How the New Coronavirus May Affect Lung Cancer Treatment

The Lung Cancer Foundation of America has issued a work-in-progress advisory on the steps patients and their doctors should take.

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Given recent findings that cancer patients may be at higher risk of contracting the new coronavirus if they visit medical centers, the Lung Cancer Foundation of America (LCFA) has issued a work-in-progress advisory for lung cancer patients and their doctors on how to navigate cancer treatment during the pandemic.

The guidance is specific to people with non-small-cell lung cancer (NSCLC), which accounts for 80% to 85% of all lung cancer cases.

Publishing their findings in JAMA Oncology, researchers in Wuhan, China, found that the coronavirus diagnosis rate among cancer patients at one medical center was twice that of the overall population in Wuhan; for a small subset with NSCLC, the COVID-19 infection rate was even higher. Another recent Chinese study, published in JAMA Open, reached similar conclusions, finding that hospital admissions and repeated clinic visits increase the risk of coronavirus infection among people with cancer.

According to LCFA, the oncology community is currently weighing the risks and potential benefits of delaying cancer diagnostic tests or courses of treatment for people with lung cancer. Given the Wuhan researchers' recommendation that oncologists seek ways to minimize cancer patients' trips to health care centers so as to prevent coronavirus transmission, LCFA is considering alternate means of treating patients that would help minimize such trips.

LCFA notes the myriad reasons why people with lung cancer may need to visit health care facilities, including hospital admissions and to receive biopsies, surgical procedures, infusions of chemotherapy or immunotherapy, targeted therapy drug refills, blood draws for lab tests and imaging tests to determine how treatment is working. The group also noted that family members often accompany people with lung cancer to their health care visits.

Regarding people with Stage I to IIIB, meaning early-stage NSCLC, LCFA states:

- If you've had surgery for the cancer already, it's possible your oncologist will opt not to start you on adjuvant chemotherapy or radiation at this time.
- For those who haven't yet had surgery, oncologists may prefer to delay the operation and in the meantime may recommend stereotactic body radiation therapy.
- For those undergoing chemo-radiation, doctors may continue the treatment or to wait on additional treatment.

Regarding those with Stage IIIC to IV, or advanced, NSCLC, LCFA states:

- If you're receiving targeted therapy through pills, treatment can proceed. But it's important to ensure with your health care provider and pharmacist that you'll maintain an adequate supply of such cancer medication.
- For those currently receiving immunotherapy or chemotherapy, oncologists may opt to maintain this treatment or perhaps to space the transfusions further apart or even to delay further treatment.
- If you're currently receiving radiation therapy, it's possible that your physician may delay further treatment or pare down the number of treatments.

It is also possible that the coronavirus pandemic may disrupt clinical trials of new lung cancer treatments. Such trials may be stymied by interruptions in the supply chain of experimental therapies, a shortage of clinicians to run such trials and concerns about the safety of people with cancer traveling to the trial sites.

For more information on what people with cancer need to know about coronavirus, click here.

For more tips on what people with lung cancer can do to protect themselves and the people around them, go to www.lungcancer.tips/coronavirus.

For a press release about the new advisory, click here.

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