

Covid-19 & Supportive Care

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and 7th Post-MASCC Meeting



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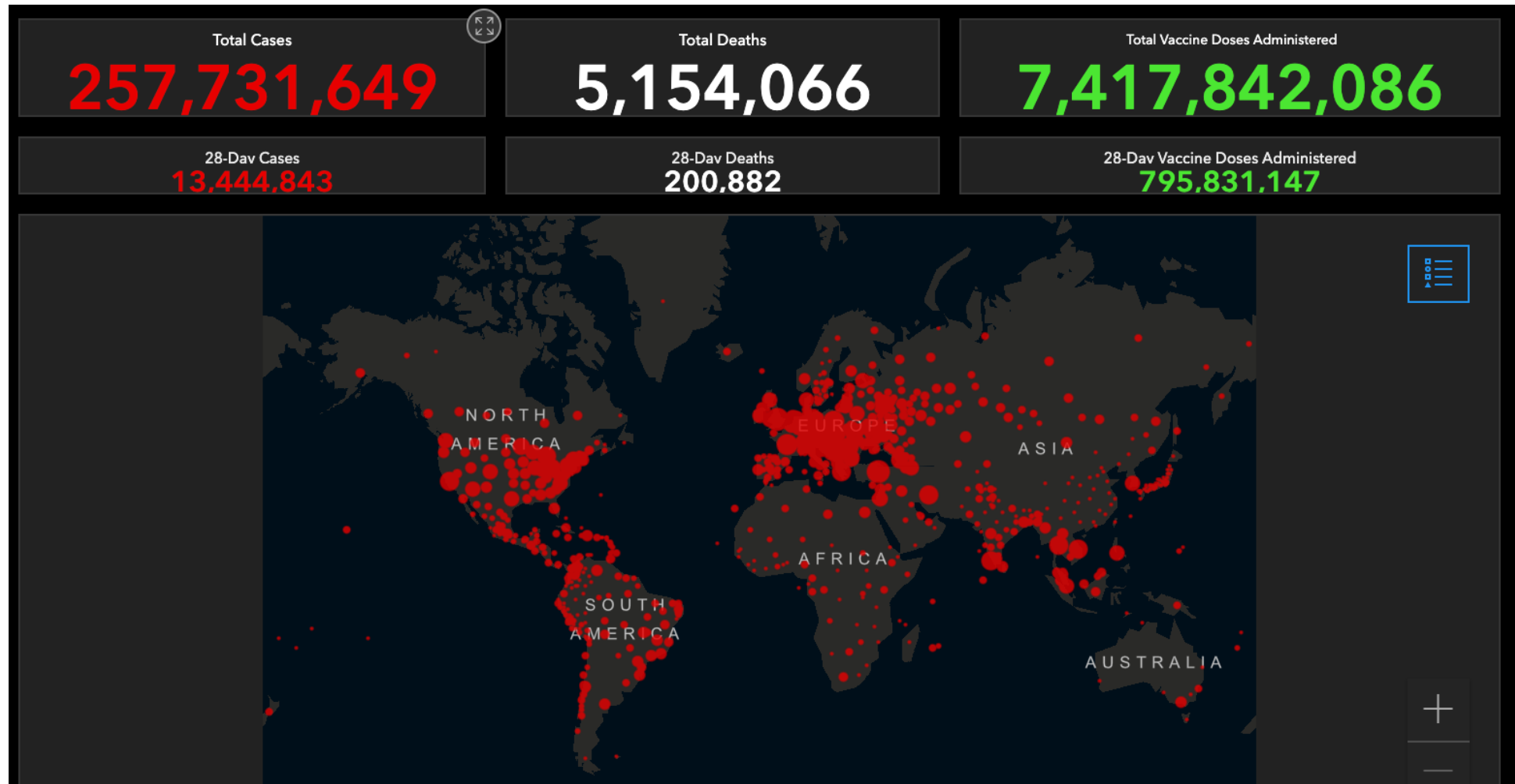
Disclosures

 Chief Scientific Officer, VieCure & Investor

Topics

- 🏠 Covid-19 in context
- 🏠 Disruptive impact of Covid-19 in the cancer care setting
- 🏠 Supportive care practice adaptation & longer-term considerations
- 🏠 Leverage Artificial Intelligence
- 🏠 Final remarks/messages

Covid-19 in Context: Global Statistics (Nov 21, 2021)



Johns Hopkins: Center for System Science & Engineering

Covid-19 & Cancer

🏠 Are cancer patients at higher risk?

🏠 ESMO: assumption may be unreasonable (cancer isn't a single disease, different genomic drivers, tx responses and outcomes)

🏠 Globally: cancer patients have greater risk of contracting covid-19, increased hospitalization, greater morbidity and mortality (Lyman et al, The Lancet 2020;395;1907-18)

🏠 Challenging to differentiate some symptoms (e.g., dyspnea and cough) due to covid-19, other infection(s), or therapy side effects

🏠 Requires clinicians to do diagnostic work-ups differently – e.g., febrile neutropenia guideline adaptations (Cooksley et al., Supp Care Cancer 2020;29:1129-38)

Disruptive Impact of Covid-19 on Cancer Resources

- 🏠 Human resources – reallocation, burnout of clinical and non-clinical staff
- 🏠 Technical resources – imaging, labs... delays!
- 🏠 Physical space – repurposed to make room for covid-19 patient cases
- 🏠 Financial resources
 - 🏠 repurposed to augment support
 - 🏠 ↑ \$ for telemedicine, digital health (remote patient monitoring)
- 🏠 Reduced cancer screening – longer-term consequences!!!

Disruptive Impact of Covid-19 on Cancer Care Delivery

- ⬢ Dose reduction/dose delay protocols – maintain efficacy but mitigate toxicities
- ⬢ Patient scheduling changes (treatments deferred)
- ⬢ Amplification of telemedicine and remote-patient-monitoring
- ⬢ Reduced cancer screening – longer-term consequences!!!
- ⬢ Delays in follow-up/survivorship care – missed recurrences?

Covid-19 Disruption for Cancer Patients

- 🏠 Psychosocial sequelae
 - 🏠 Fear of contracting covid-19 in clinic (exposure risk)
 - 🏠 Increased anxiety due to delayed, dose adjusted treatment schedules
 - 🏠 Reduced provider/care team contact = increased anxiety
 - 🏠 Fear care team is more detached, continuity of care concerns
- 🏠 Financial toxicity
 - 🏠 Patient job loss and loss of benefits due to employment impacts – exacerbated by expensive genomic-guided therapies
- 🏠 Toxicity monitoring/management more challenging – physical and non-physical
- 🏠 Compliance/Adherence – remote monitoring (orals) – ↑ digital health
- 🏠 Survivorship Care – maintaining engagement/communication/connection

Adapting Supportive Care *(new, continuing & survivorship settings)*

🏠 Digital Health

- 🏠 Remote patient monitoring
- 🏠 Telemedicine/telehealth

🏠 Financial toxicity – longer-term!

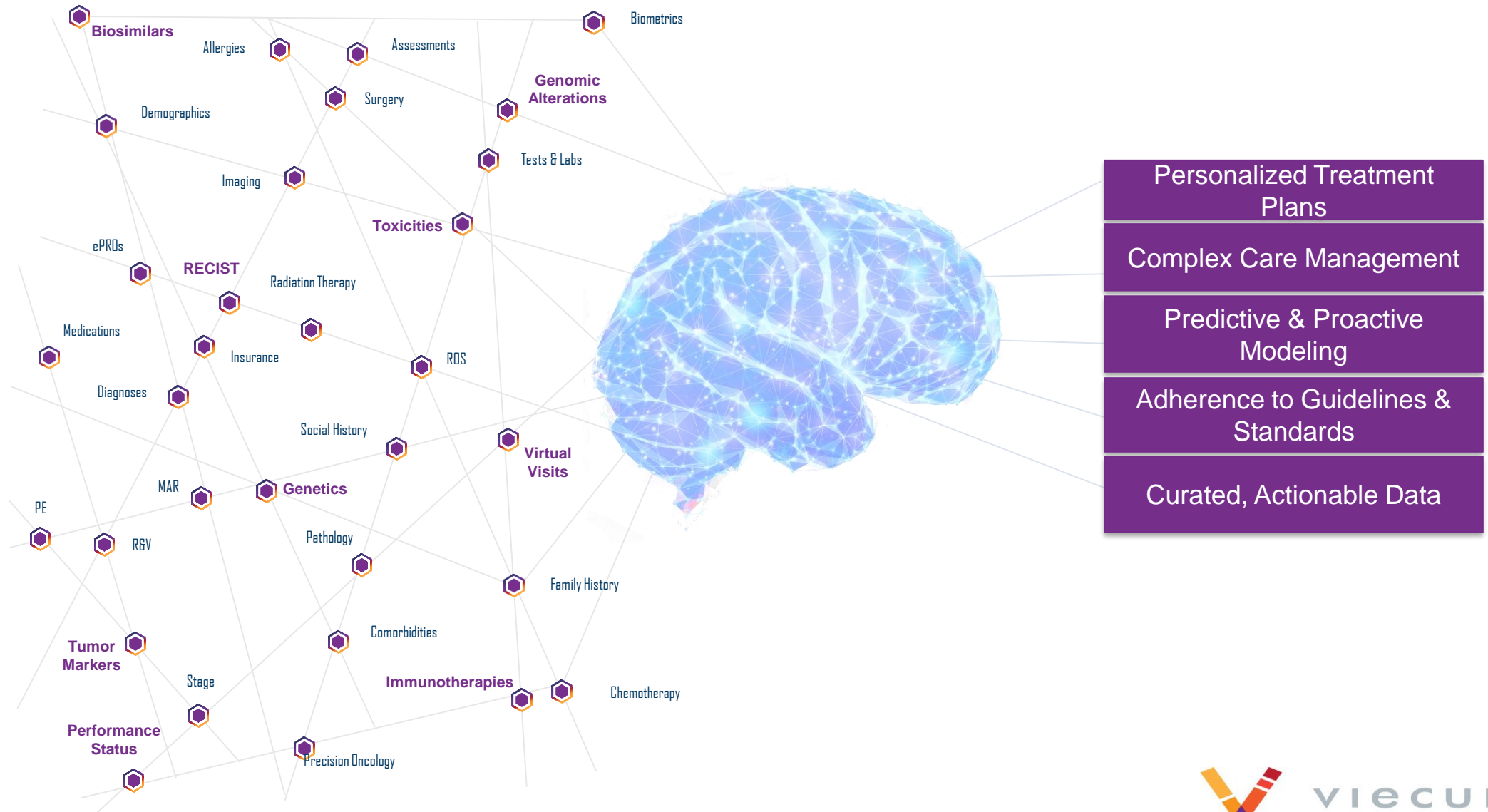
- 🏠 Partnerships with industry, government and payers
- 🏠 Patient assistance programs

🏠 Mental Health

- 🏠 Screening
- 🏠 Integration with community resources (patient support groups, professionals)
- 🏠 Self-management (e.g., coping)

🏠 Compliance/Adherence – partnerships with pharmacies; remote monitoring (orals) – ↑ digital health

Leverage A.I. in Clinic to Bridge the Gap



Final Remarks

- 🏠 Covid-19 has placed unprecedented pressure on cancer care
 - 🏠 Patients, Providers, Clinicians and Staff
 - 🏠 Physical and & Tech resources
- 🏠 Toxicity management is more challenging during the pandemic, including psychosocial, physical, financial toxicities
- 🏠 Post-covid-19: adaptations of digital health, treatment protocols will continue, patient expectations ↑
- 🏠 Greater integration of public/private resources (& community)
- 🏠 Urgent need to leverage Artificial Intelligence