Lifting Restrictions and COVID-19:

Navigating New Developments

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Elana Silber:

Good afternoon, everyone. My name is Elana Silber, and I am the CEO of Sharsheret, the National Jewish Breast and Ovarian Cancer Organization, and I am thrilled to see all of you here today with us for this special webinar that's going to be focusing on lifting restrictions, reopening. I just want to put it out there that we know this was a very painful week for everyone, the last couple of weeks. Our heart goes out for everyone and our thoughts are with everyone on the call and those who aren't able to be on the call today. Again, we know these times are hard. While there's a glimmer of hope in the future with things reopening, our hearts are with those who are suffering and in pain. I'm really want to thank everyone for being with us today.

Elana Silber:

Just wanted to let you all know that we are recording today's webinar for those who can't attend, or if you have others that you'd like to refer to the webinar later on, this will be recorded and saved on Sharsheret's website. We are also mindful of people's privacy. If you would like to stay on the call privately, you can turn off your screen. You can also change your name. But during the recordings, you won't even see who you are, but we want to maintain privacy. This is meant to be informative, but also interactive, so please feel free to use the chat option with any questions you may have. If you've sent them in advance, I have them. I will be presenting that to Dr. Carleton after her presentation.

Elana Silber:

Then, just to make sure you're in the right place, because I know a lot of us are on a lot of Zoom calls, today's webinar is called Lifting Restrictions and COVID-19: Navigating New Developments. We're with Dr. Carleton who's from Northwell Health Center. Today's webinar and many of Sharsheret's programs that we're providing in response to the pandemic are psychosocial support, emotional health and education, are supported by a number of sponsors, and we're really grateful to them, including The Siegmund and Edith Blumenthal Memorial Fund, Daiichi-Sankyo, Eisai, GSK, and Seattle Genetics.

Elana Silber:

They are making today's presentation possible, and the work that we do. If any of you on the call are affected directly by breast cancer, ovarian cancer, have family members, Sharsheret has a team of incredible social workers and a genetic counselor on staff ready and available to speak with you to help you get through this process, get you through what's going on today, tomorrow and into the future. We always have been available online by phone and email, so we continue to encourage you to reach out with anything, with anyone (you or your family or friends) that we can be helpful with. Today, we are really privileged to have an expert in the field, someone who can answer your questions and what you're thinking about, and maybe even anticipate what you haven't thought about. That's Dr. Jane Carleton, who is the Associate Chief of Clinical Affairs at the Monter Cancer, which is part of the Northwell Health Cancer Institute.

Elana Silber:

She's the founder and coordinator of the multidisciplinary group for the management of bone metastases at the North Shore LIJ University Hospitals. In addition to patient care, Dr. Carleton is ... I'm sorry for my phone, but Sharsheret's phones are always ringing. Someone will get that call, don't you worry. I'm not picking it up, but we have someone picking up that call, so don't worry. In addition to patient care, Dr. Carleton is an assistant professor of medicine at the Donald and Barbara Zucker School

of Medicine at Hofstra/Northwell. We have the expert, we have your interests, Sharsheret's here to support you. I'm going to turn the floor over to Dr. Carleton. Thank you.

Dr. Jane Carleton:

Thank you so much. It is such a pleasure to be here and to have this wonderful group of people. It's so nice to see this kind of interest. It is a challenging time. I mean, COVID-19 has really changed our lives, and this has been a truly challenging year. But one thing that's going on right now is that, hey, when we come to the end of the first phase of this crisis, and now we're shifting gears and figuring out how to move forward. In the process of the first phase, we learned a great deal. I think at the end of March, we were all terrified, and appropriately so, we knew this was very contagious, that some people did very badly, but we didn't know well, what was going to happen and how many people were going to get sick.

Dr. Jane Carleton:

Now, one of the things from a medical perspective is that, in the in March and April, it was all hands on deck. We were all taking turns at the hospital. I spent two weeks working on COVID floors. At the beginning, it was a scary thing to think about, but it was also truly inspirational. It was just incredible to watch how people work together, how they supported each other and maintain humor throughout that. I also have to say, I feel very fortunate for where I work, Northwell Health never ran out of PPE, always had a plan. It was like, how do we stay ahead of this? We never ran out of beds, we never ran out of ventilators. I feel that when you have a good health system that really plans and works together, good things can happen.

Dr. Jane Carleton:

Here, Long Island Jewish was at the epicenter of the epicenter, and yet, throughout, it was really quite an experience. Now, one of the really good things we learned was that, when you have the proper PPE, that there is actually a very low chance of getting the virus. Overall, our numbers at Northwell were that less than 5% of staff got sick, because we did have proper PPE, we were using it, we were all being really careful. That's very, very valuable information for us because going forward, we can say with some confidence based on treating thousands of people and having thousands of employees be exposed, that when we take the proper precautions, it is not so contagious or dangerous because we have some control here.

Dr. Jane Carleton:

That's very important as we start to open up, because here we are thinking about phase two. In New York, it's, as of today, we're saying, all right, we're going into the next phase. We're going to open up more construction and then this and that. Then next, there will be phase three. As we open up, well, what should we do? First and foremost, we all have to ... it's a triad of concerns. You want to have your face mask, you're protecting your face. One thing about that face mask is first of all, you're protecting yourself from airborne particles, but secondly, it reminds you not to touch your face, which we do all the time. When I put on my face mask, I'm protected, but I'm protecting myself from myself, so I'm not putting my hands on my face.

Dr. Jane Carleton:

You want your mask. Secondly, you want to be washing your hands. I don't think we all need gloves all the time, but washing your hands, using hand sanitizer, that's a powerful component of protection too. Then thirdly, of course, is social distancing. We know that, if we keep a little distance, we're not standing

right next to each other, then that is protecting us as well. As we open up, all of us have some control. We can protect ourselves by following that triad of rules. Now, in the health system, we can do more of course. We're constantly looking at our environments and saying, how can we open up healthcare and yet keep people safe? As you know, pretty much everything, well, in New York, for sure, everything went on pause for the month of April.

Dr. Jane Carleton:

We were focused on the crisis and getting everybody through it, medical, social. Everybody here in New York had to face this. We suspended all routine tests. There were no routine surgeries. There were no routine tests being done. By the end of April, things started opening up and the numbers were going down, and we were feeling a little more confident because we knew what to expect. At the beginning of May, they started doing the more urgent surgeries. During the height of the crisis, we were only doing emergency surgeries, but then we moved in to say, well, they're cancer patients. They have to have their surgery. Right?

Dr. Jane Carleton:

Following all the precautions with PPE and also testing patients, everybody who was going to get surgery got tested 24 to 48 hours before their surgery. By following all these precautions, we've been able to restart, and we're seeing that people are doing very well. Now the people who have their cancer surgery on hold for six weeks, eight weeks, something like that, they can have their surgery. Of course, that's a big relief. We don't want to just stay still forever. Now we know that we can get the surgeries done, we can continue treatment. Chemotherapy actually continued throughout. The cancer center never closed. Many offices were closed, but the cancer center couldn't.

Dr. Jane Carleton:

What we did was we followed strict precautions. We continue chemotherapy. Sometimes we modified regimens a little bit to make it safer. In some cases, with breast cancer, we had the option of focusing on hormonal therapy rather than chemotherapy. We were really at the forefront of the care because the surgeons were saying, we can't do surgery. You need to go see the medical oncologist so that they can help protect you, keep you safe while we're waiting to open up again. A lot has happened and we're all feeling a lot more confident now about going forward with this. Now, some things are really different. It's like, before this crisis, fewer than 1% of patients were seen by telemedicine. Who even heard of it? It was mostly used sometimes for the elderly people who were housebound, and it's a wonderful new way of reaching people.

Dr. Jane Carleton:

All of a sudden in April, there was this tremendous need to take advantage of this new technology so that we were able to follow along with our patients. There were people who didn't need to come in the office, but we wanted to make sure they were okay, that their treatment was not causing any problems. So, we started doing telemedicine visits, and probably two thirds of our patients were being seen by telemedicine in April and the first part of May. Then gradually, as we're feeling like the crisis is abating, we know what to do, we're increasing it. Now, we're more like 50/50, and starting to see more patients in the office.

Dr. Jane Carleton:

This is something that's actually here to stay. I prefer seeing real life patients any day of the week, but on the other hand, I'm so grateful that I've been able to keep in touch with all my patients and make sure that we've addressed their concerns and kept them safe during this. We will continue to use telemedicine, but of course, have patients come in the office. We are continuing to do our chemotherapy, radiation, hormonal therapy. The surgeons are now getting everybody back in, prioritizing the most urgent surgeries first, but really getting everybody back on track. That's the beginning, but then you get into, well, what about my annual mammogram? I'm cancer free for eight years, and should I go for my annual mammogram?

Dr. Jane Carleton:

Well, yes. It's so important that we don't create another crisis. If we don't continue with routine screening and health maintenance, 2021 is going to be a disaster in a whole different way. We're going to find that we have a surge of cancer, and that's the last thing we want. Right now, we know that we can safely deliver care, screening, treatment, surgery, whatever it is, by using the proper PPE and precautions. We've been telling everybody, schedule that mammogram. Maybe we put it off in April or May, but let's get you in, in June, July. We're scheduling our mammograms, we're scheduling our ... sometimes people were due for a routine screening, CT scan, maybe it's time for your colonoscopy. Get in and get that done. This is actually a good time.

Dr. Jane Carleton:

It's a first because we know a lot more now and we know that we can deliver the care safely. But also a good time, because at the moment all the numbers are down. And we know that we're still in this for another year. It's going to take a while before we get a vaccine. The amazing thing is how many companies are working on it and how we're already seeing strides. Maybe we'll be lucky and will start things this fall, but it takes a long time to vaccinate millions and billions of people. We have to be thinking about this as, hey, let my life get back to normal, let me do the things I want to do, let me do the things I need to do to take care of myself. Then we will keep an eye on what is going on.

Dr. Jane Carleton:

I don't know if you've heard about ... everyone's got a theory about what's going to happen, and there are a few different models of what might. Some people have been talking about, oh, there's going to be a surge in the fall, a big spike because of the flu season, but that might not happen because, keep in mind, we're already ahead of things. We already know how to stay prepared, and to more quickly, prevent something from escalating. While we think that we're not done with COVID, we're expecting actually, that there might be some little spikes or just a little bit of a wave form going along, and that we might see a few more cases, then we can get it back under control. But each and every one of us can continue to take care of ourselves by taking precautions, by keeping some distance, working within your own clusters of people.

Dr. Jane Carleton:

I think that we can really ... it's the new normal, it's not the old normal, but I think we can say yes, this summer is going to be a summer of seeing more people, doing more things, being busy, having a good time. We should be able to see our families, see our friends. My mother lives in an assisted living up in Massachusetts, and I haven't seen her since the beginning of March, but they're starting to have visits outside, and we're hoping to open up more because her mental health is going to suffer if she can't see

us. We have to get her reengaged. I talk on the phone with her every day, but it's not the same. We can move forward, and we can move forward safely. I think that everyone should stay on top of their healthcare as always, and that means seeing your primary care, doing your routine screening tests, following up on any findings and just continuing to stay tuned in, like what's going on, is there a little glitch, should we do something differently?

Dr. Jane Carleton:

No matter what, we're smarter now, we're better prepared. We're not going to see what happened in April. It's come, it's gone, and now we're getting into the new normal. I would love to take questions and go off in any direction that people would like.

Elana Silber:

Okay. We got a bunch of questions. Thank you, Dr. Carleton. It's reassuring to hear from the medical community your perspective because we're hearing so much coming at us from the media and from friends, and people who've been sick and those that haven't. I think particularly for those of us on the call today who are "immunocompromised," or we want to understand if these, I guess, positive messages that you're sending also apply to our population. When you're talking about, now it's time to get together, so we have questions, for example, from a woman who has been home for more than 12 weeks. The only time she's been out is to take a walk. Now, as a woman, who's maybe been through treatment recently, is it safe for her to go to the beauty parlor and those kind of things? Is she following the same restrictions as everybody else or lack of restrictions? What's the difference between the two?

Dr. Jane Carleton:

Well, first of all, we have to define, are we talking about somebody who's getting chemotherapy or perhaps hormonal therapy. I think that for somebody who's on immunosuppressive therapy or chemotherapy, that person should be a little more cautious. People who have had cancer in the past, almost always, have normal immune systems now. If I finished my chemotherapy six months ago, my immune system's back to normal. That person shouldn't think of themselves as immune compromised. But you know one thing that's interesting? Even people getting chemotherapy here in New York and here at our center have been doing very, very well. After all, they're coming out, because they're coming here to get their chemotherapy, and sometimes they're getting their CAT scans.

Dr. Jane Carleton:

We're probably safer than the grocery store because we're taking a different level of precautions. But I do think that we're very reassured by what we see, that in fact, our patients getting chemotherapy have still done very well. Now, in terms of, I think it's a tricky question to say, well, what about getting your hair done? Ooh. I think you need to know, who are you seeing? Have they been tested? Part of how we're keeping people safe ... I'm sorry, we have a couple conversations. If we know where we're going, obviously even just wearing a mask, there is some protection, but you can't be socially distanced from your hairdresser.

Dr. Jane Carleton:

I think we're waiting for guidelines in New York on what to do about that because they certainly haven't opened up hairdressers yet.

Elana Silber:

Yeah. I think that's supposed to come. We'll see maybe ….. I think there is some sound back from one of the screens. We can't figure it out, but there's a lot of questions about masks versus shields. At the beginning, when there was nothing available, everybody had a mask, but now there are shields, but they're open on the bottom. For a healthcare worker and also for the patient, is either one preferred, or both, or what are you seeing?

Dr. Jane Carleton:

Excuse me. In the hospital, we use both. We put on our N95, then we put on another mask over it so that we can protect that N95. That's part of how we didn't run out. We use the disposable masks more than the ... we didn't change our N95s every day. But then we would wear a shield over because you want to protect your eyes. Wearing a shield without a mask, I don't think is sufficient to protect you from the airborne particles. It would block a lot, but sort of a rising wave would be something you could inhale. I would say, for most of us, a mask is sufficient. Some people do want to wear a mask and a shield, but I would actually choose the mask over the shield if I did only one.

Elana Silber:

Right. Is it okay to ask your health care professional or someone you're working with, who's only wearing a shield to ask them to put on a mask underneath? Are you comfortable when patients request that?

Dr. Jane Carleton:

Well, since I always wear a mask, no one asks me to wear a mask, but yes, I do think it is reasonable for somebody to express their concern. If somebody is not wearing ... I think probably why people feel that they are doing adequate protection is that, if they cough, a lot of, it's just going to go straight forward right into the shield. But at the same time, it's reasonable to ask somebody to wear a mask, because that really is the standard precaution. Same way, it's reasonable to ask your doctor to wash their hands. For years, we've struggled with the health professionals. Doctors are worse than nurses, to get people to wash their hands, because people are careless, but that's wrong.

Dr. Jane Carleton:

If you have a doctor who comes to see you and they don't wash their hands, you can ask, and just say, "I'm not comfortable." If they don't like it, fire them.

Elana Silber:

Question. You talked about a little bit about it, that gloves are ... we saw at the beginning, when corona hit, everybody was, it was mask and glove, mask and gloves. Now we're only hearing about masks. Why have gloves faded out? Are they encouraging more hand washing? What's the understanding behind that?

Dr. Jane Carleton:

Obviously, when we're in the hospital, we do both. We're doing gloves, and then, when we go see a patient, we are wearing gloves. Then when we come out, we take them off and wash our hands. But the thing about gloves is, well, if you contaminate them, everything you touch then is potentially contaminated. It's not as if gloves are offering so much more protection. If I'm touching things with my

hands and then I sanitize or wash my hands, I'm protecting myself. I think it's more that, once again, you're trying to make sure ... one of the key things is you're trying to make sure that you don't get the virus from your hands to your face.

Dr. Jane Carleton:

Whether you're wearing gloves or just washing your hands, you're not supposed to touch your face unless you have clean hands.

Elana Silber:

There's a lot of questions about antibody, antibody testing, it's more available. We got some questions in advance, some on the call. Do you find that antibody tests are more accurate and reasonable than testing for the virus? If it matters, or does it matter? Where are we with antibody testing?

Dr. Jane Carleton:

Antibody testing right now is mostly just of interest like, was I exposed? I got tested for antibodies and I'm negative, so that means I did a good job wearing my PPE. There have been a couple of cases in China where people had antibodies and got the virus again. They also don't know how long the antibodies are going to be working. This is new territory. I think, if I knew I had antibodies, I would feel, well, I'm probably at least somewhat protected. But it doesn't help us in the medical profession. If somebody is going for surgery, we have to check to see if they have the virus now, both because they could get sick, but they could make people around them sick.

Dr. Jane Carleton:

Everybody who's scheduled for surgery gets tested for the virus 24 to 48 hours before their surgery. Then in the long run, I think the antibody testing is going to be more helpful when it's looked at from a whole population point of view like, do you have 20%, 40%, 60% of your population with antibodies?

Elana Silber:

Right. There's a question that came in about, and you mentioned it a little bit in your remarks, about second wave in the fall. We know a country, like New Zealand, today said they have zero cases. They're done. They're done, they're opening up, no restrictions. What are they thinking? You said that you don't know if it's going to be the same. It is that you don't think that there's ... are they saying there's not going to be a second wave, or is it just that we know the medical community knows how to handle a second wave?

Dr. Jane Carleton:

Well, I think it's that we know that we're not done with COVID here, right? We're not down to zero. It's present. Are we going to see a big surge in the fall during the flu season? Well, first of all, they're going to work very hard at getting more and more people vaccinated for the flu so that we protect against what we can protect against. Then, we still have COVID. For instance, with all the protests that we've had, are we going to see a little surge from all that contact? A lot of people were in close contact, and so it is possible we'll see a little spike coming up. We're going to learn actually from that. We don't think that in the United States, because of the number of cases we have, and because we have not been as strict as some areas about social distancing. We don’t think we’re going to just be done with this in a few months.

Dr. Jane Carleton:

The medical experts that I'm listening to are saying, while it's possible that we'll have a big spike in the fall, they don't actually think that's going to happen. They think it's more likely to be little surges, a little spike, or just like a little bumpy road like, ooh, a few more there. Nope, now it went down. It's probably going to be with us for a number of months, but again, I don't think we're going to see anything like what we saw here in New York in April.

Elana Silber:

Okay. We talked a little bit about elective surgeries or what's considered elective surgery, in the context of genetic breast cancer prevention, is that back on schedule, is that being recommended? People are doing prophylactic mastectomies that maybe had been scheduled prior or we're ready to get scheduled, is that something that's moving forward now?

Dr. Jane Carleton:

I think it is. Obviously, the first thing they're doing is making sure all the urgent surgeries are done. There are four levels of surgery. Four is an emergency, three is urgent, like you have been diagnosed with breast cancer or ovarian cancer, and you need your surgery. Then level two would be something like prevention, or maybe your hip replacement, or your knee replacement. It really needs to be done, but it's not quite so urgent. I think that, over the course of the next six months, somebody who had been planning like a bilateral prophylactic mastectomy would definitely reasonably go ahead and do that. Each center is different. You have to make sure that they have the OR time for the breast surgeon, and also the plastic surgeon.

Dr. Jane Carleton:

Some surgeries take longer, and so each center is a little different, but I know here on Long Island, yes, people are having those surgeries done.

Elana Silber:

We have a question from someone who's over 65, a two-time cancer survivor. Do you think that she has to have extra precautions before her seeing her children, going to the doctor, grandchildren, dental appointment? I know dentistry is a big question, dentistry and ENTs, we're getting a lot of questions about, because we can’t obviously wear a mask there. We've heard stories in the beginning that those healthcare professionals were also hard hit by the virus.

Dr. Jane Carleton:

Yes, they were. Again, we'll see what dentists are doing. One thing they could do, or certainly before a procedure somebody might have a patient tested. If you get tested for COVID and you're negative, fine, then you go to your ENT or your dentist. I don't know if we're going to start doing that routinely for dental visits or not. But if you're a two-time cancer survivor, it's in the past, your immune system now is good. So, I think you should think of yourself as normal. Now, being over 65, there's a bit of a risk factor, but the bigger risk factors were, first of all, being male. Women came out better. Secondly, it's other health concerns. People who have diabetes or other significant health problems, obesity.

Dr. Jane Carleton:

Obesity is actually one of the big ones because that seems to make people have more complications with the lungs. Adipose tissue also has more inflammation in it so those people are more vulnerable. If you are a healthy 65-year-old … cancer, that's in the past. If you're in good health without other things like diabetes, hypertension, then probably you are not at more risk than other people. Take the precautions, but, and again, with your family, are they taking precautions? Sometimes you can merge two bubbles pretty safely. Once again, I personally think we should be careful, but not put life on hold. That's going to have a devastating impact on us too. So, being careful and sensible is important, but moving forward with life is also important.

Elana Silber:

What about indoors versus outdoors? Because we talked about, you said have a good time this summer, see family, take precautions. Is it safe to have people in our homes, grandchildren in our homes, or is it still recommended that we see them outside?

Dr. Jane Carleton:

I think it's certainly easier to start with the outside because we feel like, look, if you're wearing a mask and you're outside, you've got the distance, all of that is helpful. But once again, there are many people who are making this very calculated decision about, there's somebody, a friend of mine, who he and his wife are both trying to work at home, and it was getting harder as things got busier. His parents have a place up in the Berkshires, and they decided they were going to go up there and stay with them. They could help them with childcare. But you see, they've both been careful, so you've got these two bubbles of people who have been very, very careful, not taking any risks. Now you're putting the bubbles together, and so they should be fine because none of them should have it.

Dr. Jane Carleton:

I think that's a way of saying, choose carefully, so we're not just going to go out. Restaurants are going to be slower to open up, because you don't know who you're sitting next to. But merging bubbles of people who are being careful, I think is very sensible and very necessary.

Elana Silber:

When you talk about that you're finished with your treatment, you're no longer immunocompromised, what's the timeframe on that? How long have I finished and I'm now considered not immunocompromised? Can you put a time on that?

Dr. Jane Carleton:

Really, 30 days. Once you're past 30 days, the bone marrow is always repopulating. Maybe a little more, but 30 days is the general cutoff. That was also true when they were talking about patients having surgery. People seem to be more vulnerable if they'd had surgery in under 30 days, but it's amazing how resilient the body is. Chemotherapy is metabolized within 48 hours. It's gone. Think about when you're getting chemotherapy, you're getting cycles every two weeks, three weeks, four weeks, depending on the chemotherapy. That's because you've bounced back. Your body is ready to handle it again. When you wait a whole month from the last chemotherapy, you're good to go.

Elana Silber:

What about with radiation? Does that have an issue of compromise as well?

Dr. Jane Carleton:

Again, part of it can depend on radiation to what organ. Some organs get more inflamed, but in general, once again, so much of ... radiation, it's a very transient effect, but within four to six weeks, certainly, body has healed from it. Even where there has been inflammation, most of the tissue has really recovered within four to six weeks. For instance, if you were having radiation to your breast, I would not consider you to be at a significant risk. Whereas, if you were having radiation to the pelvis where there's going to be more inflammation of delicate tissue, that would be something where there's a little more compromise. With somebody who'd had radiation to the breast, I might think in two to four week she's really in great shape. Whereas, if somebody had radiation to the pelvis, it might be four to six.

Elana Silber:

Okay. Then there's a question about testing. They ask, do you think testing is necessary if it only provides information for that specific time? Because if you test now and then two days later, you're exposed, it's not ... is there a push to get everybody tested? What's your sense?

Dr. Jane Carleton:

No, there's absolutely no purpose in being tested. I have not been tested for COVID because I never had symptoms. I'd got the antibody test a few weeks ago when they started making that available. But for instance, this summer, I was planning to visit my stepmother who's 89, and everyone's concerned about her, but my father died this winter, and we want to make sure somebody is with her. So, we're all taking weeks. Well, I'm near people all the time. Right? Every single week, I'm definitely being exposed to people, even if I haven't gotten it yet, so far so good. I decided before I go take my week to help take care of her, I'm going to get my COVID test so that I can go saying, "Got my papers. See, I'm COVID free."

Dr. Jane Carleton:

I think it's relevant for surgery or for something like that, where I feel like I want to be able to say, "It's okay, I'm safe. I'm not going to hurt you." Where if I were having a procedure, I might say, "I'm going to get that COVID test," but what are we going to do? Every week? It's not worth it.

Elana Silber:

Right. I want to just flip back for a second to the conversation we were having about radiation and being immunocompromised. One of the women on the call said she finished radiation three months ago, but her blood work still shows that she's immunocompromised and she also has MS. Can she start going out? Let's say she's wearing a mask. Can she feel a little bit more comfortable going out?

Dr. Jane Carleton:

I think she should. I think if she's taking the proper precautions that it's ... everything in life is a calculated risk, but I think if you're wearing a mask and keeping some distance and limiting things, I think it's reasonable to push that envelope a little bit. Again, with MS, that's a separate complication. Probably, I don't know if her being immune compromised, at this point, is from the radiation, or if it's got to do with also with the MS.

Elana Silber:

Right. Now there's a question about those who have younger children who are going back to camp and other activities. As of now, they've been out of school. If they go to camp, is there a risk that, now these kids can possibly bring the virus home?

Dr. Jane Carleton:

Absolutely. That's why some people are talking about having kids go to camp and testing them periodically. What we know is that, sometimes people who have it and have no symptoms can be spreading it, and children, for the most part, seem to have fewer symptoms. I think that makes it important to test. When you break the bubble, it's important to say now, how do we regroup? That's why people, they say ... one thing that we've been told as Northwell employees, if you go to Europe, you must quarantine at home for 14 days before you come back to work. That's a huge break in the bubble. Of course, we're even being advised not to travel without making a careful decision about it here.

Dr. Jane Carleton:

Yes, go see your family, things like that. But, when you break your bubble, the more people you are in contact with, the more of a chance that there is going to be an exposure. We're going to learn from that. We're going to be seeing what they do with camps and all that. I think they are going to be doing some testing. I think that the greater availability of testing is actually extremely important in this next phase, because the fact that we ... At the beginning, you couldn't get the test. It was like, no, only the sickest people. No, only in certain settings. The actual number of cases is much higher than confirmed because so many people know they were sick and weren't tested.

Elana Silber:

There's another question that just came in. Thank you. I apologize I don't thank you every time, but the questions are coming and I'm trying to combine them. I know we all have a couple more minutes.

Dr. Jane Carleton:

Not at all.

Elana Silber:

If someone's in an immunotherapy clinical trial, is that considered immunocompromised? Does immunotherapy make you immunocompromised?

Dr. Jane Carleton:

It does have an effect on immune system. So far, there was actually just an article published in the Lancet. They looked at, I think, 800 patients in Great Britain. Interestingly, they did not see an increased number of deaths from people on chemotherapy, hormonal therapy or immunotherapy. We are still learning, and I know early on, we heard active cancer chemotherapy was a risk factor, but this recently published data showed that the patients on chemotherapy did not do worse. Everything we do is also for a reason.

Dr. Jane Carleton:

It's not like any one of us goes on immunotherapy for fun. If you have a cancer that could respond to immunotherapy, well, you have to deal with that cancer. That's why we never shut down. We couldn't

say, “Well, we're just going to tell everybody to take a break for a month," because we would have lost people. We've been extremely careful, but we continue with therapy. I have to say, both what I'm seeing published and what I'm seeing here, is that we're doing well.

Elana Silber:

Okay. Well, we're going to be running out of time. I just wanted to thank you so much, Dr. Carleton. For those of you who may not have had your questions answered, feel to keep sending your questions to us and we can forward them to Dr. Carleton and get you the answers that you need. Thank you so much, Dr. Carleton, I like a little bit of optimism through all your answers, which I think is something that we can all really grab onto a little bit. I just want to remind everyone again on the call that Sharsheret is here for you. We have a team of social workers, a genetic counselor who are dedicated, experienced, skilled, trained, and wanting to help you with the psychosocial issues, the emotional challenges that this pandemic has brought, continues to bring, and anything really that's going on in the world right now that Sharsheret can help you through your cancer journey at any point before, during and after diagnosis.

Elana Silber:

It's a toll free number. Everything we do is accessible on phone, and by email, Facebook. You can find us on Facebook, Instagram, LinkedIn. Wherever you are, we are. Our number is (866) 474-2774, and to speak to a mental health professional, and I see Aimee, I think somebody just put it up there in the chat, so copy it. Really, I want to tell everyone to wish you continued good health. We're going to be bringing webinars to you, so keep your eye out. We have one on parenting coming up. If you have family or friends that are going through cancer right now, please feel free to send them to Sharsheret. We are eager to help. June 11th, I think is our next webinar. Resources to help school aged children, parenting during cancer and during COVID.

Elana Silber:

Thank you all for sharing these 45 minutes with us. Thank you, Dr. Carleton. We're so grateful to the healthcare community for the important work that you do. Together, this is a tremendous partnership for us to work together with the medical community to bring you, really the women of Sharsheret, the support that you need when you need it, and for however long you need us. Wishing everyone a really good day, and thank you for your support.

Dr. Jane Carleton:

Thank you.

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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