

COVID-19 Q&A
with
Kristin Higgins, MD
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LUNGEvity spoke with Kristin Higgins, MD, from Emory University, who answered questions from the lung cancer community about COVID-19 and lung cancer from her perspective as a radiation oncologist. It is important to note that the conversation took place on June 30, as issues around the COVID-19 pandemic continue to evolve.

Dr. Higgins is a radiation oncologist who specializes in lung cancer. She treats patients with non-small cell and small cell lung cancers, as well as other thoracic malignancies. She also designs clinical trials for small cell lung cancer in particular, as well as for non-small cell lung cancer. Dr. Higgins is the medical director for the main campus Department of Radiation Oncology at Emory, so she is involved in the operations of their facility, which has become more challenging in the present environment. She speaks here about some of those challenges and shares some insights.

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

Has your practice resumed seeing all patients for radiation therapy?

To be honest with you, we never stopped seeing patients throughout the pandemic, even at the height of the pandemic in Atlanta. We've continued to see patients in clinic every day, except for the weekends, because cancer treatment can't stop, regardless of the pandemic. We have continued our treatments because patients who get radiation need to come in every day. We have anywhere from 70 to 100 patients who are receiving radiation at our facility. Those numbers have fluctuated. They've certainly gone down a little bit during the pandemic, but they're starting to return to normal, I would say. As more patients are going into their doctors to get diagnosed, we're also seeing some of those new patient volumes come back to what they were before the pandemic started.

What precautions is your practice taking to ensure that patients are kept safe while they are attending radiation procedures?

That's very important. We want people to feel that when they come into our facility it is a safe place and that they're as safe at Emory as they are in their homes. What we've done to instill that sense safety is number one that we have a very strict visitor policy. When patients come into our facility, they aren't allowed to come with a visitor unless they need somebody to help them with walking around or ambulating if they have any cognitive issues Or if they are at end of life and needing hospice discussions. The strict visitor policy, while it sounds severe, is important and keeps us safe, especially with the amount of spread right now of COVID among the young. The policy allows us to minimize the traffic that goes in and out of our department on a daily basis.

We also have masking for all of our staff, all of our physicians, and all of our patients during radiation treatment.

Additionally, when the patient is greeted by the therapy team, they go through a series of questions to make sure they're not experiencing any new symptoms that could be indicative of a COVID infection. Things like loss of smell, loss of taste, fevers, cough, body aches, and so forth. If anything's changed, they go straight to an exam room. Of course, they would have had a mask on the whole time. We have a testing facility for our patients that is distinct from the other testing facilities throughout our healthcare systems, so that they can get their tests done as quickly as possible. That's worked really well. We've had a very low number of our radiation patients become positive during treatment. I think that that is a good sign that the precautions that we're taking are working. Additionally, we've had fairly limited numbers of staff develop COVID. These strict procedures really do work. The universal masking that you see in your healthcare facility is very helpful. Those procedures are key when it comes to keeping our patients safe.

Do you have any specific advice for early-stage non-small cell lung cancer patients who are considering radiation therapy as a part of their treatment options?

When it comes to early-stage non-small cell lung cancer, the standard of care is surgical resection. However, we do use stereotactic body radiation therapy. That's also referred to as SBRT, or also SABR, and these are essentially non-invasive forms of radiation treatment that can be used in lieu of surgery. We use these treatments for patients who can't get surgery, maybe because they have a damaged lung or heart problems or they are too high-risk for anesthesia, and so forth. SBRT has been a great option for our patients who aren't eligible for surgical resection. There are also some patients who will choose to get SBRT instead of surgery.

I think that the factor that usually pushes patients to choose radiation as their primary treatment is the fact that it's non-invasive. You don't have to get admitted to the hospital. You don't have to go under anesthesia. You don't have a post-operative period when there are risks of side effects and so forth. Right now we can't really say that SBRT is as good as surgery. There are trials that are comparing the two head to head. I've treated thousands of patients with this technology before, and it's very well tolerated, with minimal side effects. It's not very much of a departure from your normal life in terms of what you have to go through to get the treatment done. It's anywhere between three to five treatments, and it works. The efficacy is quite good. We have to follow patients closely, of course, to make sure that nothing is coming up in the rest of the lung, because in contrast to surgery, the lung where the tumor started is still intact. We certainly still have to do close surveillance to make sure that nothing new is arising in that lung, but it's a good option for patients who are too high-risk for surgery or are feeling very apprehensive about surgical resection.

Do you have any advice for advanced-stage non-small cell lung cancer patients who will probably be receiving radiation therapy?

I would say that radiation should not be as scary as it seems. I know it seems very abstract. You have to go to the basement of the department. There's some uncertainty to it because it's not something that we see depicted on commercials or it's not something that the everyday person really has access to, to understand the logistics of the treatment. But what I would say is that we deliver thousands of treatments every year. It's very safe and well studied. There are parts of radiation that are really helping our lung cancer patients live longer from their disease, whether it's SBRT for oligometastatic stage-four non-small cell lung cancer or SRS for the treatment of brain metastases.

Radiation therapy is something that can augment the other therapies that you're getting for your lung cancer. If you go to somebody who has experience with these technologies, then you're going to get a safe treatment. I think that all of the centers right now, whether academic centers or community centers, are very mindful of what's going on with the pandemic. The precautions that the centers are taking are really good and will keep you safe.

Do you have any advice for small cell lung cancer patients who are considering radiation therapy as one of their treatment options?

I always give this piece of advice: Ask your doctors if there are any clinical trials that are available and that are evaluating new treatment options. Particularly in small cell lung cancer, there are some advances that have been made recently looking at immunotherapy and different immunotherapy combinations for extensive-stage. There are trials underway right now. We have a trial in limited-stage small cell lung cancer that will move immunotherapy to be given with radiation and chemotherapy. These trials are still open despite the pandemic, and many times for a patient the best treatment is treatment on a clinical trial.

I think it's sometimes people's instinct to try to simplify things when the world seems very chaotic, as it does right now, but I would encourage you to still look and see what's available in terms of clinical trials. Again, many times that is your best option. That's where you can access a novel therapy that you wouldn't otherwise be able to get in the standard-of-care setting. So, number one, I always ask about clinical trials, and clinical trials are still going on despite the pandemic. At my institution, we're still enrolling our lung cancer patients in clinical trials. We haven't stopped. Some centers across the country have stopped, particularly in places where resources are perhaps limited or in the hot spots. but I think that there is still a commitment to making sure that clinical trials are available for our cancer patients. That option is still available to you despite the pandemic, so that's really important to keep in mind.

Just one other point I'd like to make that I didn't make earlier. With both small cell and non-small cell lung cancer, these aren't really diseases for which you can wait to get treatment. There are different cancers where therapies are getting put off during the pandemic, let's say breast cancer or colon cancer. But lung cancer, you just can't really do that because every day you lose is important, and you don't want to get behind the eight-ball when it comes to starting your therapy. I would advise people not to wait to get treatment once they have a diagnosis and make sure that, despite the pandemic, you're getting the treatment that you need. It's interesting because there were patients who delayed getting treatment in March, thinking that three months later would be better, and here we are now in a second wave. We can't delay the treatment of these aggressive malignancies forever because it really is not in the best interest of the patient. We have to keep in mind that cancer needs treatment as quickly as possible.

Do you have any advice in what precautions patients can take when they are going for their radiation treatments?

The number one thing is to make sure that you're wearing a mask. All of my patients have been very diligent about wearing masks in the treatment facilities. Hand hygiene of course, is also very important, as is keeping that safe distance from your caregivers, from nurses, doctors, and so forth, just trying to maintain adequate social distance. There are N95 masks, which are even better than surgical masks, and those are options if you're able to get access to those. There are also KN95 masks that they make in Asia. Those can be options for people as well. A lot of my patients are wearing those when they come

into the clinic on a regular basis. Those, I think, add an extra layer of protection. It's really as basic as that. Then, of course, when you're around people outside of your treatment visits and so forth, just ask them if they've been safe. Are they going to bars and restaurants and socializing in big groups? Those are important things to ask your family members because you don't want to put yourself in a dangerous environment. Just don't be afraid to ask your caregivers and family members what they're doing in their free time, so that you know that they're safe to be around.

Do you have any special advice once someone finishes radiation therapy? Any advice for folks post-treatment completion?

An adequate amount of fluid hydration is really important after radiation treatment, because most of our treatments can cause dehydration. If you're sort of feeling that fatigue post-treatment, then really push the fluids, which can help get you over the hump after you finished your radiation treatment course. Also, a little bit of exercise outdoors is always good for people's bodies and for the mental and emotional side of going through this treatment. Use the summer to your advantage and try to spend a little bit of time outside. I think that's a safe place where we can be enjoying the environment and nature and things like that. Something that I always advise my patients to do is to try to get outside and walk a little bit each day.

If a patient tests positive for COVID-19 while they are undergoing radiation treatment, what do you recommend?

It depends on the exact clinical scenario. It depends on how the patient is doing. Are they having symptoms? Are they asymptomatic? We've had some patients become positive and their only symptom is loss of taste. For those patients, because they didn't have any other symptom, we continued them through their treatment course because they needed their cancer to be treated. We have operating procedures that we use to treat COVID-positive patients to make sure that the risk is 0% transmission to anybody else. They get treated at the very end of the day, and there are different procedures that take place to clean the treatment vault afterwards and things like that.

There are patients who will continue their treatment with COVID-19, but the decision to continue treatment is made on a case-by-case basis. I wouldn't make the blanket statement that if you turn positive, then your treatment will end, because that's not necessarily the case. If you need treatment and we feel like the risk-benefit ratio warrants a continuation of the radiation, then we'll continue it. We have these procedures in place so that the treatment can be continued safely.

Patients often want caregivers to go with them for the clinic visits, and sometime a patient needs that caregiver to get to and from treatment. Is your practice allowing caregivers even in the waiting areas?

Yes, if a patient physically needs their caregiver to get in and out of the car and to get from the waiting room to the exam room and so forth, then we are allowing a caregiver to come with them, despite the no-visitor policy. As with any policy, there are always exceptions. The exceptions that we're making in our practice are for these types of patients. I will say that most of my lung cancer patients are still coming in with a caregiver because of this reason, because they need somebody to help them. Or if they're getting a scan and have a clinic visit the same day, it's tough to navigate that all on your own, so those patients are coming with a caregiver.

What I would recommend is calling ahead and asking what the policy is so that the expectations are clear and you know what to do and your caregiver knows what to do. The last thing anybody wants is patients feeling scared and uncomfortable and not taken care of when they're visiting their doctor. I think we need to use common sense here, and if you, as a patient, need somebody with you, then you need to advocate for that. Even if there is a no-visitor policy because, like I said, there are always going to be exceptions, and the exceptions that need to happen are usually for you.

Patients are concerned that if they develop side effects from the treatments they receive, they will not have access to care because of the COVID-19 pandemic. Does your clinic have the same protocols in place or do they have new protocols in place for handling adverse events after hours?

We have the same protocol in place. Our nurses manage the messages that come in over the phone or over the patient portal. We still have the same number of nurses who are managing this task because, obviously, this is a very important part of what we do. I would say that you have the same amount of access to your care team that you normally do. You could ask your doctor at your visit, whether it's in person or over Zoom, if they would feel comfortable giving you an email address or something like that, to make that access a little easier. Many times for us as physicians, we would rather just have you contact us directly. Some physicians are open to that. Not everybody is, but I'm certainly open to that. I like hearing from my patients first hand, but again, advocate for yourself. Just ask that question of the team, the nurse, your doctor or APP, or whomever to see what sort of access you could have during this period if it's something that's causing you anxiety. If you're worried about it, then the team wants to make sure that you feel secure. Bring it up to your healthcare team and I'm sure that they will be able to potentially give you any heightened access to the team, should you need it, or at least make sure that you know the way to get in touch with everybody.