

# Living with Metastatic Cancer and COVID-19:

## Update with Dr. Starr Mautner

National Webinar Transcript

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Presented by:



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## Living with Metastatic Cancer and COVID-19: Update with Dr. Starr Mautner

Bonnie Beckoff:

Thank you for joining us today. I'm Bonnie Beckoff, the Senior Support Program Coordinator at Sharsheret. This afternoon you have joined us for an update on living with metastatic cancer and COVID-19 with Dr. Starr Mautner from Miami Cancer Institute. This is part of Sharsheret's webinar series to provide support to our community during these trying times. Sharsheret has been providing telehealth services to the Jewish breast and ovarian cancer communities for 19 years and although we could never have imagined the world as it is right now, through our services we have been preparing for this moment, to continue to be there for each and every one of you. Today's webinar is also part of Sharsheret's Embrace program, which offers free phone support sessions, specialized resources, kits and materials that are tailored to women living with metastatic breast or recurrent ovarian cancer. We also offer a supportive Facebook group, which allows women to connect with peers experiencing a similar journey with advanced cancer. All services and kits are free of charge.

Bonnie Beckoff:

A few housekeeping items before we get started. This webinar is being recorded and will be posted on Sharsheret's website, along with a transcript, so if you miss anything and want to share with a friend, you can log on and access the recording at [www.sharsheret.org](http://www.sharsheret.org). If you wish to remain anonymous, instructions to do so are in the chat box. Just turn off your video in the bottom left-hand corner of your screen by clicking stop video. During the call, please keep yourself muted so we can clearly hear our speaker. We also suggest that you keep your screen on speaker view instead of gallery view. If you have any questions for the doctor, there is a chat box where you can type it in and we will do our best to answer all the questions and share them with Dr. Mautner and so she can continue to update us.

Bonnie Beckoff:

I also just wanted to thank our sponsors who share with their support and we are able to continue to bring you the most up-to-date health information. We know things are changing every day, so we are really privileged to have these sponsors. Miami Cancer Institute, a part of Baptist Health South Florida, the Siegmund and Edith Blumenthal Memorial Fund, the Eisai USA Foundation and GlaxoSmithKline, and Seattle Genetics.

Bonnie Beckoff:

With that, I'd like to introduce our esteemed speaker, Dr. Starr Mautner. She is a board-certified surgeon with clinical expertise in breast surgical oncology of the Breast Center at Miami Cancer Institute. Dr. Mautner completed a breast surgical oncology clinical fellowship at Memorial Sloan Kettering Cancer Center. She completed a general surgery internship at St. Vincent's Hospital in Manhattan and general surgery residency at New York Presbyterian Hospital, Weill Cornell Medical College in New York City, where she was chief resident. She also completed a research fellowship at Memorial Sloan Kettering Cancer Center, where she focused on ways to tailor surveillance and treatment for women with lobular carcinoma in situ and patient quality of life aftercare after prophylactic mastectomy. Dr. Mautner received her medical degree from the University of Miami Miller School of Medicine. She is a member of the American College of Surgeons, the Society of Surgical Oncology, the American Society of Breast Surgeons and the Association of Women Surgeons. Dr. Mautner, thank you for joining us today and the floor is all yours.

Dr. Starr Mautner:

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Good afternoon. Thank you for having me. I want to thank Briana for inviting me to speak. I think that Sharsheret is great in providing this resource to breast cancer patients during this difficult time and it's really nice to have the virtual support that patients need. I was asked to speak about the impact that COVID-19 has had specifically for metastatic breast cancer patients, but there may be some people on this call that don't have metastatic breast cancer, but were recently diagnosed with breast cancer or just breast cancer survivors in remission. And so while I will tailor my talk towards metastatic breast cancer patients, I'm happy to answer any other questions as well that pertain to patients that were either recently treated for breast cancer or are undergoing current treatment for breast cancer.

Dr. Starr Mautner:

A lot of this information is obviously extremely new and it continues to change with the more that we find out about the disease, but as with any infectious disease patients who have a compromised immune system, are more apt to develop an infection and so that includes the millions of people in the United States that either are currently being treated for breast cancer or are considered breast cancer survivors. This has a huge impact upon our cancer community as many patients are immunocompromised from the treatments that they received, whether it be surgery or chemotherapy or oral medications or radiation therapy.

Dr. Starr Mautner:

In preparing for this talk, I actually learned a lot myself because as I said, a lot of this information is new and it was good because it forced me to look more into the data of what we're finding out and how this impacts our cancer patients and I think that the most important questions that may be on your mind pertain to if you are more likely to develop COVID-19, given that you have either a history of breast cancer or being currently treated for breast cancer, so that's one question that I want to tackle and answer for you.

Dr. Starr Mautner:

Secondly, another issue that many patients are wondering about is whether or not COVID-19 will impact your current treatment plan, so how your treatment needs to change in light of everything that's going on, if you need to stop any maintenance therapy that you're currently on or alter the way that you have your follow up appointments or imaging, and also how to decrease your risk of developing coronavirus. And lastly, if you do develop it, are you more likely to have complications or severe disease or die of disease given your history of breast cancer.

Dr. Starr Mautner:

Specifically some of these questions were asked in some questions that came in prior to the webinar, but I'm going to first talk a little bit about if breast cancer patients or cancer patients in general are more likely to contract COVID-19 and the answer is yes. The actual risk depends on where you look. Studies that were out of China looked at patients in the hospital that were being treated for COVID-19 and saw that there was an increased rate of cancer patients within that group compared to the general population. In Wuhan, China, the infection rate among patients with cancer was 0.79% versus 0.37% in the general population. So while those percentages are not very large, you can see it's about double in the patient population with coronavirus that had cancer than what you would expect in the general population.

Dr. Starr Mautner:

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There was a larger study that was published in JAMA Oncology of 1,500 patients. It was a meta-analysis of patients that were admitted from December 30, 2019 to February 17, 2020, between several hospitals and different oncology departments in China. The risk of COVID-19 and cancer patients or the rate of cancer patients with COVID-19 was 2%, also not very large, but higher than you would anticipate in the general population, showing that if you have a diagnosis of breast cancer you may be more ... or not breast cancer, but cancer in general, you may be more likely to develop COVID-19. I think that goes along with any infectious disease. If you're immunocompromised you're at higher risk of developing an infectious disease.

Dr. Starr Mautner:

Lastly, if you look at the data coming out of Italy, there's a paper that's written about over 9,000 patients that were treated with COVID-19 and 8.5% percent of those patients had a diagnosis of cancer, so that was the largest percentage that I could find and I did not see data coming out of the United States yet of what our population of COVID-19 patients look like and what percentage of those have breast cancer. But I think in summary it to answer the question about what is the risk of developing COVID-19 if you have a history of cancer, it is higher than the general population and so you need to be more careful. I think that patients who have cancer are used to being more careful, especially if you've received medication that may decrease your immune system, such as chemotherapy, you're used to either wearing a mask or frequent handwashing and this kind of takes it to the next level.

Dr. Starr Mautner:

The other question that I wanted to answer is how COVID-19 may impact any planned treatment that you're on currently or upcoming treatment. I think that one of the biggest impacts that COVID-19 is probably having on patients, especially with metastatic disease is in terms of their follow-up visits and scans. Patients that are on maintenance therapy may have follow-up visits every either few weeks to every few months, depending if they're on clinical trials or what type of maintenance therapy they are on. I would say transitioning some of those appointments, if not all of those appointments to virtual visits may be a smart idea. If you don't need to absolutely be seen in person in order to evaluate you, then many of our medical oncologists here at Miami Cancer Institute have transitioned patients to virtual visits and I'm doing the same for my patients that don't need to be seen in person.

Dr. Starr Mautner:

I think it's safer for the patients to not have to enter a hospital-like environment if they don't absolutely have to. In patients that have Mediports, you may be used to frequently coming in to have those ports flushed with heparin. I believe it's safe to wait up until 12 weeks to flush those ports, so we can kind of decrease the visits for that as well. Many patients are wondering if the current therapy they are on makes them more susceptible or immunocompromised and if they need to halt therapy until COVID-19 ... until more is known about it or until there's a vaccine.

Dr. Starr Mautner:

It depends on what therapy you're on and it's definitely a discussion to have with your medical oncologist, but let's say you're on maintenance chemotherapy and your disease is completely stable and your medical oncologist feels that it might be safe to halt therapy for up to three months and doesn't believe that it will cause disease progression, then it may be something to consider. But if your maintenance therapy is, let's say, just endocrine therapy, it probably is not increasing your risk of

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developing COVID-19 because it doesn't immunocompromise you any further and in that case they probably would not recommend stopping or halting therapy.

Dr. Starr Mautner:

In terms of doing routine imaging, depending on how frequently you are getting imaged your medical oncologist may recommend spacing out that imaging a little further. If you were getting imaging, every, let's say two months, they may space it out to every four to six months if it doesn't absolutely have to be done. That being said, if there are things that really do need to be followed up on, we have protocols to make sure that imaging can be done safely. Many cancer institutions are spacing out their patient's visits so that you don't have more than one to two people waiting in the waiting area at one time. Masks are required to be worn by both the physician and the patients.

Dr. Starr Mautner:

If you do need a procedure done or if you do need imaging done it can be done safely, but the less foot traffic we have within at least our cancer institute and then hospitals in general, probably the better and the safer for the patient. In terms of decreasing your risk of contracting COVID, masks will decrease risk. If you're going out of the house and you're going to be closer than within six feet of other people, you absolutely should be wearing a mask and they should be wearing a mask as well to decrease the transmission of any droplets. Social distancing. Those rules are still in effect. A lot of people have been kind of in a quarantine mode for the past several months and are kind of getting quarantined fatigue. I think that the risk is still extremely high for contracting COVID if you go out and socialize and don't use proper precautions and so I would encourage you to continue to quarantine as much as possible and social distance.

Dr. Starr Mautner:

If you can think of activities that can be done safely, like visiting family that you know has been quarantine and visiting them outside from a distance to be able to see them, then that's something that maybe you can make work for you and your family, but I would still take all the proper precautions. And then one of the other things is, as I said, virtual appointments or speaking to people virtually rather than in person. And then another question that is coming up a lot is patients who have cancer and specifically breast cancer. Are they more likely to become more sick if they contract COVID and are they more likely to die if they contract COVID than the general population? That was a question that had come in through the webinar prior and something that I looked into in detail. There are a few studies out of China and a few studies out of New York that address this issue.

Dr. Starr Mautner:

Specifically, when it comes to breast cancer patients that are in the outpatient setting seem to fare very well. But when it comes to cancer in general, if you become hospitalized with COVID-19 and have a history of cancer or under a current treatment for cancer, then it was shown that patients are more likely to end up in the ICU and there was an increased mortality rate specifically for patients that have metastatic disease. But when you look into the details of that, the highest risk patients were those that have lung cancer or metastases to the lung and that makes sense because COVID-19 does affect the lungs and primarily can cause a pneumonia and pulmonary failure that requires intubation or mechanical ventilation.

Dr. Starr Mautner:

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Patients that have issues with their lungs due to either cancer or metastatic disease were at higher risk. Smokers were at higher risk. Patients that had other risk factors, such as cardiovascular disease were at increased risk. Interestingly, one of the groups that was at the highest risk for complications and for death were those that have leukemias and lymphomas. Those patients appear to be more immunocompromised due to some of the treatment that is given for those diseases, as well as they have bone marrow suppression and they're immunocompromised from the disease itself. Patients with leukemias and lymphomas fared very poorly if they were hospitalized with COVID-19. Whereas, those that had solid tumors, such as lung cancers, breast cancers, prostate cancers, general urinary cancers, did a little bit better. Specifically breast cancer patients fared better than lung cancer patients.

Dr. Starr Mautner:

One of the most promising studies that I saw came out of Columbia University in New York and this was really reassuring data. They looked at patients that had been tested for COVID-19 between March and April 29th of 2020 and they identified 4,500 patients that were tested positive for COVID-19. Of those 27 patients had breast cancer and these were patients that had stage one to four breast cancer. Twenty-six of those 27 were female and there was one male patient. The median age of those patients was 56 years old. A majority of them had stage one to three cancer. Twenty-two patients had stage one to three cancer and five patients had stage four cancer. Interestingly, over half of these patients had received chemotherapy within the last six months. Forty-four percent had hormonal therapy within the last six months and 22% had surgery within the last six months. Twenty-two percent also had HER2 therapy in the last six months. One patient was on a checkpoint inhibitor and two patients were undergoing radiation therapy. These patients did very well. The most common symptom that they presented with was cough, fever and shortness of breath. Only seven out of the 27 required hospitalizations, so that's 26% of those patients were hospitalized. None of them ended up in the ICU. None of them ended up getting dialysis, however, one patient died.

Dr. Starr Mautner:

What's interesting about that one patient that died is it was the one male in the group. We know that COVID-19 for whatever reason, disproportionately affects men worse than women. This man was 87 years old had coronary artery disease, hypertension, and was a former smoker who had received chemo for stage two breast cancer, seven days prior to admission, so this was a very, very high risk patient and he was the only patient to die in that group. All of the other data that I saw pertained to patients that were all in the hospital. This was the most representative group of outpatient, so patients that were in the community doing well, were diagnosed in the city, in New York with COVID-19 and a majority of them did very well and these were all breast cancer patients that they looked at.

Dr. Starr Mautner:

The other two studies that talked about how patients with cancer do with COVID-19 was one out of Montefiore Medical Center in New York and that population is a little bit different in terms of a decreased socioeconomic status and those patients not do as well, but these were all patients that were already hospitalized when they looked into it. Fourteen percent of those patients were breast cancer patients. In general, more patients in this group had hematologic malignancies, so lymphomas and leukemias. Twenty-five percent had solid malignancies, such as lung cancer, breast cancer, GI cancer. What they saw in this group is that over half of the lung cancer patients that developed COVID-19 that were hospitalized died.

Dr. Starr Mautner:

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The other high risk for death was GI cancer, but breast cancer patients did do very well. They did not see it an increased risk of mortality with patients receiving chemotherapy or radiation therapy. They did a case control matching study and saw that the patients that had cancer had higher mortality rates compared with the rest of New York City population. They also said that possibly this increase in mortality was due to the socioeconomic status and comorbidities of patients in this specific population at Montefiore.

Dr. Starr Mautner:

And then lastly, there was a very large study done out of Wuhan, China, where they looked specifically at the cancer type, the stage and the treatment and found in that group that lung cancer, once again was extremely high risk mortality. Stage four disease, metastatic disease had higher risk of mortality. And that treatment may affect the disease course in terms of what type of treatment that cancer patient was receiving. Patients that were getting immunotherapy and patients that had received surgery soon before their diagnosis, both fared worse, but radiation therapy had no impact. Patients that were currently under radiation treatment had no increased risk of mortality.

Dr. Starr Mautner:

They found interestingly enough that even patients that had a history of cancer, but weren't currently under active treatment were fairing worse. But these were once again, all patients that were already hospitalized, so they were sick enough to begin with to be in the hospital and may have had other comorbidities as well. Some of the other questions that came in pertained to treatment, so with a CDK4/6 inhibitor and how that would impact outcome from COVID. These medications, the most common one is Ibrance, that's used in metastatic breast cancer, that's estrogen receptor positive and HER2 negative. They work by targeting the cells that have cancer and inhibiting them to be able to divide and multiply by inhibiting something called the cyclin-dependent kinases. There no evidence that being on a CDK4/6 inhibitor increases your risk of contracting COVID or doing poorly with COVID.

Dr. Starr Mautner:

I asked our medical oncologists if they have any recommendations as well with patients who are on CDK4/6 inhibitors and they said that they are not recommending stopping those medications at this point in time because they don't believe that it increases risk. I received a question in terms of radiation therapy and lung scarring and if that would increase risk of developing COVID and doing worse with COVID. There's nothing published that I've seen on this. I would imagine that it has to do with how severe the lung injury was from radiation and the timing of the injury to the lung from the radiation.

Dr. Starr Mautner:

If someone is currently undergoing radiation therapy, it has not been shown that they will do worse with COVID. However, if someone recently underwent radiation therapy and developed severe pulmonary complications from that radiation within the past few months, I would imagine if they contracted COVID, they might do worse. That being said, there's no indication to delay radiation at this point in time. It's rare to get a severe lung injury from radiation. I asked our radiation oncologists and they said that there was no evidence or recommendations that exist regarding holding radiation therapy in cancer patients.

Dr. Starr Mautner:

And then lastly, I was asked about anxiety issues. Anxiety regarding what's going on right now with COVID-19 is ... Everyone in the world has anxiety about what's going to happen next and how to deal

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with the situation that we are in. If you are a cancer patient, you have anxiety about your cancer diagnosis, you have anxiety about the treatment and now you have anxiety about how COVID-19 is going to change all of that. There are a lot of online resources and we can send out a link after this webinar to deal with that anxiety. Sharsheret has online resources as well. I think one thing specifically for breast cancer survivors and for metastatic breast cancer patients that they can do to help with anxiety and for their overall health is to exercise. If you can get outside and exercise for 30 minutes a day, it's extremely beneficial to your health. It's extremely beneficial in terms of your risk of recurrence of your breast cancer and it definitely helps decrease anxiety as well.

Dr. Starr Mautner:

Other things that can be done, yoga, mindfulness, meditation, avoiding alcohol and making sure to get enough sleep is really important as well. And then planning things to look forward to whether it's a virtual game night with family or friends, getting creative with what you can do in terms of activities, either virtually or from a safe social distance. I think it's really important to try to plan at least some short-term goals of things that you can look forward to new hobbies that you can take off. You have to do whatever is within your comfort level and that may continue to evolve.

Dr. Starr Mautner:

As the country opens up slowly, there may be more pressure on you to either see family or see friends. I think you need to do what is within your own comfort level and if you don't feel comfortable yet going out to see family or friends, I don't think you should do it, specifically for patients that are being treated for cancer. You need to be extra cautious and careful and to continue to wear masks and keep a safe social distance and I think everyone should be very understanding of that.

Dr. Starr Mautner:

While I've been speaking, I believe some questions may have come in and we can start to answer some specific questions from the group. Someone wrote, "If I am NED, meaning no evidence of disease for a few years, am I still immune compromised?" These studies have showed that if you have any history of cancer and you develop COVID-19, you may do worse if you end up in the hospital. It really depends on, I think, on what your treatment was for cancer and if your lab work has normalized at this point in time and you don't have a low white blood cell count and your medical oncologist, feels like you're back to baseline, you're probably more similar to the general population than you are similar to a patient receiving active cancer therapy. That being said, I would still be careful. While you might be still a little bit immune compromised, you're probably not as immune compromised as obviously someone undergoing either chemotherapy or immunotherapy at this point in time.

Dr. Starr Mautner:

What would be the impact for patients taking capecitabine? There hasn't been anything shown for patients that have HER2 positive cancer on Herceptin or Perjeta and those are immune therapies in causing increased risk of developing COVID or doing worse with COVID. The only thing that has been shown really is in patients that have lymphoma or leukemia is in the treatments involved in that. And so I would, once again, consult with your medical oncologist regarding any current treatment you're on and if they feel that it's safe to continue it. In patients that really have like slow growing indolent disease that maybe has been managed for several years on a maintenance therapy and they're doing well on it, most of the time it's going to be low risk to continue that therapy. But if there's some reason to believe



that that patient's now at high risk of developing infection, that medication can probably safely be stopped for a few months, but it has to be done under the direction of your medical oncologist.

Dr. Starr Mautner:

Someone asked, "When you said cases studied in China, were in the hospital did you mean they were already in before contracting COVID or hospitalized from COVID?" From what I understand, they were hospitalized from COVID, so these were all patients that were not well enough to be staying at home during their treatment from COVID. Now, it's very difficult to know exactly what was going on in China and what their threshold was for admitting patients to the hospital, but you can imagine that that population that they're describing is very different than the outpatient population that was being described at Columbia University, where patients were coming in with a fever or some shortness of breath and were stable enough to be tested and sent back home. I would imagine that the patients in China that they're describing that are in the hospital are a lot sicker to begin with and that's why they were hospitalized.

Bonnie Beckoff:

Thank you so much Dr. Mautner. Your statistics and your information for all the women has been truly, truly amazing. We got some questions right before the webinar started, so I just wanted to ask a couple of more questions. How do patients with young children manage their kids going back to school eventually or themselves returning to work?

Dr. Starr Mautner:

Great question. I personally am dealing with that now. It's a difficult situation. At the moment, the schools are not open, but some of the camps will be opening and it's going to be a very personal decision of what to do with your kids, whether or not to send them back and what that risk is. Nobody really knows the answer to that question yet. I can say that the more evidence that's coming out that this may affect kids with a Kawasaki type syndrome, parents are going to be concerned and I'm concerned. I may not be sending my kids to camp the summer. The safest thing to do may be to keep them home to limit their exposure and therefore limit your exposure. That's not going to be possible for everyone, especially people who are going back to work because they need childcare, so what to do about going back to work? I have had some patients ask me if I can write a note saying that they need to either take certain precautions at work or should continue to work from home.

Dr. Starr Mautner:

My advice would be the following. If you have a job that you're able to physically do from home and can do the same job from home that you can do from the office, then I would ask your employer to continue to work from home for as long as possible, if you feel more comfortable doing that. It will definitely limit your exposure. If you have a job where you actually physically have to go to the office or to your place of work to do that job then you need to ask yourself, can I keep a safe social distance from the other employees in the office and is the office going to practice safe hygiene and space out the desks and make sure that there's plenty of hand sanitizer and that they're going to keep the place clean. If the answer is yes, then would wear a mask at work and try to limit your hands-on interaction with any people in the office and keep a safe distance.

Dr. Starr Mautner:

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If it feels that the place that you're working at is not going to be able to be safe, then you need to evaluate financially if you can decide to either quit your job and take some time off or work somewhere else for a while or what's going to work for you. I think it's a really personalized decision and everyone's thresholds for what they're willing to risk is going to be different. If you're you have the resources to be able to stay safe for a long period of time, then that's probably going to be the safest thing to do until there's better treatment or a vaccine available.

Bonnie Beckoff:

Thank you. Thank you. I wanted to remind everybody also that if you have any questions, please feel free to put them in the chat box. Another question that came in is if one has finished with surgery and chemo, but is on Kisqali with endocrine therapy, does that make them at a greater risk?

Dr. Starr Mautner:

Endocrine therapy hasn't been shown to increase your risk of ... like in terms of your immunocompromised state, it's not like chemotherapy and I would talk to a medical oncologist. I will say that certain endocrine therapies like tamoxifen can increase your risk of clotting. What's interesting with that is we are seeing a lot of cases of COVID-19 have complications with blood clots and the patients for whatever reason appear to develop some sort of hematologic phenomenon where they clot more easily. While our medical oncologists are not necessarily stopping all patients on tamoxifen, if someone were to develop COVID-19 and they were on tamoxifen, then we would strongly consider stopping the tamoxifen for a period of time until they recover from the disease, because I think that the increased risk of clotting from that medication may outweigh any short-term benefit from the medication. Each medication is going to be an individual discussion with medical oncology.

Dr. Starr Mautner:

I'm a surgical oncologist, so I don't deal specifically with a lot of these medications on a daily basis and that's why I'm deferring to medical oncology on it. But what we do find in common with all doctors is that you're going to have a risk of stopping any medication, but if the benefit of stopping the medication temporarily outweighs that risk, then the doctor will recommend temporarily halting the medication.

Dr. Starr Mautner:

On the topic of medications one other thing that came up that I didn't really address is are there any recommendations to take any medications prophylactically for patients that are high risk, like cancer patients, and the answer is no at this point. We are not recommending anyone to take hydroxychloroquine or any other medications prophylactically. We haven't been shown to be able to prevent patients from developing COVID-19, so unfortunately there's not a good preventative medication that can be taken at this time specifically for anyone or for cancer patients more specifically.

Bonnie Beckoff:

Thank you so much. We got one more question. What about the prospect of a vaccine and will it be safe for metastatic patients?

Dr. Starr Mautner:

When they finally hopefully develop a vaccine for COVID-19, I imagine that one, some people will be hesitant to take it immediately because they'll want to see if there's any potential side effects to the vaccine, but it will probably be a vaccine that's similar to the flu vaccine. This is an influenza type virus.

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We always recommend that our cancer patients receive the flu vaccine every year because they are immunocompromised and we feel that that vaccine is safe for them to receive. It's usually vaccines that are dead viruses, not live virus vaccines and so I think that the vaccine that they develop will be safe for cancer patients to take. It may take a few months for cancer patients and their doctors to make sure that the efficacy of that vaccine is good for patients that are immunocompromised, but I think that it's going to be recommended for especially immunocompromised patients when it comes out.

Bonnie Beckoff:

Thank you. I think that's all the questions for now. This has been extremely informative. Dr. Mautner, I'm not sure if on your end you received any more questions straight to you. Oh, actually one more came in. Is another wave of COVID expected during flu season? One just popped in right now.

Dr. Starr Mautner:

From everything that we're hearing the answer is yes, that they are expecting a second wave of COVID during flu season, which it remains to be determined how bad it will be and everyone's concerned about that. I think that there's people on this call from all over the country and I'm here in Miami and our first wave wasn't as bad as they anticipated our hospitals were not necessarily overwhelmed. There were a few days where they were getting close to at capacity in the ICUs, but never overwhelmed like they were in New York. Now that things are slowly opening up, I'm curious to see if we get a second wave before flu season or not and that will be very telling.

Dr. Starr Mautner:

If the summer is quiet, I think that will be a pretty good sign versus if we get a second spike in July or August, what does that mean for then October, November, December, when it's flu season again? Does that now mean a third spike then? There's just a lot of unknown. And as we talked about before, it leads to a lot of anxiety in patients and in everyone in general, but I would expect that this is going to be around for a while unfortunately.

Bonnie Beckoff:

Dr. Mautner, thank you so much. Your expertise has been really informative and amazing. I also wanted to thank the Miami Cancer Institute, which is part of the Baptist Health South Florida, so thank you so much. Just a reminder that Sharsheret is here for you and your loved ones during this time. Sharsheret has emotional support, psychological support, mental health counseling, and we offer that for free, at no cost and it's completely private. Our phone number is 866-474-2774 and you can call from anywhere in the country.

Bonnie Beckoff:

You can also email us at [clinicalstaff@sharsheret.org](mailto:clinicalstaff@sharsheret.org). Our social workers, genetic counselor and everything is available to you. You are our priority, your health and your wellbeing and we're all getting through this together. No one is alone. I also wanted to remind everyone of Sharsheret's Embrace community, which offers free phone support sessions, specialized resources, kits and materials that are tailored to women living with metastatic breast and advanced recurrent ovarian cancer. We also offer a supportive Facebook group, which allows women to connect with peers experiencing a similar journey with advanced cancer. All services and kits are free of charge.

Bonnie Beckoff:

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We are planning several other webinars to be on the lookout for. On June 2nd, we have a Paint With Me! program specifically for our Embrace group. We also have a movement series on June 4th and our next medical update will be on June 8th. You all receive an evaluation after today's webinar. Please share your feedback and let us know what other topics you would like to be addressed. We are here for you. It's been a pleasure Dr. Mautner, thank you so much. The Miami Cancer Institute, thank you so much. If you have any questions, please feel free to send it in to [clinicalstaff@sharsheret.org](mailto:clinicalstaff@sharsheret.org). I'm sure Dr. Mautner would be happy to answer anything else that comes in along the way. I hope you guys have a wonderful day.

## 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

## Disclaimer

The information contained in this document is presented in summary form only and is intended to provide broad understanding and knowledge of the topics. The information should not be considered complete and should not be used in place of a visit, call, consultation, or advice of your physician or other health care Professional. The document does not recommend the self-management of health problems. Should you have any health care related questions, please call or see your physician or other health care provider promptly. You should never disregard medical advice or delay in seeking it because of something you have read here.