

MARCH 2020



Commentary

COVID-19

What AACI Cancer Centers Are Doing to Mitigate Risks

By AACI Staff

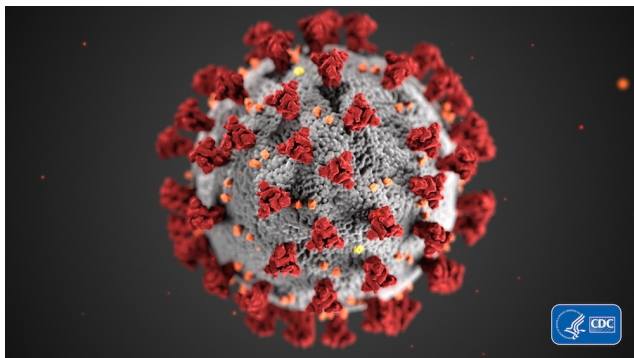


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Commentary Overview

- The WHO officially declared the coronavirus outbreak a global pandemic on March 11 and a national emergency was declared in the United States on March 13.
- AACI cancer centers are taking measures to limit exposure to the coronavirus, including travel restrictions, meeting cancellations, and changes to remote monitoring policies.
- AACI is launching a platform to facilitate communication among members about this evolving public health crisis.

The World Health Organization (WHO) officially declared the coronavirus outbreak a global pandemic on Wednesday, March 11; two days later, President Donald Trump proclaimed a national emergency in the United States. AACI members have been taking measures to limit exposure to the coronavirus in order to protect cancer patients, their families, and the community at large from infection with COVID-19.

The following AACI *Commentary* provides an overview of members' current COVID-19 activities, although it may not fully reflect the efforts of AACI's 100 members. For real-time updates, AACI is launching a platform for members to discuss how they are addressing this evolving public health crisis.

What to Watch Out For

According to the [Centers for Disease Control and Prevention \(CDC\)](#), **symptoms of COVID-19** include fever, dry cough, and shortness of breath. If you believe you are developing symptoms, call your doctor. Emergency warning signs include difficulty breathing, persistent pain or pressure in the chest, confusion, and bluish lips or face.

Who Is at Risk?

People at higher risk of getting very sick from COVID-19 include older adults (especially those over age 70) and people with serious chronic medical conditions, including heart disease, diabetes, lung disease, and cancer. Among patients with cancer, those with hematologic malignancies, such as acute and chronic leukemias, lymphoma, and multiple myeloma, and those who have undergone bone marrow transplantation (BMT), are believed to have the highest risk.

The University of Kansas (KU) Cancer Center dedicated a portion of its March 11 **Bench to Bedside** Facebook Live broadcast to COVID-19 and patients in these high-risk groups.

Balancing Viral Risk With Cancer Treatment

It is important for patients to balance the risk of infection with the risk of interruptions or delays in cancer treatment. In partnership with key stakeholders, including infectious disease experts and leaders from **Fox Chase Cancer Center**, **Sidney Kimmel Cancer Center at Jefferson Health** is developing enhanced guidelines to reduce potential exposure among vulnerable patients, announced in a **guest editorial** in the Monday, March 16 edition of *The Cancer Letter*.

These include:

- Limiting visits for patients who exhibit symptoms of COVID-19 infection
- Receiving treatment at off-peak times, like evenings and weekends, and stressing the importance of handwashing and crowd control
- Utilizing telehealth programs for follow-up

The guidelines include special considerations for BMT patients, including limits on visits from their care team and loved ones and enhanced telehealth communications post-transplant.

KU Cancer Center is limiting patient visitors and caregivers to one person, who must undergo standard visitor screening. Vendors and other non-employee personnel that are not essential to patient care are not permitted to access cancer center facilities.

Effective immediately, **Roswell Park Comprehensive Cancer Center** is also limiting patients to one visitor at a time.

The University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center and **Moffitt Cancer Center** have instituted enhanced patient safety policies, including screening for potential exposure to the coronavirus and limits on visitors. At Moffitt, on-site meetings are only permitted if deemed essential for patient care.

The University of Texas MD Anderson Cancer Center is also screening all patients and visitors for COVID-19 symptoms.

On-site Monitoring Restrictions

On AACI's Clinical Research Innovation (CRI) listserv, clinical research staff at AACI cancer centers have been developing and sharing policies for limiting visits from on-site monitors with COVID-19 risk factors.

Recommendations include restricting visits from study monitors traveling from a state with an active outbreak, postponing visits or conducting remote monitoring, and distributing a questionnaire that requires visitors to self-disclose risk factors including travel to high-risk areas, coughs, and fevers within the last 14 days.

Travel Restrictions and Remote Work

On the heels of the pandemic announcement from the WHO, President Trump announced a 30-day suspension of travel from Europe to the U.S., which began at midnight on Friday, March 13. (The ban does not apply to American citizens returning from abroad.)

In light of the state of emergency declared in the City of Pittsburgh on March 13 and to protect the well-being of staff, members, and visitors, AACI has instituted a remote work policy. AACI will

operate on a virtual basis beginning on March 16 and will continue to serve our 100 members and conduct our business remotely.

Many AACI cancer centers have also announced remote work policies and travel restrictions.

Fred Hutchinson Cancer Research Center has instituted a mandatory remote work policy that will stay in effect through March 31. The Hutch has also banned business-related domestic and international travel through the end of the month.

MD Anderson Cancer Center has also instituted work-related travel bans, with staff and faculty restricted in domestic and international business travel through April 29. MD Anderson will closely monitor the situation and will consider lifting travel restrictions "when there is clear evidence that the global public health emergency is abated."

Dana-Farber Cancer Institute has suspended business-related travel until further notice, and all visits to Dana-Farber from CDC-defined impacted areas are restricted. The cancer center's staff has been advised to restrict personal travel and all non-clinical staff is strongly encouraged to work remotely until further notice.

Through April 15, **The Wistar Institute** is suspending gatherings of 15 or more non-Wistar employees, seminars, and professional visits to the institute. Business travel is also suspended and employees are advised to follow CDC recommendations for their personal travel.

KU Cancer Center is deferring all professionally-related travel involving public transportation and strongly discourages personal travel among employees. Cancer center leadership is also recommending against faculty and staff attending any local, regional, or national professional meetings and conferences.

As of Thursday, March 12, **The Jackson Laboratory** has been permitting travel among its three sites in California, Connecticut, and Maine, but all international travel has been suspended.

Moffitt Cancer Center has suspended all travel outside the state of Florida and in-state travel is only permitted if it is essential to cancer center operations. The cancer center's travel and meeting restrictions will be in place until at least May 9.

Herbert Irving Comprehensive Cancer Center at Columbia University Irving Medical Center has assembled a comprehensive **COVID-19 online resource center** for patients, clinical staff, researchers, and students. In addition to restricting business travel, the cancer center is strongly discouraging personal travel and in-person meetings.

Laura and Isaac Perlmutter Cancer Center at NYU Langone has halted domestic or international business travel. All external seminars were canceled and all meetings with external visitors are limited to five people and must be mission-critical.

Meeting Changes, Cancellations, and Others to Watch

The **National Comprehensive Cancer Network** (NCCN) has postponed its annual conference, which was slated for March 19-22 in Orlando.

SWOG Cancer Research Network has canceled its spring meeting, planned for April 22-25 in San Francisco.

The **American Association for Cancer Research** (AACR) canceled its annual meeting, scheduled for April 24-29 in San Diego.

The **Oncology Nursing Society** (ONS) has canceled the 45th Annual ONS Congress, originally scheduled to take place April 29-May 3 in San Antonio.

The **National Cancer Institute** (NCI) has postponed its annual directors' retreat, originally set for May 12.

The **AACI/AACR Hill Day**, scheduled for May 13, has been postponed until further notice. Alternative dates for the advocacy day, as well as a potential virtual Hill Day in May, are under consideration.

The [American Society of Clinical Oncology](#) (ASCO) is closely monitoring the coronavirus outbreak as it prepares for its annual meeting, May 29-June 2 in Chicago. ASCO is planning alternative options for those unable to attend due to travel restrictions.

Currently, AACI has no plans to postpone or cancel the [12th Annual AACI CRI Annual Meeting](#), July 7-9 in Chicago, but registration deadlines have been amended.

For more updates on meeting changes and cancellations, please visit [The Cancer Letter](#).

Prevention and "Flattening the Curve" of Community Transmission

Community members can help slow the spread of the coronavirus to protect vulnerable populations—and avoid over-burdening the health care system—by "[flattening the curve](#)."

The CDC recommends the following commonsense measures:

- Have food, household items, and other supplies on hand. This includes hand soap, over-the-counter medications to treat fever and respiratory symptoms, and tissues. If you take prescription medications, contact your health care provider to ensure you don't run out. Consider ordering medications by mail if necessary.
- Practice social distancing. Avoid crowds, handshaking, and close contact with people who are sick. Limit all non-essential travel, especially plane trips and cruises.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, sneezing, or spending time in a public place. If soap and water are not available, use a hand sanitizer that contains at least 60 percent alcohol.
- Avoid touching your face and high-contact surfaces, including elevator buttons, door handles, and handrails.
- Routinely clean frequently touched surfaces at home, including tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and cell phones.

If COVID-19 is spreading in your community, take these extra measures to further reduce your risk:

- Stay home as much as possible.
- Consider arranging for home food delivery through family, friends, or commercial services.
- Have a plan in place in case you get sick. Stay in touch with friends and family by phone or email and determine who will provide care for you if needed.

What's Next?

We will continue to monitor the coronavirus outbreak and share the latest news and guidelines to empower our members to make sound decisions in the face of uncertainty. To facilitate communication around this rapidly-evolving topic, AACI cancer center members will receive an invitation to join a Slack workspace dedicated to COVID-19 on March 16.

Our Mission

Representing 100 of North America's premier academic and freestanding cancer centers, the Association of American Cancer Institutes is dedicated to reducing the burden of cancer by enhancing the impact of leading cancer centers.

About AACI Commentary

To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.

