

COVID-19 Q&A
Accessing Lung Cancer Care
with
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LUNGevity spoke with Anil Vachani, MD, who answered questions from the lung cancer community about accessing lung cancer care, in particular screening and scans, during the COVID-19 pandemic. It is important to note that the conversation took place on July 27, as issues around the COVID-19 pandemic continue to evolve.

Dr. Vachani is a pulmonologist at the University of Pennsylvania and the Abramson Cancer Center, as well as at the Philadelphia VA Medical Center. He is the co-director of lung cancer screening across both Penn Medicine and the VA hospital and sees patients with findings after lung cancer screening, such as lung nodules, who need subsequent care. He helps patients who have findings that are suspicious for lung cancer go through the diagnostic process so that they can begin treatment.

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

Do you have any specific advice for patients to ensure that exposure to the COVID-19 virus is minimized when they come in for a low-dose CT scan?

Access to cancer screening in general has been a topic of major consideration as we deliver healthcare for needs outside of COVID-related disease. As you may know, there has been some early guidance that was provided when certain regions were surging with COVID-19 infections to delay cancer screening, including lung cancer screening. That was done at a time where we felt that perhaps the COVID-19 pandemic might be more short-lived and that we would be able to return to regular cancer screening in a relatively short period of time. As we've learned that we will unfortunately be living longer with COVID-19 infections, we felt that it was important that we create the appropriate environment for patients to be able to get back to receiving healthcare for all their other needs, including cancer screening.

If you are eligible for a lung cancer screening and are due for a screening scan, you should be able to receive it, but actually going forward with it should very much take into consideration what the local circumstances are, where you live, and what is happening with the COVID-19 pandemic. There are areas that have a low level of COVID-19 activity, areas that have higher levels of activity, and some that are surging with very high rates. What an individual patient might do may depend on what's happening with local circumstances. Having said that, I think that in most parts of the country it's safe to come into a healthcare-provider setting to undergo lung cancer screening now.

There have been many steps taken by all healthcare institutions around the country to minimize the risk of exposure to individual patients receiving cancer screening. These include making sure that patients who are going to come in are screened for symptoms before they come into a hospital or a radiology facility and asking all patients to wear masks and to socially distance. All healthcare facilities are cleaned quite thoroughly, and we're making every effort to ensure that the risk from the environment where patients receive their healthcare is going to be minimized for any community exposure, from healthcare

provider to patient or even from patient to patient. In general, I believe that it's safe to come in for screening services, but, most importantly, perhaps this should be discussed with your local healthcare provider to understand what is the best approach for you at this time.

Do you anticipate professional societies expanding their screening guidelines or making them somewhat semi-permanent in light of the pandemic?

It is certainly possible that, as we learn a little bit more around what the timing of the pandemic looks like in the United States, additional guidance will come forward from professional societies like the American College of Chest Physicians—the ACCP—or others. I fully encourage all healthcare providers to keep on top of these guidelines as they come forward, and we will, of course, with LUNGevity's assistance, provide ongoing guidance and commentary on how to change behavior as circumstances change.

Because the pandemic has been so hard to pin down in terms of how long it will go on and what local circumstances will be, it's important that patients seek guidance from their local providers about what the providers are being told is appropriate and safe to do for procedures like cancer screening in their city, in their state, and frankly, in their neighborhood.

How is your clinic handling nodule management, especially in those patients with suspicious nodules on their CT scan, at this time?

It has been our approach locally, and at many places around the country, that patients who have a lung nodule identified on screening or on a diagnostic CT scan can most likely have that evaluated through a telemedicine visit. The CT scan can be evaluated remotely. It's very unlikely that any specific physical exam findings are going to change how we approach a small lung nodule, which is why we feel comfortable that we can do a telemedicine visit, review a CT scan, and go through a patient's history and come up with the appropriate time for the next scan to be done—or, if a biopsy is required, take the appropriate steps to move forward with how to do the appropriate testing upfront and then do the biopsy safely.

Is it safe for patients to come in for biopsies and bronchoscopies? What practices has your clinic put into place to ensure that the risk of exposure to the coronavirus is minimized during such invasive procedures?

The guiding principle should be that if it's determined that an individual's CT-scan findings are suspicious enough for lung cancer and requires a biopsy or a bronchoscopy, then it should be done. The reality is that we don't want individuals to delay seeking care for potential lung cancer when it's needed. We can do this safely.

A number of practices, some of them that we already discussed, have been put into place by healthcare providers across the country to help minimize coronavirus exposure. As far as I'm aware, most healthcare providers, including my own at the University of Pennsylvania and at the Philadelphia VA, test all patients for coronavirus infection within 72 hours prior to having a biopsy performed. We make sure that all patients who are having a bronchoscopy come into the hospital masked and appropriately put into an isolation room where they can be prepared for their procedure. Their procedure is then done under negative pressure, which makes air flow leave the isolation room without exposing the

healthcare team, other patient or anyone nearby. The patients will then recover in a very similar isolated fashion.

Again, we minimize exposure to both healthcare providers and the patient themselves with very strict cleaning procedures across the healthcare setting and use of good hand washing technique, as well as symptom screening for the healthcare provider. I, as a provider at my hospital, go through a symptom check every morning, and of course I'm encouraged to get testing or to be quarantined if there's any suspicion of infection. We're trying to make sure that the healthcare providers and our facilities are safe and that we're taking the appropriate steps with patients to keep them safe so that we can move forward with doing biopsies and procedures when it's necessary to do.

Before your patients come into the clinic for a routine scan, what advice do you have for them to minimize exposure?

A routine scan to me means that this is either a scan, such as a lung cancer screening scan, that's due to be done on an annual basis or a surveillance scan for a known small nodule that would perhaps be due at three or six months after the lung nodule was first identified. My opinion right now is that under most circumstances, it is safe to come into a healthcare setting and undergo routine scans. This perhaps could be delayed in places where there's a very high level of COVID-19 infection and some uncertainty around community exposure and community spread. However, in most places in the country where COVID-19 rates are low or stable, it's reasonable for an individual patient to come in to undergo a scan.

A patient may want to consider coming in at times when there are going to be fewer patients around in the radiology center or in the hospital. My advice generally to patients is that it's slowest earliest in the day. If you can get the earliest appointment in the morning, come in and get your scan done. This will minimize the number of other people to whom you are exposed.

Also, if a patient is uncertain and wishes to delay their scan for a small nodule a little bit, that's something that should be discussed with their provider to determine the risks and benefits involved. The scan can wait maybe an extra month or two to see whether rates of COVID-19 infection are going down in the patient's local environment so that they feel safer coming into a healthcare setting.

Again, I do think it's safe, and I encourage all my patients who are due for scans to go ahead and come in and take the appropriate precautions necessary to do so. However, if there's concern and a desire to delay, that should be done hand in hand with their healthcare provider's input.

Is your clinic allowing a caregiver to come in with a patient?

Certainly we are encouraging patients to minimize the number of individuals who come with them to visits or procedures, but if they have a caregiver who needs to join them, they should. This is important for two reasons: first, to make sure that care is delivered appropriately and that the patient has a partner with them to hear the advice that's being given, and second, in the case of a patient undergoing anesthesia for a biopsy, the patient needs someone with them to help get them home safely afterwards. So yes, a caregiver is definitely allowed but there may be certain rules for caregivers that will need to be followed. Our local guidance, and I think the guidance at most places, is that we limit the number of individuals accompanying a patient to one. While we want to minimize the density of individuals who are present in the hospital or in the clinic at any given time to minimize any risks of exposure, we also want to appropriately meet the needs of patients to have a caregiver present.