

COVID-19 Q&A
with
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March 23, 2020

LUNGEvity spoke with Kristin Higgins, MD, who answered eight questions about COVID-19 and lung cancer from her perspective as a radiation oncologist at Emory University. It is important to note that the conversation took place on March 23, as issues around the COVID-19 pandemic can change rapidly.

Below are the answers to the questions discussed in the accompanying video:

1. As a radiation oncologist, what are the top 5 things you would tell a lung cancer patient about COVID-19?

A. I want to emphasize that cancer care goes on. Your teams are here for you. As healthcare workers, we put you first: cancer does not stop, and cancer care does not stop.

Active treatment means that you are currently on a schedule for infusions or radiation treatments. I want to encourage those who are in active treatment to reach out to your healthcare teams and ask what is next. What we do not want to see is patients stopping treatment and staying in their homes and not communicating with their healthcare teams. We do not want you to lose ground in the treatment of your disease.

Your treatment will continue if you are in a clinical trial. We are working very hard with the National Cancer Institute and with industry to make sure that these trials can continue and are as safe as possible. Again, communicate with your healthcare team.

You are on surveillance and not active treatment if you have stopped treatment and are getting CT scans or MRIs at various intervals. Patients on surveillance we think can safely be seen either via telehealth or potentially have scans pushed back a few weeks to maybe a few months. We are trying to keep everybody safe and, to the extent that we can keep you out of hospitals and coming in contact with a lot of other people, it is in your best interest. Please listen to your healthcare team, have constant communication with them, and know that everybody is working hard to carry on with treatment.

B. Healthcare teams are working very hard to keep you safe.

Most large academic centers have an incident command center set up, and our leaders are working to make sure that procedures are in place so that everything is as safe as possible for those patients who need to come in. What that looks like, for example, is that visitor policies are drastically changing. At my cancer center, as of today, we are not allowing any visitors. We are trying to limit ground traffic as much as possible. Patients are asked at the door if they are having fevers or any other symptoms. There is a lot of vigilance and hard work going on to make sure that we are altering our operations in a way that puts you first and makes our centers as safe as possible.

I also want to say that if you are coming in for your cancer treatment, please know that these environments are safe because of the precautions that have been taken. You are probably safer coming in to get an infusion or radiation treatment than you may be at a grocery store or a gas station, for example.

C. This time will end.

I want to emphasize that this time will end. It is a very stressful time for everybody, but this is going to last for a few months to a year or 18 months; we just do not know right now. There is a lot of uncertainty around it, but we will get past this, and things will eventually normalize. Certainly we are not going to have to carry on like this forever.

D. It is important for cancer patients to stay connected with their support communities.

Cancer patients need support now more than ever, whether it is family members, friends, or groups on social media platforms. Try to stay connected via phone calls, Zoom, FaceTime, or whatever platforms that you can use because it is very important for everyone's mental health right now.

E. This is a universal experience, and we are all in this together.

Again, we will get past this, and we will probably be better off in the long run.

2. I am in the middle of my radiation therapy. I have finished 7 cycles for my stage III. If I stop now, what will happen?

With radiation, it is very important that the treatments are given for the entire planned schedule because an incomplete course of treatment is not effective. If you only have, for example, one week of treatment when six weeks have been scheduled, it is as if that one week of treatment did not happen. The efficacy of treatment depends on adherence to the schedule. I cannot emphasize that enough. So if you are in the middle of a six-week radiation course for stage-three lung cancer, it is critical that you do not stop; finish the treatment. Again, your teams are making the environment in which the radiation is delivered as safe as possible for you, and we do not want you to lose ground.

For patients who have not started treatment, there is a little bit more leeway in terms of pushing back a start date, but you do not want to stop radiation treatment once you are in the middle of a radiation course. If you have any questions, definitely call your healthcare team.

3. I was supposed to start SRS for my brain mets. Can it wait?

SRS is an abbreviation for stereotactic radiosurgery. SRS is focal or pinpoint radiation used to treat brain metastasis. It is typically delivered in just one treatment. Sometimes, if a tumor is larger, it is given over the course of five treatments. The thing about brain tumors is that if you do not treat them, they grow and cause your brain to swell. The swelling can cause seizures and other neurologic symptoms that can be devastating and not something that you would want to see progress over time. Generally speaking for brain metastases, we are on a bit of a time frame to make sure that we get the brain treated.

The situation may look different if you have stage IV lung cancer and are on Tagrisso or another medication that has activity in the brain. However, other than that, I recommend that, if you had SRS scheduled, go ahead and get it.

4. I am in the middle of SRS for my brain mets. Should I stop therapy?

As discussed, if you stop radiation in the middle of a treatment course, what was given beforehand is really not effective. You have to complete the whole course to see the clinical benefit. If you are in the middle of a treatment course, my recommendation is to finish it.

5. I finished radiation therapy last year. Are my lungs now healthy enough to withstand COVID-19?

The answer to that is that we do not really know. This is a completely novel virus that nobody has seen before. There are some data out of China that cancer patients and cancer survivors certainly fell into that high-risk group of patients who did not do as well as patients who did not have any underlying medical problems. I think that any patient who has had radiation in their lungs before would be in that high-risk group. It is really critical that you practice social distancing and that you follow the recommendations of your healthcare team. There are just unfortunately a lot of unknowns right now.

6. I am a small cell lung cancer patient on a clinical trial of radiation and immunotherapy. Should I stop the trial? Will my cancer grow if I stop the trial?

For many patients, treatment on a clinical trial is the best option for their cancer. I recommend not stopping the clinical trial. The National Cancer Institute is working hard to make protocols as easy as possible to carry out in terms of possibly allowing things like remote follow-ups. Right now, we have not seen too much issue with drug supply. We have still been enrolling patients in clinical trials every day since the COVID-19 pandemic started, and these trials are still active and treating patients. If you are in a clinical trial, get in touch with your healthcare team and ask them those questions that are concerning you, but know that throughout the country, clinical trials are continuing for lung cancer.

7. This is an incredibly stressful and isolating time for the lung cancer community. Any advice on how to manage stress and anxiety?

I have been telling my patients that right now as we look around us, society is adjusting to the new norm of a world that is unpredictable and that we do not have control over. And I would say that you, as a cancer patient, have already experienced this and adjusted to the reality that is your cancer. You have already made that adjustment, which is what I think everybody is having a really hard time with, but you are there and that is a great place to be right now. I think that our cancer patients understand that they cannot control their circumstances, their environment, or their bodies. I do think that cancer patients have that internal resilience that they have built up since their diagnosis and that that is something that they can lean on right now. It is something that not everybody has. This is a really important thing to keep in mind.

Try to stay connected; social connection is key. With your family members, with other lung cancer patients, and with friends, really make the effort to stay connected because it will make you feel better.

Pick up the phone, use FaceTime, and use Zoom and other technology platforms to stay connected with your network of people whom you have leaned on since your diagnosis.

8. What is your message of hope for the community?

I am hopeful every day when I look around and see my colleagues at work putting patients first in spite of being scared. Everybody is coming to work in our radiation oncology department every day to make sure that our cancer patients can still get their treatment, and that altruism is a wonderful thing to see. People are coming together to make sure that we have our priorities straight. Where I work, the priority is to make sure that we can get our cancer patients treated and take care of them. I want you to know that you are well cared for, that your teams are working really, really hard to make sure that you get what you need during this time. Please do not feel alone. Please do not feel abandoned, because everybody is here for you.