

COVID-19 and Cancer: Updates from a Cancer Expert

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Elana Silber:

My name is Elana Silber and I'm the Executive Director of Sharsheret and I am really glad to see you all. I know there are a lot of webinars going on out there so I want to make sure you're in the right place. Sharsheret is the national Jewish breast and ovarian cancer organization, and today we are privileged to present a cancer expert who can share updates on COVID-19 and cancer and answer your questions. We are very privileged to have Dr. Amy Kusske who is from UCLA and she's an Associate Clinical Professor of Surgery at the University of California, Los Angeles, the David Geffen School of Medicine and she serves on Sharsheret's Medical Advisory Committee and our California Community Advisory Committee, and she is also the Co-Director of the UCLA Santa Monica Breast Center. So we're very glad to have her here with us today.

Elana Silber:

I just want to go over some Zoom etiquette for those of you who are interested. You can participate in this anonymously by turning off your video in the bottom left hand corner of your screen by clicking stop video. We're also suggesting that you keep your screen on speaker view instead of gallery view. And if you miss anything today or you want to share with a friend, please know that today's webinar will be recorded and will be saved on our website, www.sharsheret.org where you can log on and access it in a few hours. And if you have any questions there is a chat box and you can type it in and we will do our best to get to your questions after Dr. Kusske shares an update with us.

Elana Silber:

I also just wanted to thank our sponsors who with their support we are able to continue to bring you the most up to date health information, and we know things are changing every day so we really feel privileged to have these sponsors: The Sigmund and Edith Blumenthal Memorial Fund, the Eisai USA Foundation, GlaxoSmithKline and Seattle Genetics.

Elana Silber:

This is part of a national webinar series that we're offering weekly here at Sharsheret, and we have been for the last few weeks so you can access past ones, and we have one coming up on Monday, May 18th that is entitled "Cannabis Options During and After Treatment."

Elana Silber:

So we're going to get started. I just want to remind everyone this is a general community and we're glad to have everyone together. If you can keep your questions general, this is not offering any medical advice, this is more about what you should need to know and what you want to understand and you can share it with your healthcare professional. So now it's my pleasure to turn the floor over to Dr. Kusske. Thank you.

Dr. Amy Kusske:

Hi everyone. It's a pleasure to speak to everyone today remotely. As Elana said, I'm Dr. Amy Kusske. I'm a breast surgeon at UCLA. I've been asked to speak on breast cancer care in the midst of this COVID-19 pandemic. I was sent a list ahead of time with some common concerns and we'll try to give an overview to address these concerns. Obviously if anybody has questions or wants me to try to delve in a little bit deeper, I'm happy to do it.

Dr. Amy Kusske:

So with COVID-19 we all know that things are uncertain and are changing on a daily basis, especially in the hospital environment. At UCLA we get daily updates and directives from our administrators. On March 18th we were asked to limit all non-essential care and thousands of surgeries were postponed at UCLA and in other institutions. Cases that were allowed to go ahead were reviewed by a panel of physicians.

Dr. Amy Kusske:

On April 22nd our California governor announced that it was okay to restart elective surgeries, which was implemented at UCLA and at other California hospitals. Each state has different approaches and restrictions, usually based on numbers of COVID cases, deaths from COVID cases, and availability of PPE, the protective equipment that we utilize in the hospitals. I'm happy to go through, if anybody wants me to, how UCLA specifically addressed reentering more surgeries into the system. Another concern that I was sent was that people are wondering about reentry for people facing cancer. Reentry for people facing cancer survivorship will differ depending on what phase of treatment patients are in. Patients actively on chemo or recovering from surgery should probably try to stay at home and continue those restrictions if possible. People who have completed treatment should use common social distancing protocols such as masks, social distancing and hand washing.

Dr. Amy Kusske:

My best advice to people going through treatment is to continue to listen to your doctor's advice and to continue treatment. If chemo is recommended, do it. If surgery can be done safely, get it done. If surgery needs to be delayed, there are excellent alternatives available to help progression of disease. One very good example is endocrine therapy can be used safely for up to six to 12 months in lieu of surgery without evidence of disease progression, especially if we watch carefully with monitoring with imaging to make sure that disease is not progressing.

Dr. Amy Kusske:

Patients who have had surgery delayed at UCLA are told that their individual case was reviewed in a multidisciplinary manner. And at UCLA what we did is we, the surgeon and the medical oncologist met with each other, spoke about the specific situation of each patient, and then followed up with both of us talking to the patient. Both the surgeon and the medical oncologist met with the patient. They were also told that as soon as surgery could happen we would get them back on.

Dr. Amy Kusske:

On April 10th, 2020 the American Society of Breast Surgery, National Accreditation Program for Breast Cancer, National Comprehensive Cancer Network, and Commission on Cancer and American College of Radiology made standard recommendations for prioritization treatment triage of breast cancer patients. This was called the COVID-19 Pandemic Breast Cancer Consortium. They also created virtual tumor boards for all doctors across the country treating breast cancer in order to try to standardize the way treatment is being delivered across the country, especially in rural areas that may not have the ability to do a multidisciplinary conference easily.

Dr. Amy Kusske:

To address high risk screening, on March 26th the American Society of Breast Surgeons and American College of Surgery. Excuse me, American Society of Breast Surgery and American College of Radiology made recommendations to delay all screening mammograms and MRIs until the pandemic is under

control. As states are opening up, these recommendations have softened. However, if you have any breast concern, get your imaging done. The imaging facilities are a very safe facility and they're very clean, so if anybody has breast concerns, don't delay getting imaging done.

Dr. Amy Kusske:

The other area they wanted me to address is whether those with cancer should be doing things differently to protect their health. And again, this will depend on where a person is in treatment. There's probably some increased risks to people getting chemotherapy. Chemotherapy primarily affects neutrophils, which leaves people at higher risk for a bacterial infection, and COVID is obviously a virus. However, chemotherapy does run the body down a bit, obviously, and so these patients are still probably at higher risk. Also, people immediately recovering from surgery are also thought to be at higher risk, so both groups of these patients should try to stay at home as much as possible. Patients who are done with chemotherapy surgery and are on a different therapy are not thought to be at higher risk at this time.

Dr. Amy Kusske:

The other topic I was asked to look at or address was Remdesivir. That drug is under careful study right now. It is not a cure all for COVID. Currently at UCLA, and I can't speak for the rest of the country, it is being utilized only in very critically ill patients, not as a first line treatment.

Dr. Amy Kusske:

Finally, more importantly to try to stay well, stay active, exercise, eat well, use smart social distancing, masks, and wash hands, and don't be afraid to reach out to your doctor if you're concerned about something. We're doing both virtual clinics as well as inpatient clinics because there are other diseases that exist and we need to take care of them well. Any questions?

Elana Silber:

Okay. Thank you Dr. Kusske. Really appreciate the update and having your attention because a lot of questions were submitted in advance, so we're going to get them. A couple of things that came in though last minute, because there's a lot in the news today about vitamin D and how that affects COVID, corona and just wanted to know what you were hearing from the medical community about vitamin D? We know it's not a cure, but how is that affecting what's going on?

Dr. Amy Kusske:

You know, again, the problem right now and everybody's doing so much research and there's so much collaboration all over the world, I mean, it's quite impressive. So there are a lot of things that come up in the news that we don't really have strong data on. We really don't know the answer to it yet. Certainly we know that exercising, staying active, all those things, possibly that's exposing you to vitamin D, are better for people and may just be better for mental health. But for long-term we don't know if vitamin D will help cure this or change the outcome of this disease.

Elana Silber:

Right. And another thing, just to reiterate with what you've said, that you're open and helping people who have other illnesses at this time, I know there's a lot of media attention and Sharsheret also posted on our blog the importance of going to your doctor when you think you need to and the dangers of not. We understand the fear of going into medical centers at this time, but like you said, reassuring us that

medical centers are taking the precautions necessary to keep patients who need to go into the hospital and into medical centers safe.

Dr. Amy Kusske:

That's correct. That is an absolutely accurate statement. At my own, and I can only speak from my own institution, they are screening everybody that walks through the door for symptoms, they take everybody's temperature, they give you a mask if you don't have one available. We have significantly decreased the number of patients that we can see in a day so that we keep the waiting rooms empty. We don't want anybody sitting around in the waiting rooms or at least not have multiple patients sitting in waiting rooms. Surgeries right now, especially in outpatient surgery centers, they're not allowing visitors or family members to come up with a person getting surgery, again, to minimize the exposure. And then in terms of the rooms, they're cleaning the rooms differently.

Dr. Amy Kusske:

So there's a lot of changes that have been made. And then sometimes I actually feel safer in the hospital environment than I do in our grocery stores and other situations. So they've really, really ramped up their ability to try to keep people safe in that environment, because there's a big concern that after COVID is over, we're going to see diseases, and in a more advanced state because people are scared to come in.

Elana Silber:

Right. So you're talking about the precautions you're taking when it comes to testing. But there's a lot of conversations, we had a woman email us that there's a lot of discussion in her house about antibodies. What's your experience with antibodies? What does it really mean as far as you know? Because everything has that caveat that we don't really know, but what we're thinking for today, what does that mean having antibodies, not having antibodies, and how does that affect me as a cancer survivor, a cancer patient? Does it affect my behavior in any way?

Dr. Amy Kusske:

Indeed, you're quite right, we don't know. We don't know. Most diseases, if we have antibodies to them, we built up a defense to them. And so this is a completely new virus that no human being had ever seen before, their bodies have not ever seen before, so nobody has antibodies to that disease. So what we're hoping, and there's a ton of research being done in this area because it will help us to reopen the country, is that if there's evidence of antibodies in our bodies, that we're more immune to being affected by this disease, that we can fight off the disease better, that if even if we're exposed to it again it wouldn't be as a severe threat. So there's a lot of work. I'd actually like to get my whole family tested because I'm very curious about the whole thing.

Dr. Amy Kusske:

But we don't know long term whether even having antibodies means that you can't get re-infected. But the way other diseases have behaved in the past that does offer some immunity. So I think there's a ton of research being done into that, testing people that have already had known, documented COVID disease, and then testing going forward to see how long those antibodies last. And then also testing more of the population that has had not been diagnosed with COVID and see if they have antibodies in their system to try to figure out the denominator of how many people actually have been infected with this disease, and whether it will protect us in the future.

Elana Silber:

And are medical centers like yours talking about having those antibody tests, how they're talking about testing people who come into centers but also antibodies as standard, and what's the turnaround time?

Dr. Amy Kusske:

It's not standard yet. They're offering it under more experimental protocols right now just because of cost and resource availability and all those kinds of issues. So right now it's not standard. The turnaround time, I believe the last time I heard is several days. The COVID tests like actual COVID tests usually turns around in six to eight hours.

Elana Silber:

There's a question about chemotherapy. So if chemotherapy stops fast replicating cells from reproducing, is there any concept that it could slow the proliferation of the virus once you're infected? So if you're on chemo now and it's doing all that work, does it affect the virus?

Dr. Amy Kusske:

There's been no data on that. I actually spoke with a bunch of my medical oncology colleagues yesterday before in anticipation of this, asking them how they're advising their patients going through chemo. And I think the main thing is really to stay safe and isolated, because we don't know what if... We know with surgery that if someone is infected around the time at surgery and have COVID, there's a higher mortality rate or at least some of the preliminary data is showing that, and that's why we were so reluctant to just do any surgery when this first came out. Chemotherapy I don't think has... There's been no data that shows that it slows the virus.

Elana Silber:

And then as far as intimacy with partners, if both partners have been infected, could there be further complications from the virus, assuming that they have both tested negative afterwards, are there any problems with intimacy? Are there any recommendations, guidelines on intimacy when it comes to corona, if both partners have been infected and seem to have recovered?

Dr. Amy Kusske:

Yeah. And again with the caveat, we don't know. Again, because we don't know whether people can be re-infected, but if both people are testing negative, both people that have it, I don't think there should be restrictions... I mean, nobody should... Relations are okay.

Elana Silber:

And do you get a sense of now, because everyone is doing telemedicine, that surveillance appointments have been pushed off. Do you get a sense even from your institution what the timeline might be to start those kind of tests again? We have people who have been postponing six month appointments. They're supposed to go every six months and their appointments have been canceled. Is there a sense of when those surveillance appointments will be rescheduled? Are we talking a month, are we talking six months? What are we thinking? Because there's a lot of anxiety with pushing something off. It was supposed to be six months, now we're at eight months. Is there a danger for a year? Like, what are we expecting?

Dr. Amy Kusske:

We're working on that on a daily basis. In fact, I have a big meeting with the powers that be in terms of the clinics because virtual checking in has worked reasonably well for some situations. But meeting a new breast cancer patient over the phone and being able to examine all that... I mean, that I've lost a lot in my art of medicine. And then what you're talking about, these six month follow ups, I think part of the six month follow-up is the physical exam. So, we need to get those back in the office. So like I said, the way I think we're going to see that happening, and I think it will happen soon here actually in California, is that we will significantly decrease the number of patients that I can see in the office, do video visits when appropriate, spread the patients out so the waiting rooms are empty. So I think we'll start seeing that in the next month to two months, at least here in California and in a lot of places that don't have huge numbers of COVID.

Elana Silber:

We're always hearing that people, women and others who are in treatment and are immunocompromised are at increased risk for contracting COVID-19, but those of us who have had radiation treatments and scarred lungs and contract COVID-19, are our outcomes, will they be worse because of that? Is that affected? Does that make a difference because of our radiation treatments in the past?

Dr. Amy Kusske:

So radiation... There are definitely instances of people who have had radiation have had lung injury and it's usually documented radiation, injured lung. Most women that get radiation don't have significant injured lung. So just because you have radiation doesn't mean you have lung injury. It can happen for sure, but it doesn't happen to everybody. People that have documented lung injury from radiation and people that have asthma, any preexisting condition we think makes you at higher risk for developing problems with COVID.

Elana Silber:

Could contracting COVID cause a new cancer to come? Could it accelerate something else?

Dr. Amy Kusske:

No data on that. No data on that. I mean, obviously it's affecting your immune system, but we get exposed to viruses all the time and we don't think that they trigger new cancers, so there's no evidence that that's happening. But this is such a new pandemic or new disease that long-term we honestly don't know that. But if you extrapolate from previous viruses that we have, there's no data showing that it does do that

Elana Silber:

And if they're spreading out... We've heard a lot of these calls that doctors are staggering chemotherapy treatments and they're not doing it as tightly and that safe. Is there anything... What this caller in particular is wondering is if there are any risks and consequences for doing chemotherapy for more than two years? Are there any dangers to that? Is there anything associated with extending your chemotherapy treatment?

Dr. Amy Kusske:

Without knowing the details of the case, that would be a really important one to discuss with the doctor that's dealing with this situation because I don't... I'm trying to figure out what kind of chemotherapy for two years that this person is getting. So in that situation, I strongly advise you talk it over with a medical oncologist because obviously chemotherapy lowers the immune system a bit, but depending on what treatment we're talking about, it changes the level of risk.

Elana Silber:

Okay. And then if someone is cancer free but they're scheduled for their annual mammogram. So it's not just someone who has a surveillance, this is someone who's had cancer. Are they scheduling those appointments now? Are you seeing patients like that, or that is also something that you're pushing off?

Dr. Amy Kusske:

Yeah, so what our imagers have done is they sent out that recommendation March 26. The American College of Radiology had said, "Stop all screening and MRIs." They never turned away a patient that felt strongly they wanted it at that time. So that was never done. Any patient that came in and wanted screening, imaging done was allowed to do that. The numbers went down dramatically, of people coming in. Now that we didn't see this super surge like they had in New York, they're starting to loosen and open up those screening appointments and again, they're trying to figure out strategies to minimize the waiting in the waiting rooms and all those kinds of things. The doctors, everybody's wearing masks and PPE equipment when they're around patients, and so the strategy is how to get these people in safely, whether they sit in a car and wait to be beeped to go in for their imaging or whatever it may be. There's a lot of planning on figuring out how to get that screening volume back up so that we don't again see more advanced disease.

Elana Silber:

One of our callers asks, she's actually in active chemo and immunotherapy and her husband is a dentist, and they're talking about bringing him back to work. Dental work generates aerosol. She wants to know your advice about them making decisions about his work. There's health and income and this conflict, and she's in active chemotherapy. So what would you suggest as they make this decision?

Dr. Amy Kusske:

Yeah, that's a really tough decision. I mean, I sympathize for this lady. So what I would say is, again, there's no guarantees in life, but what I would advise is if he is going back to work that he makes sure his job can provide him with the PPE necessary, the N95 masks, face shields, gowns to cover his clothes. What my husband and I, both physicians, have been doing when we go into the hospital, we're wearing our scrubs. My husband's a radiologist, he doesn't usually wear scrubs, but he's wearing scrubs into the hospital, and basically we're stripping and keeping shoes outside, throwing them in the washing machine when we get home.

Dr. Amy Kusske:

So, if her husband could wear some kind of very easy to wash clothes, or even leave them at work and shower at work and then come home, leave shoes outside, wash hands, et cetera, before he leaves. And then the hospitals actually have the ability to shower in hospitals. I don't know if a dental practice would, but be able to just get rid of those clothes, take a shower before they meet up again as a married unit.

Elana Silber:

So now this is a national webinar, so there are people all across the country and we know that individual states and even within states, different regions have different restrictions when it comes to social distancing. This woman in particular is concerned as they're loosening social distancing, and there will be people in her house from the outside world. What can we do in our homes to try to stay safe even though we don't remain isolated anymore? And probably for everyone, as these restrictions start to be loosened just a little bit, what are the recommendations even within our homes to keep it safe?

Dr. Amy Kusske:

Well, I think if you need to have someone in your home, and I mean this is a common conversation my husband I have in our home, if you're going to have someone in your home, I bought extra masks, I will have them wear a mask and or gloves depending on what they're doing in your house, what you need to have them do in your house. And that may be going on for a while until we figure out whether antibodies are helpful, or whether we are able to develop the vaccination, or we really start seeing numbers going down. So I think, the sort of social distancing that we do out at the stores that are open now, we're going to have to start practicing at least in the short term at our homes.

Elana Silber:

Okay. And long-term cancer survivors, those who may be could be 10, 12 years out, maybe had Herceptin, Taxol, but now are in good health, are they at increased risk for contracting the illness? Are they at increased risk for worse outcomes? Do they have to consider themselves in a different category than the general public?

Dr. Amy Kusske:

I ran that question by our medical oncologist. We don't think so. I mean, again, don't know for sure, but the fact that they're that many years out, they're doing well. So the population that's actively in treatment, recovering from surgery and chemo, we consider them at higher risk. The ones that have thankfully completed all that and are doing well and are healthy otherwise, we don't think so.

Elana Silber:

I think that covers all the questions for now. I just wanted to... If anyone has any more questions... Oh, wait, there's a question that just came in. Are mastectomy patients allowed visitors if they stay overnight?

Dr. Amy Kusske:

Interesting. So, as of last... This is where I tell you it's changing on a daily basis. UCLA is just making an announcement, I think Cedars did as well to try to loosen their visitor restrictions, because as of last week nobody was allowed to come into the hospital, and so now I think they're going to loosen that and allow asymptomatic people one visitor per person to come in. So as of... We weren't allowed last week, but I think that's changing. I think the hospitals are loosening that a little bit.

Elana Silber:

And is UCLA performing diep flap and other flap reconstructions? And if not, are patients being offered a delayed reconstruction approach with tissue expanders?

Dr. Amy Kusske:

Yeah, so at UCLA when we first asked to stop all nonessential cases and even if someone, let's say, they had neoadjuvant chemotherapy they needed to get on, or if it was a mastectomy case, needed to have their mastectomy done, what we were allowed to do is have tissue expanders put in. We were not allowed to do any flap reconstructions. As of last week they have started to let us do diep flaps again.

Elana Silber:

Okay. And then there's a question just to confirm that if someone is on Xeloda or has metastatic breast cancer, is that considered immunocompromised?

Dr. Amy Kusske:

I think the fact that they're metastatic, yes, because they're cancer patients still.

Elana Silber:

Okay. So those are the questions that came in. I really appreciate your time and your experience and your expertise. We are very fortunate, Dr. Kusske. I know how busy you are. So first of all, a huge thank you for the incredible work that you're doing. Taking your time out from being on the front lines to be here with us today is really tremendous, tremendous kindness for us. We really do appreciate it and recognize what you are doing. I also wanted to say today we focused a lot on the physical impact of corona on us, but also we know that there's a tremendous pressure on us emotionally, and mental health is something that we really focus on at Sharsheret. So please keep in mind we have a team of incredible social workers and a genetic counselor on staff who are eager to speak with you.

Elana Silber:

We're speaking with hundreds of women who are going through what you're going through and we are able to provide the emotional support, the counseling and the information that you need to get you up in the morning, get you through the day, and as we move forward through this pandemic and even beyond, we are here for you. Everything is free, everything is confidential, everything is convenient, and this is what we do. So we encourage you to reach out, speak to your healthcare professionals for your physical issues, but turns to Sharsheret for the emotional support that we know we all need.

Elana Silber:

And I think even just being on today as a group, it really brings me and all of us on the call, this tremendous sense of community and we are eager to get back to being together in person. But until then we will still keep coming to you, giving you opportunities to connect with each other. And we also have a peer support network so you could speak to other women directly who are going through what you're going through right now.

Elana Silber:

I want to thank you all and definitely reach out to Sharsheret, [sharsheret.org](https://www.sharsheret.org). This and all of our other webinars are being recorded and being kept on our website for access at any time you need us. So wishing everyone continued good health. And I look forward to seeing you at our next webinar, just a few days away. Thanks so much. Have a great day.

Dr. Amy Kusske:

Thanks everybody. Stay safe.

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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