing, how much they worry about your specific immune system with those blood counts, and if that's enough to make them think that you need something more on top of what you're already getting, or if that would make them change their mind about treatment. But in general, we've been continuing a lot of these therapies.

Elana Silber:

Some of us are not only living with cancer, but also with diabetes, or are slightly obese, overweight. Do you know why those are considered more at risk? Why is obesity, why is diabetes, why are-

Dr. Sheila Rajagopal:

That's a fantastic question. I wish we knew. This is, the quality of this data is literally like they scribbled down notes as they're running between patients in the hospital. That's part of why these research consortia are developed, so that they can try to get to the heart of these questions a little bit better. And so they're giving us these, "Hey, this is what we saw in the hospital in Wuhan, or in Italy." Or whatever. As quickly as they can. And the reason of why, or how we can change things in a more nuanced way is going to be taking a little bit longer.

Elana Silber:

There are people asking, we talk about certain areas, this is a national webinar, or maybe even international, and different areas are opening up at different times.

Dr. Sheila Rajagopal:

For sure.

Elana Silber:

As cancer patients, are we considered able to go out and return to society the same way everyone else is? Or do we need to keep these restrictions longer than everybody else?

Dr. Sheila Rajagopal:

That's a fantastic question actually. I've been trying to tell people, and this is I guess what we're saying in the clinic and in the hospital, but isn't formally part of the national guidelines as of yet specifically. What we're saying is you're probably on the higher end of risk, as we would tell someone who had chronic lung disease, as we would tell someone who had bad diabetes or had a heart attack a month ago. And so in general, am I going to be like, "Yeah, absolutely, go out and go kiss everybody that you meet as soon as we're allowed to do that."? I'm going to be wincing about it. I'm not going to be thrilled. But do we want you to be able to live your life and get back to society as quickly as we can? Sure.

Dr. Sheila Rajagopal:

Id say, we'd say cancer patients are on the higher end of risk right now, as I was detailing, that's why. And as we get more nuanced information from all these research studies, I hope that we can sort of make that clearer, who's higher or lower risk, more than I have. We'll probably say, "You know what?

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Let the first wave of healthier young people go out first. Make sure the area's clear." Keep maintaining your precautions in the meantime, as you might be doing if you're 80, as you might be doing under other circumstances. And then as it seems like this virus really has eased up across the country, I think that's going to be safer.

Elana Silber:

We had someone on the call today who works in a healthcare facility, so first of all, thank you so much for your work for whoever this is, but she's been on leave. And right now she's on oral cancer meds. She also happens to have diabetes and hypertension. Should she be concerned about going back to work now?

Dr. Sheila Rajagopal:

Great question. Different care facilities have different levels of protective equipment and how much they're expecting you to be in contact with patients. And this is sort of a better general question than some oncology specific questions. But to the best that I can answer, in general, what I've heard is that some of these ... What I've heard and read in reports, and from other physicians, is that some of the problem of why COVID was so rampant in these care facilities is that the protective equipment wasn't so great in them. And so it's not ... It's kind of checking in with your business. Can they do something where you might be less exposed to patients than you would be on average? It's hard. It's so hard to be able to try to mitigate that risk as much as you can. But for people who are at higher risk, if you're able to, that's kind of what we've been trying to recommend.

Elana Silber:

Well, this isn't a cancer question, but someone on the call has Crohn's and they wanted to know, do they have an increased risk, because there is an association between COVID-19, and digestive issues, and diarrhea? Is that something that puts them at high risk, because they're not necessarily listed among those, like diabetes-

Dr. Sheila Rajagopal:

Yeah, absolutely, great question. The extent, I think a lot of the trainees are a little bit more familiar than I think the senior oncologists, because some of us in different parts of the country have been asked to take care of COVID patients specifically. At the University of Chicago, we are taking are of oncology patients in different capacities than we were prior to COVID. But our colleagues are still helping to take care of COVID patients specifically. We hear quite a bit from our colleagues, and from the country, about general COVID as well. Although, like I said, because I'm an oncologist, I like to stay in my domain. But the extent to which I can answer that, Crohn's itself, sometimes people are on immunosuppressive medications for that. That can put you at higher risk for what I've described. Sometimes people's Crohn's don't flare so much, so they are not necessarily on immunosuppressive medications.

Dr. Sheila Rajagopal:

The GI concerns with COVID, it's like of the fevers, upper respiratory symptoms, other issues that people have noticed, sometimes people had some GI symptoms too. So it was something people wanted to say, "Hey, you should know, GI symptoms can sometimes come with this." But we don't know that there's a specific interaction between people who have existing GI disorders and COVID worsening or behaving differently in those patients, we don't know.

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Elana Silber:

Okay. I have one more question and then we're going to end for today, to be mindful of everyone's time. But if you continue to have questions, you can send them to us separately and we'll get you answers. The last question kind of has to do with stress. There's a concern that because of all the stress that this is causing, that there'll be increased inflammation and could lead to a cancer recurrence.

Dr. Sheila Rajagopal:

Sure.

Elana Silber:

Is that something that we're concerned about with the tremendous levels of stress that we're dealing with? Are you seeing cancer return because of that?

Dr. Sheila Rajagopal:

I wouldn't say because. I think there's a lot of good data suggesting that increased levels of stress in general can be more challenging and more difficult for cancer patients. A lot of that we've seen on the research side. What that means in practice and what that means clinically, I don't think people have been able to translate quite so well. Certainly, as best as we can mitigate stress for our patients, that is, that was going to be a priority anyway, but we know that also influences how patients do and the best that we can offer patients, so we try to mitigate that stress.

Dr. Sheila Rajagopal:

But in terms of seeing patients come back with cancer, because of COVID specifically. That's not ... It's too soon. And I don't know that we would ever be able to see and gauge that. But what we can offer is kind of the best that we can offer in this time still, which is the ways that we mitigate stress and eat normally, sleep normally, be in touch with the people that we love, try to keep ourselves as together as we can in a really difficult time, that won't hurt you.

Elana Silber:

I want to thank you so much, for really all of your helpful information. I know we put you on the spot with questions- [crosstalk 00:45:51]

Dr. Sheila Rajagopal:

Oh no, not at all.

Elana Silber:

Prepared slides, it was great. Really appreciate it. For everyone who wants to know, we will be posting this on YouTube in a number of hours. Definitely, usually our turnaround time is pretty good. Really want to thank you and Dr. Olopade for your time and your expertise. I wanted to remind everyone, and it's a good segue about stress, that Sharsheret offers non-medical support, so that's emotional support and mental health counseling, and up-to-date information, and different coping skills and mechanisms to reduce the stress.

Elana Silber:

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And I know many of you are alone, but Sharsheret is here with you. We are your virtual hand to hold, and we really are there for you. We have a tremendous number of staff counselors who are ready and eager to speak with you. I just wanted to remind you, our number is 866-474-2774, or you can email us, go on our website Sharsheret.org. Everything is free, everything is confidential, everything is about you. It's about what you need, when you want it and how you want it. We have social workers, a genetic counselor on staff. You're a priority, and for us getting through this together, and healthy. We will get through this. We will get to the other side of this, but it's going to take time.

Elana Silber:

So remember, Sharsheret's not going anywhere. We're here for you. We're keeping webinars going. We love to hear from you on what topics are important to you. We'll be sending that out. We'll be sending out an evaluation. We'd love to hear your thoughts, because we create these webinars based on what you need and how we can help you better. Please, if you can, fill out the evaluation, check out our upcoming webinars.

Elana Silber:

We also are posting this kind of information on our social media. If you are on Facebook, Instagram, Sharsheret1 on Instagram, Facebook, Twitter, find us. If you're having trouble find us, just email us. But we're here for you in any way you want, any way that makes you comfortable, because at the end of the day, we are here for you.

Elana Silber:

Thank you so much for coming on. Thank you to the medical professionals who are on the front lines. Stay safe. Stay well. Stay in touch.

Dr. Sheila Rajagopal:

And if I can just say, I'm getting a bunch of questions that I'm not able to answer as this is ending, so please, we'll be in touch certainly about other questions we can try to help you answer from our end.

Elana Silber:

Exactly. Okay, thank you so much, and have a great day.

Dr. Sheila Rajagopal:

Thanks so much.

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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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