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Commentary

Confronting Our Twin Pandemics: Reflections on the 2020 AACI/CCAF Annual Meeting

By Stephen D. Leach, MD



Stephen D. Leach, MD, is director of the Dartmouth Norris Cotton Cancer Center and chair of the 2020 AACI/CCAF Annual Meeting Program Committee.

Commentary Overview

- Presentations at the 2020 AACI/CCAF Annual Meeting addressed our twin pandemics of COVID-19 and systemic racism.
- Improving community outreach requires mutual respect, building trust, and a long-term commitment.
- A nationwide NCI study may illuminate how the coronavirus pandemic is exacerbating racial disparities in cancer care.
- Cancer centers are often equipped to lead their larger academic health systems in pandemic recovery, and they have a responsibility to do so.

This year's AACI/CCAF annual meeting addressed not only the wholly unique challenge of running a cancer center and delivering care while protecting staff, patients and the community from coronavirus infection, but also the parallel urgent task of overcoming cancer disparities in an atmosphere charged by recent deadly examples of racism and resulting impassioned protests.

Reflecting these challenges, it has been suggested that our society is currently in the midst of **twin pandemics**--systemic racism and COVID-19--occurring nationally and in our chosen profession. Both are to a large degree structural and institutional challenges, and they often intersect at our centers and in the surrounding communities.

As chair of the 2020 AACI/CCAF Annual Meeting Program Committee, I was pleased to see that the October meeting--held virtually for the first time--attracted nearly 900 registrants. I am grateful to my committee colleagues and AACI staff for their tremendous adaptability, allowing us to change course and restructure the program when the pandemic hit in the spring.

COVID-19 and Cancer Centers

The meeting's first panel discussion, "Maintaining Cancer Center Excellence and Momentum in the Age of COVID", featured three center directors, **Dr. Steven Libutti**, Rutgers Cancer Institute of New Jersey, **Dr. Anil K. Rustgi**, Herbert Irving Comprehensive Cancer Center, Columbia University Irving Medical Center, and **Dr. Stephen D. Nimer**, Sylvester Comprehensive Cancer Center, University of Miami Health System, along with **Dr. Erin Kobetz**, also from Sylvester.

Dr. Rustgi described the "transformative" and "unifying" impact that his center's response to COVID had on its trainees. As the pandemic led to restrictions on clinic visits and other center functions, many trainees turned their attention to community outreach and engagement, serving as teachers to students in elementary, middle, and high schools in the community, for example. That led the trainees to think more about community and social medicine in relation to research.

Dr. Kobetz reported that her center partnered with other community institutions, such as Florida Power and Light, to operate a COVID-19 surveillance program, and in response to a request from the Miami mayor's office, they staffed testing sites outside public libraries.

Responding to a question about what cancer centers have learned that might help them prepare for a second wave of coronavirus infections, Dr. Libutti emphasized the importance of communication and public education in areas such as visitor policies and safe surgical procedures.

Reducing Cancer Disparities

In line with AACI's goal to reduce cancer disparities, one meeting session highlighted the ways that cancer centers are working to reduce the burden of cancer on people of color—particularly Black communities—through efforts undertaken in waiting rooms, laboratories, and office suites, and through outreach and community engagement.

Moderated by **Dr. Robert A. Winn**, director of VCU Massey Cancer Center, the sessions panelists included **Dr. Christopher Li**, Fred Hutchinson Cancer Research Center; **Dr. Ana María López**, Sidney Kimmel Cancer Center—Jefferson Health; and, **Dr. Jamie Mitchell**, Rogel Cancer Center, University of Michigan.

Dr. Li pointed to recent articles in [JAMA: The Journal of the American Medical Association](#) and [The New England Journal of Medicine](#), about the lack of diversity in medicine, highlighting these quotes:

"Dismantling structural racism in medicine is a collective responsibility, and everyone has a role."

"Unprepared leaders are part of the problem, but they can also be tangible and powerful parts of the solution."

A question about basic science projects involving community-based participatory research revealed that specific examples of such work appear to be rare at this time. However, Dr. Lopez made a connection by recounting her experience with a women's health initiative at the University of Arizona. In working with a special population—elderly women—researchers talked about very complex topics over tea, sometimes even writing out molecular relationships in their presentations. Dr. Lopez emphasized that it's important to build trust, mutual respect, and the expectation of a long-term commitment and "staying power".

In working with the country's largest concentration of Arab-Americans, in Dearborn, Michigan, as well as other minority populations around Detroit, Dr. Mitchell has developed five lessons for improving community outreach and engagement at cancer centers:

- Build a Foundation on Community Involvement
- Identify, Engage, and Intentionally Address the Needs of Underrepresented Populations
- Go Where the People Are!
- Assess Community Members' Experiences
- Invest in Coalitions that Serve the Community

Reflecting our collective commitment to eliminating disparities, AACI's new president **Dr. Karen**

E. Knudsen, enterprise director of Sidney Kimmel Cancer Center—Jefferson Health, announced a new 2020-22 presidential initiative, focused on understanding and mitigating cancer disparities. The first phase of this initiative will involve the collective assessment of AACI member efforts to understand and reduce cancer disparities, as a first step towards future collective action.

Perspectives from NCI

The meeting's focus on COVID-19 and cancer disparities extended to **Dr. Ned Sharpless' NCI Director's Report**.

The coronavirus pandemic's impact on cancer screening and treatment is causing great concern for cancer centers. The numbers are sobering. Considering only breast cancer and colorectal cancer, an NCI model predicts **10,000 excess deaths** in the U.S. over the next 10 years, due to delays in diagnosing and treatment related to COVID-19 fears. Another data point suggests a greater than 50 percent decrease in new diagnoses of cancer in the last six months.

On that last point, Dr. Sharpless took issue with speculation that "indolent cancer"—potentially inconsequential malignancy—may comprise a significant portion of reduced diagnosis. While that hypothesis presents a research opportunity, Dr. Sharpless said it's unlikely to be a major cause, pointing to decreases in lung cancer diagnosis, where indolence is fairly rare.

NCI has launched a study called NCCAPS (NCI COVID-19 in Cancer Patients Study) that will help us understand how COVID-19 affects patients, with nearly 800 trial sites in 49 states and Puerto Rico. The initiative may illuminate how the coronavirus pandemic is exacerbating racial disparities in cancer care. NCI is also tackling cancer disparities through its equity and inclusion program, which aims to enhance research to address disparities, ensure diversity of thought and background in the cancer research workforce, and promote an inclusive and equitable community at NCI.

Dr. Sharpless offered that perhaps one silver lining in the COVID-19 outbreak is the embrace of telehealth, a shift that could improve the delivery of cancer care to underserved communities. That dovetailed with the AACI/CCAF annual meeting panel that I moderated on rural oncology. While reliable transportation has long been a challenge, today many rural oncology patients, who are growing older and more ethnically diverse, also face a gap in access to technology.

Cancer Centers Can Lead the Recovery

By the end of our second day, it was clear that our cancer centers collectively harbor a remarkable array of talents and resources relevant to both of these challenging pandemics. Also evident was the sense that our cancer centers are often equipped to lead their larger academic health systems in pandemic recovery, and indeed have a responsibility to do just that. Finally, our virtual meeting appeared to further solidify the fact that we are all in this together, even when we are apart. As we move towards the upcoming 50th anniversary of the National Cancer Act, we anticipate that AACI member institutions will make ongoing major contributions, both to curing cancer and to alleviating our current twin pandemics.

Our Mission

Representing 102 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.

