

3rd National ImmunoScience Academy Meeting goes virtual on COVID-19

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Short and long-term consequences of COVID-19 on cancer management

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Disclosures

- Advisory role, research grants to my Institute, Speaker fees:
- Roche, Lilly, Amgen, EISAI, BMS, Pfizer, Novartis, MSD, Genomic Health, Ipsen, AstraZeneca, Bayer, Leo Pharma, Merck, Daiichi



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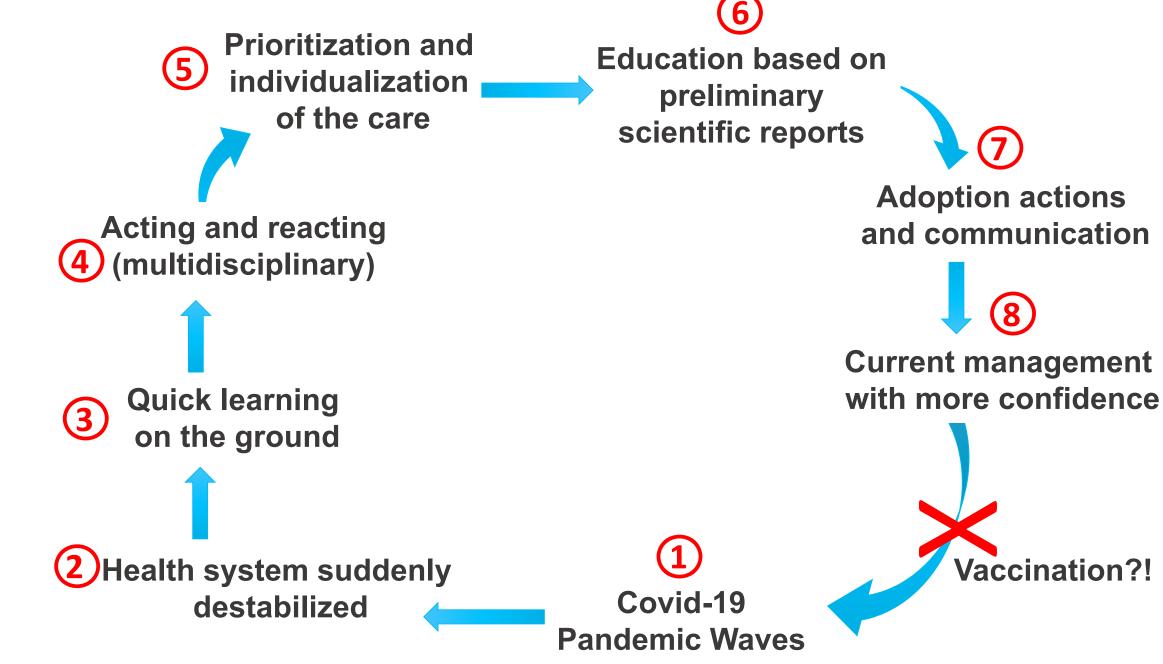
Covid-19 pandemic was a serious threat for cancer patients, caregivers, hospitals in an unpredictable manner!







The pathway of Covid-19 and cancer management during 2020







Short-term implications of Covid-19 on cancer patients

- All levels of management of cancer pts (diagnosis, treatment, FU...) were disturbed
 - \rightarrow Adaptation of treatment protocols
 - \rightarrow Elaboration of recommendations (ESMO, BSMO)
- Outcome of some pts (infected or not) deteriorated with fatalities
- Communication with pts (and family) was altered (shared decision) process downgraded)





Survey: Study sites and participants

109 representatives from oncology centres in 18 countries filled out the survey



Sex Male Female	67 (61.5) 42 (38.5)
Age median (IQR)	48.5 (38-55.75)

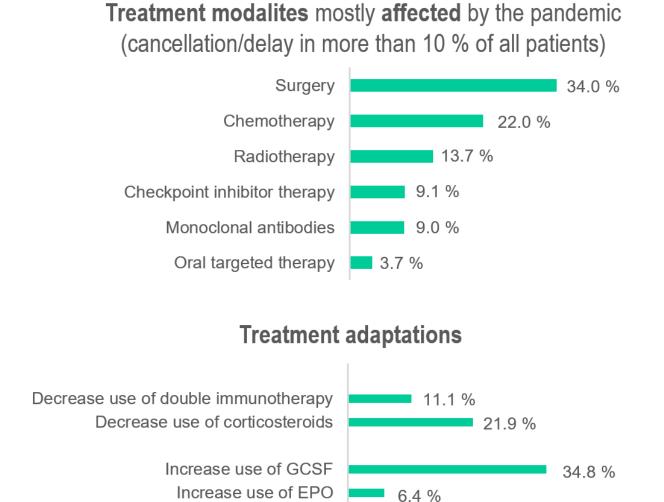
Years worked in oncology (including residency) median (IQR)	20 (10.5-25)
Type of hospital Academic hospital Community hospital Other	68 (62.4) 32 (29.6) 9 (8.3)
Type of oncological centre General hospital with oncology unit Specialized separate anticancer center Other	72 (66.1) 35 (32.1) 2 (1.8)
Main Specialization Breast Cancer Lung Cancer Gastrointestinal cancer Gynecological cancer Skin cancer Urogenital cancer Head and neck cancer Other	66 (60.6) 9 (8.3) 11 (10.1) 3 (2.7) 3 (2.7) 10 (9.2) 3 (2.7) 4 (3.7)

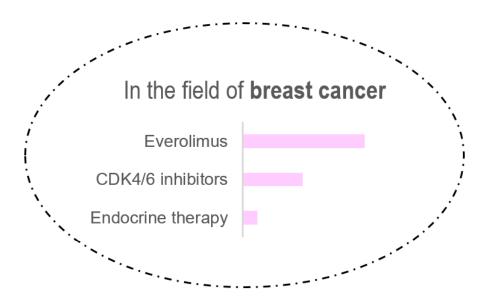






Results: impact on oncology treatments





Earlier cessation of palliative treatment was observed in 32.1 % of centers.

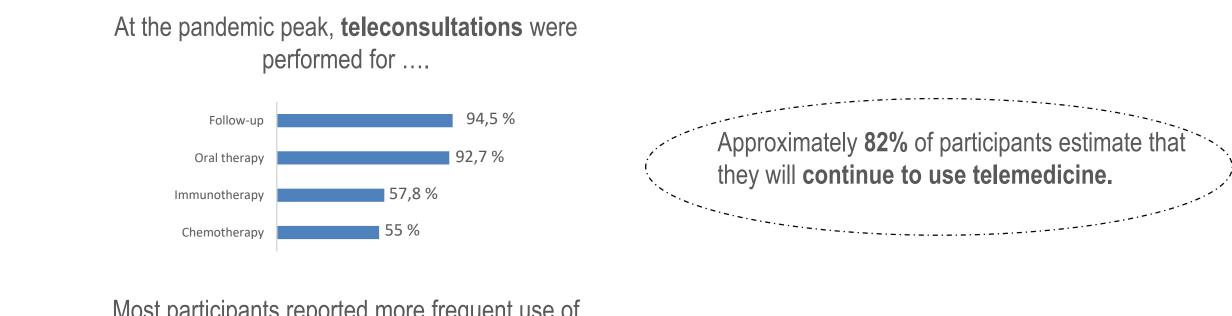
64.2 % of participants agreed that undertreatment is a major concern.

Jerusalem G, et al. minioral presentation discussion, ESMO 2020

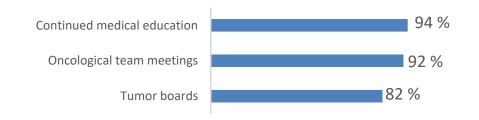




Results: Teleconsultations and virtual meetings



Most participants reported more frequent use of **virtual meetings**



But **45 %** disagree that virtual meetings are an acceptable alternative **to live international meetings**

Jerusalem G, et al. minioral presentation discussion, ESMO 2020





Short-term consequences of Covid-19 on medical workers and institutions

- Dynamic and continual organization of patients care in the hospital was mandatory (during waves and in between)
- The impact of Covid-19 on caregivers was deep but variable (health, well being, daily work, education...)
- It has been a clear impact on clinical research activities:
 - Decreased pts accrual
 - Adapted guidance of the management of clinical trials (famhp;EMA)







Institutions organization and Covid-19

- The needs to make quick decisions that impacted the entire hospital (daily-work, capacity, research, education...)
- The necessity to prioritize the type of patients to be managed
- Strong collaboration between available teams was a reality and needed
- Transferring part of the cancer care to the home (during lockdown): role of digitalization
- Optimization of communication (at all levels)





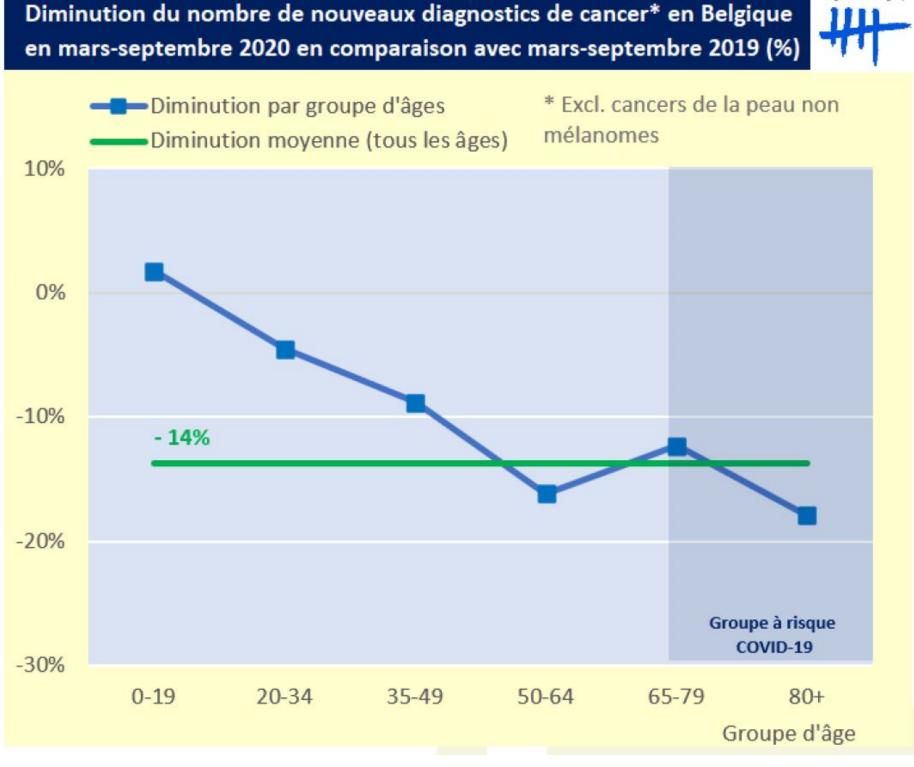
Long-term consequences of Covid-19 on cancer management

- Delayed cancer diagnosis by stopping screening programs (consequences?)
- The consequences of delayed cancer diagnosis by lockdown and the short and long-term outcomes of pts are unknown at this time
- The role of "salvage" cancer management between pandemic waves is not fully evaluated yet





Diminution du nombre de nouveaux diagnostics de cancer* en Belgique



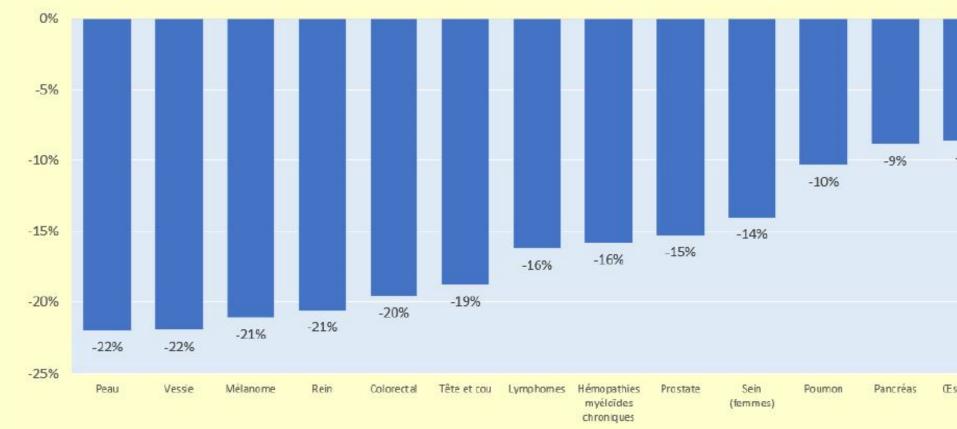
Belgian Cancer Registry







Diminution du nombre de nouveaux diagnostics de cancer chez les hommes et chez les femmes pour la Bel mars-septembre 2020 en comparaison avec mars-septembre 2019 (%)



Précisions types de cancers:

- Leucémies aiguës: leucémies aiguës (myéloïdes et lymphoblastiques) et néoplasmes apparentés
- Lymphomes: lymphomes matures et histiocytoses



lgique en		Belgian Cancer Registry
-9%	-2%	0%
ophage	Leucémies aiguës	Col de futérus



Is there room for adopting "Covid" approaches of cancer pts and organization beyond the period of the pandemic? (1)

- Keeping the dynamic organization of cancer care and management seems to be a must (during normal life or other crisis)
- Extension of the continuity of cancer care (clinical and research) beyond hospital walls should be evaluated (QoL, economic aspect...)





Is there room for adopting "Covid" approaches of cancer pts and organization beyond the period of the pandemic? (2)

- Thinking carefully telemedicine and homework: the good and the bad? More acceptable today by all partners?
- Hope for reduction of the burden and bureaucracy of cancer care (clinical and research) following the pandemic





