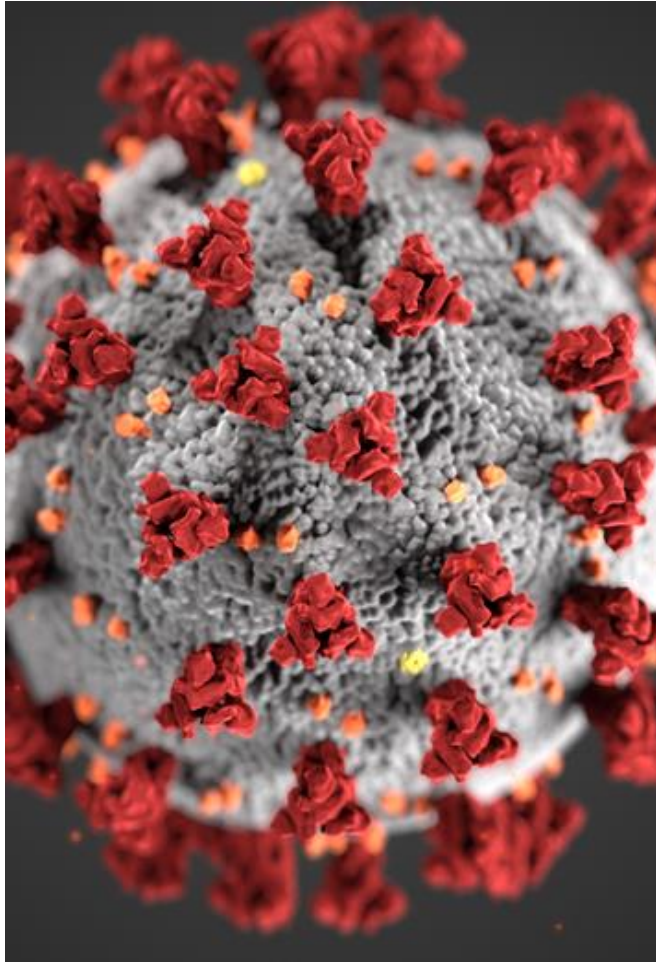
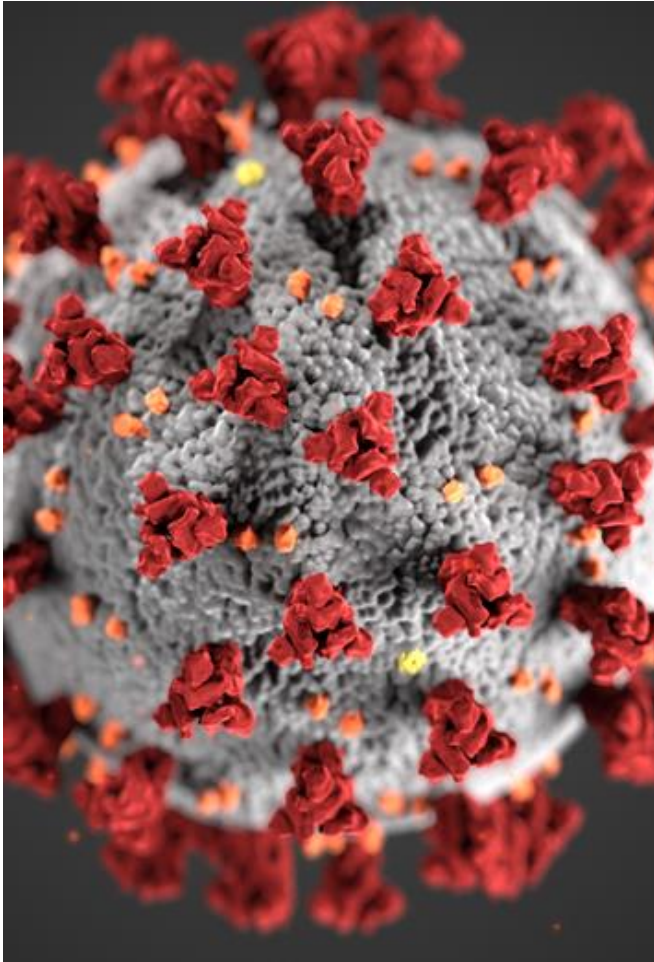


COVID-19 and Cancer



- March 2019 Initial data from China: Cancer outcomes far more severe (actually based on 18 patients with cancer of 1509 in the hospital)
- April 2019 Italy reports: severe outcomes in cancer patients as a whole
- April 2019 reports from NY of severe outcomes
- July 2019: data being collected in UK, across Europe in registry and additional US registry

Updating the data: COVID-19 and Cancer



1. Risks of severe, life threatening COVID is higher in cancer patients because:
 - Age
 - Additional medical problems (HTN, Diabetes, Obesity)
 - Poor functional status
 - Possible types of cancer heme, lung cancer worse than breast cancer
2. Chemotherapy and treating patients NOT an indication of risk for severe COVID.
3. Immune therapies for cancer relation with cancer not known

What happened here?

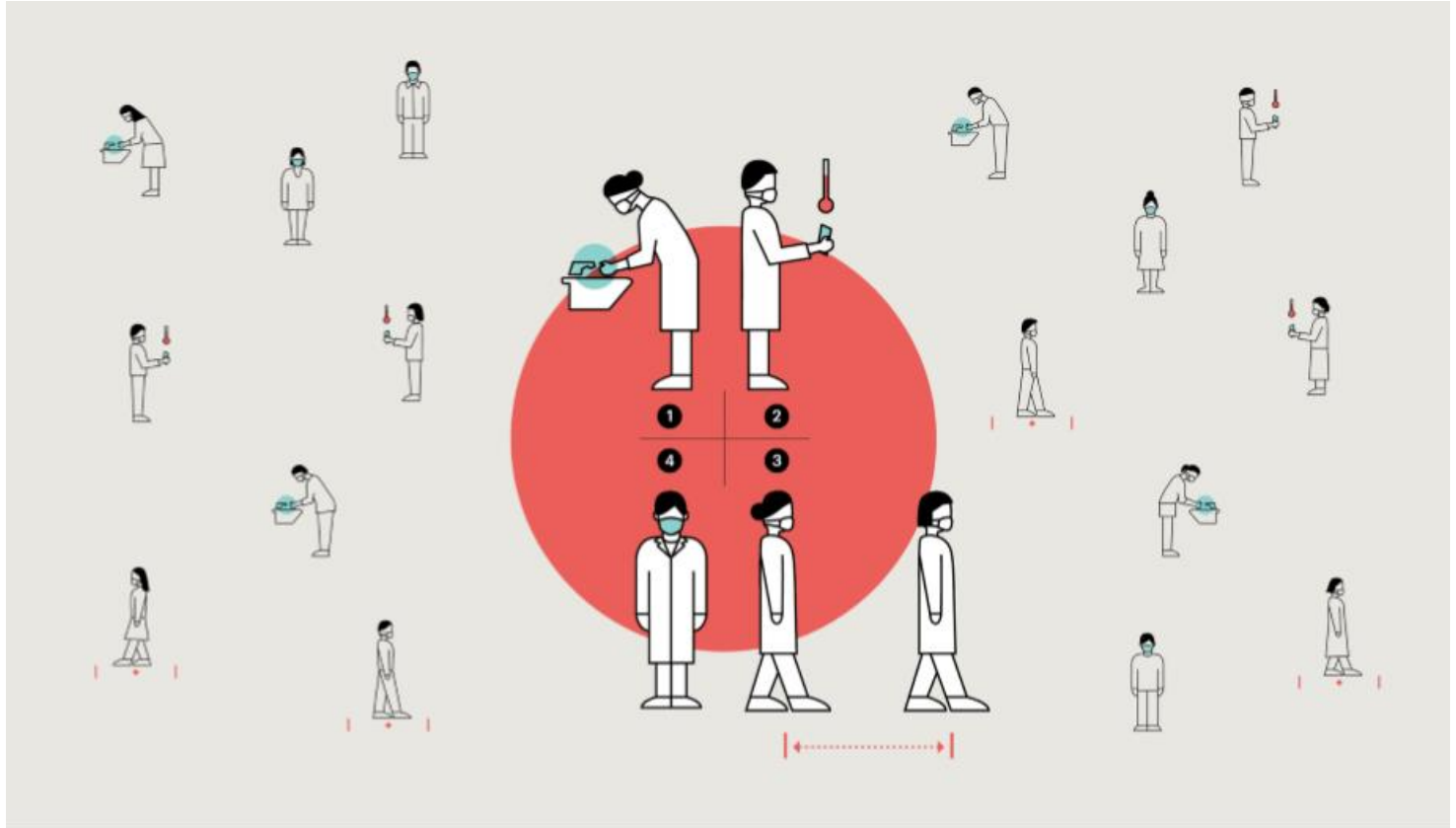


- Early April, initial surge in South Florida, especially Palm Beach due to migration out of New York
- Shortage of protective gear and combination of surge threatened ability of health care providers to treat patients
- Emergency meetings throughout oncology to address cancer decision making that now had to take into account
 - limited OR ability to operate
 - risk of patients acquiring COVID
 - risk of delaying treatments
 - unknown duration of barriers and risks

What happened here?



- Initial State mandated shut down to elective health care BUT oncology is not elective
- At LCI we had nearly 50 newly diagnosed breast cancer patients at various steps in their treatment preparing for surgery who were affected, as well as 8-10 new patients a week
- Multi modality team meets weekly, now converted to telemedicine
- MMC team met and reviewed every single patient, with every doctor bringing new specialty guidance, pathology review, imaging review, patients underlying health, cancer aggressiveness, option for treatment and each had a modified plan
- We were poised and ready to bring patients in as soon as we opened up and in fact had a 10 day advantage to the operating room. Every patient operated on in those two weeks that was waiting, no delays more than 2 months
- Having team in place, clarity of goals and dedication to our cancer patients made it possible from the navigator, the OR scheduler to our pathologist, radiologists, medical oncologist
- **STILL** need to be **PROTECTING** our patients.



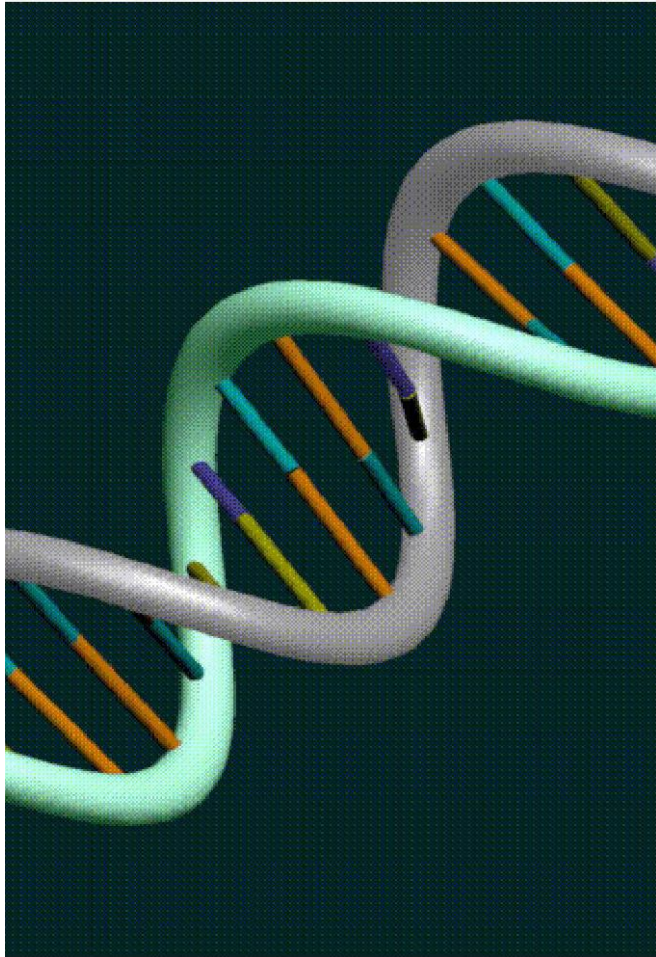
Illustrations by MGMT. design

MEDICAL DISPATCH

AMID THE CORONAVIRUS CRISIS, A REGIMEN FOR REENTRY

COVID-19 and Cancer Genetics

Morgan Pressel Center for Cancer Genetics



- Risk Reduction requires accurate data on risk/benefit
- Actual role of DNA testing is in its infancy
- Actions may be more important for others than for the individual
- COVID may be a great time to pursue genetic testing