

Update for Week of August 10, 2020 to the Joint Statement on COVID-19 From Lung Cancer Advocacy Groups

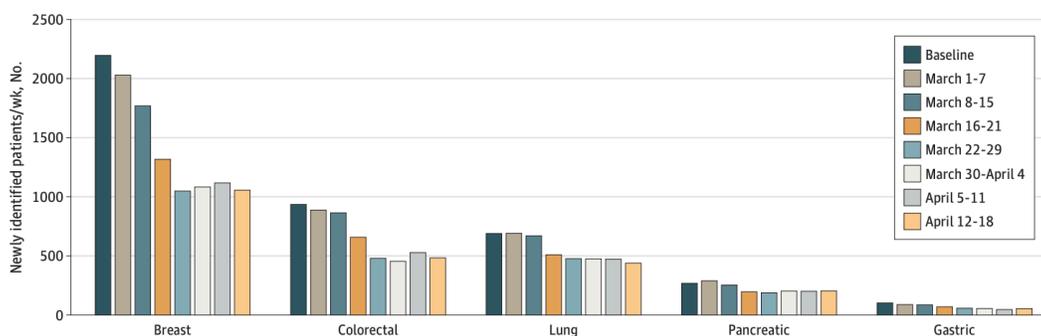
As of August 9, 2020, we are approaching 20 million cases of COVID-19 worldwide, with almost 5 million cases and 160,000 deaths in the US alone. In this week's update, we want to shift our attention to another looming healthcare crisis resulting from the pandemic, namely a **significant decline in new cancer diagnoses**. Given the importance of maintaining appointment schedules, we will also present questions that you may want to ask your healthcare provider in advance of visits to the doctor. Finally, we will highlight ongoing advances in lung cancer research, because cancer doesn't stop and neither do we.

What is the impact of COVID-19 on new cancer diagnoses?

In the early days of the pandemic here in the US, many stakeholders conducted various modeling simulations to look at the short-term and long-term impacts of the pandemic, particularly related to people continuing to get their recommended cancer screenings (mammograms, colonoscopies). These studies highlighted a looming crisis, predicting a rapid decline in the number of new cancer diagnoses. Dr. Ned Sharpless, Director of the National Cancer Institute, highlighted some of this data in a recent presentation at the AACR COVID-19 and Cancer Conference and in an editorial for *Science*.

This past week, a new study showed an alarming overall drop (46%) in new cancer diagnoses across six different tumor types, including lung cancer, for the period from March 1 to April 18, 2020:

Figure. Newly Identified Cancers, Baseline Mean and Weekly During the Coronavirus Disease 2019 Pandemic



Additional reports from across the country indicate an even higher drop in new cancer diagnoses. The COVID and Cancer Research Network reported a decline of 74% across 20 sites in the US for April 2020 compared to April 2019.

While people were encouraged to delay these essential screenings during the spring, we know that early detection of cancer is critical for achieving the best outcome and so we want to stress the importance of keeping up with your medical appointments and recommended screenings.

To that end, we want to empower you with a set of questions to ask your doctor in advance of any visits so that you feel they are taking appropriate precautions to ensure your safety.

What Should I Ask My Doctor About What They're Doing to Keep Me Safe?

It's not unusual to be concerned about the risk of exposure to coronavirus when you go to a clinic or hospital during a pandemic. A facility that is currently experiencing a large volume of COVID-19 patients, or limiting certain procedures or services, may have limitations on which patients it can accommodate. However, most facilities are ready to welcome patients.

Hospital and clinic facilities are taking extra precautions to keep their patients safe. Many facilities are posting videos and information on their websites explaining which precautions they've implemented (here is an example video).

If you can't find information online about the facility you want to visit, call the facility and ask about their precautions. Here are some questions you can ask your care provider or facility before an in-person appointment:

- Can the care provider conduct the visit via telemedicine? (This option requires a patient who doesn't need an in-person consultation or procedure, AND who is comfortable with and has the equipment for conducting video meetings on a computer or smartphone).
- Can prescriptions be acquired through home delivery, mail order, or curbside pick-up?
- Does the facility require everyone to wear a face covering at all times?
- Does the facility direct patients who have COVID-19 to specific entrances or areas to minimize contact with other patients?
- Does the facility screen all staff for typical COVID-19 symptoms before they start their shifts?
- Does the facility have screeners at patient entrances to ask about known COVID-19 symptoms, take each visitor's temperature, and ensure appropriate face coverings are worn (and provided, if necessary)?
- Does the facility limit nonessential companions for each patient to no more than a single individual who is free of known COVID-19 symptoms?
- Does the facility promote physical distancing through use of protective barriers, markers on the floor to indicate where to stand to stay 6 feet apart, and separating seats in waiting areas?
- Is each piece of equipment and appointment area cleaned between each use by a patient?
- Do enclosed treatment spaces (like MRI machines) have a waiting period between patients?
- Does the facility adhere to stringent and frequent cleaning protocols, especially in high-touch areas?
- Does the hospital allow visitors in patient rooms? If so, does it require them to check in at a nursing station or other screening area before entering patient's room?

Additional steps YOU can take to help keep yourself safe before, during, and after a visit inside a hospital or clinic:

- Don a clean face covering before entering the facility, avoid touching it or your face during your time in the facility, and keep it on at all times unless a healthcare provider asks you to remove it.
- Wash your hands frequently. Bring hand sanitizer with you (just in case)
- Before meeting your healthcare provider, wash your hands or use hand sanitizer.
- When you get back to your car or your home, remove the mask carefully by touching only the ear loops. Use hand sanitizer after removing your mask.
- To be extra cautious, wash your hands and face covering and change your clothes when you get home. You might even take a shower. Wash the clothes you wore to the facility.

And lung cancer research continues in full swing!

This year's World Conference on Lung Cancer (WCLC 2020), hosted by the International Association for the Study of Lung Cancer, went virtual due to the COVID-19 pandemic. Originally scheduled to be held in Singapore from August 8-12, 2020, the scientific sessions will be available from January 28-31, 2021.

WCLC 2020 was officially kicked off on August 8, 2020 with the Presidential Symposium live telecast at 7 PM Singapore time. The Presidential Symposium is a platform to present practice-changing research in the early detection or treatment of lung cancer. This year's Symposium had three fantastic Phase III trial presentations on immunotherapy for non-small cell lung cancer (NSCLC), a new targeted therapy for ALK-positive lung cancer, and immunotherapy for mesothelioma.

1. Currently, a chemotherapy -immunotherapy (pembrolizumab) combination is prescribed as first-line treatment for NSCLC that does not have any targetable driver mutations and that does not express high levels of PD-L1 protein. This is based on the results of the KEYNOTE-189 clinical trial, and the combination is available in the United States and some Western European countries. Results from the Phase III **ORIENT-11 trial** conducted in China show that addition of an immunotherapy (sintilimab – a PD-1 checkpoint inhibitor) to chemotherapy shows similar benefits seen in KEYNOTE-189. This is an extremely critical finding because results of the ORIENT trial will set the stage for this combination to be available in China and other Asian countries, so that patients can continue to benefit from these advances.
2. Ensartinib is a 2nd-generation ALK tyrosine kinase inhibitor. Results from the Phase III **eXalt3 trial** comparing ensartinib to crizotinib as first-line treatment for ALK-positive lung cancer show that this 2nd generation ALK inhibitor is superior to crizotinib, in terms of its effect both on the primary lung cancer and on brain metastases. These exciting results suggest that ensartinib may be another treatment option for ALK-positive lung cancer in the first-line setting.

3. Malignant pleural mesothelioma (MPM) is an aggressive type of cancer affecting the lining of the lungs. It has been associated with exposure to asbestos. Results from the phase III **CheckMate 743** trial, comparing combination immunotherapy (nivolumab-ipililumab) to chemotherapy showed that immunotherapy combo is superior to chemotherapy, in the first-line setting.

These three presentations will likely set the foundation for new drug approvals and remind us that lung cancer research will continue, no matter what COVID-19 brings!

Resources and websites

1. [IASLC's Guide to COVID-19 and Lung Cancer](#)
2. The National Cancer Institute has a special website for COVID-19 and emergency preparedness. [COVID-19: What People with Cancer Should Know](#)
3. We are following updates provided by the [World Health Organization \(WHO\)](#) and the US [Centers for Disease Control and Prevention \(CDC\)](#)
4. Johns Hopkins [COVID-19 Resource Center](#)
5. Interactive map of [US COVID-19 cases by state](#)
6. [The One-Two Punch: Cancer And COVID-19](#) (an important perspective for cancer patients)
7. You can find information specific to your state or city or town on your health department's website.
 - Directory of state department of health [websites](#)
 - Directory of local health department [websites](#)
8. American Medical Association [resources](#) for healthcare providers.



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