

CAMO COVID-19 National Survey

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Background & Methods

- The COVID-19 pandemic has presented unprecedented professional and personal challenges for the medical oncology community.
- CAMO conducted an on-line national survey in order to better understand the impact of the pandemic among the medical oncology community in Canada.
- An English-language multiple-choice survey including questions on demographics, COVID-19 risk, personal protective equipment (PPE) usage, personal challenges and chemotherapy management was distributed to Canadian medical oncologists.
- Survey was open from March 30 - April 4.
- N=159 completed responses were received.



Results

| | |
|--|-----|
| Practice Setting | |
| Comprehensive Cancer Centre | 87% |
| Community Practice - Urban | 11% |
| Community Practice - Rural | 2% |
| Years in Practice | |
| Less than 5 years | 25% |
| 5 to 10 years | 19% |
| 10 to 15 years | 15% |
| Greater than 15 years | 41% |
| Province | |
| British Columbia | 26% |
| Alberta | 24% |
| Saskatchewan/Manitoba | 9% |
| Ontario | 28% |
| Quebec | 6% |
| Newfoundland | 3% |
| Maritimes (New Brunswick, Nova Scotia, Prince Edward Island) | 4% |
| CAMO Member | 60% |



Risk of COVID-19 Exposure

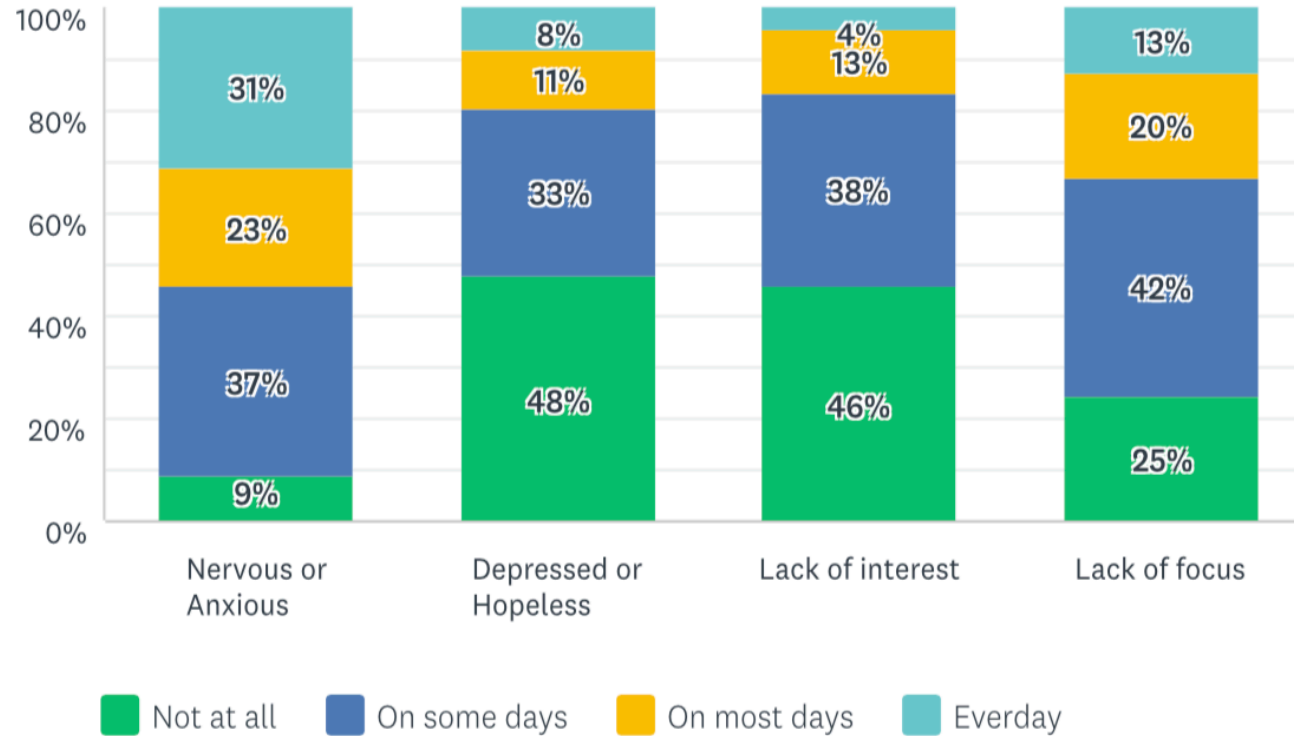
- 1 respondent (0.6%) reported a confirmed diagnosis of COVID-19
- 7 respondents (5%) reported a COVID-19 exposure (n=3 at work and n=4 outside of work)
- 79% of medical oncologists were moderately to extremely concerned about personally getting COVID-19
- 82% were moderately-extremely concerned that a family member would get COVID-19 from them
- 71% were moderately-extremely that a patient would get COVID-19 from them

Use of PPE

- 33% reported no form of PPE being routinely used in clinical practice.
- 13% reported very sporadic use of PPE, often citing that protective measures outside of handwashing and physical distancing (such as a surgical mask) were discouraged in their local institution.
- Among the remaining 54% who reported routine use of PPE, all included use of a surgical mask, 52% reported gloves, 51% reported eye protection and 28% use of scrubs/gown.
- 69% of medical oncologists were either uncertain or did not believe they would have adequate PPE access at work during the course of the pandemic.

Personal Challenges

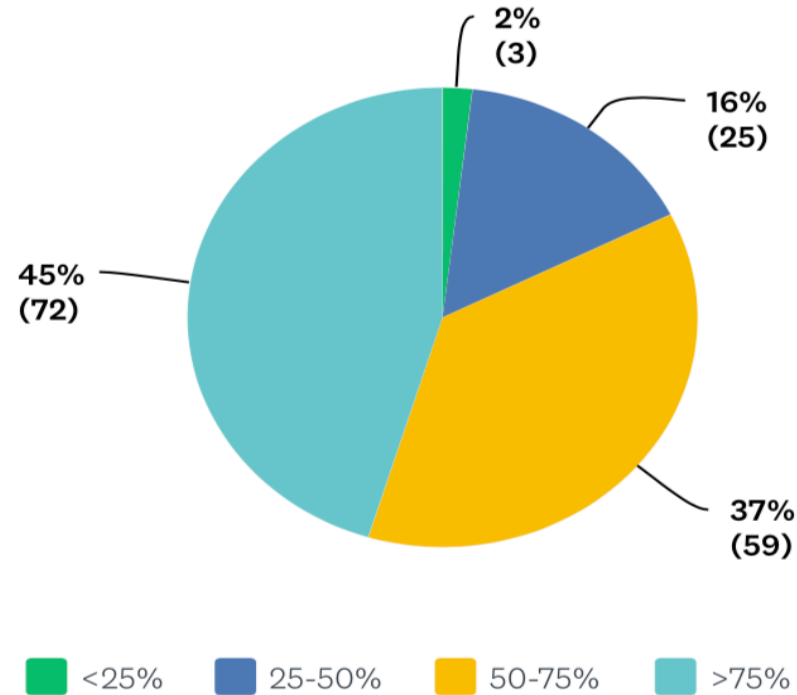
- Over the past 14 days, how often have you experienced the following:



- The 3 top challenges outside of work faced by medical oncologists were:
 - Concern regarding aging parents/family members (60%)
 - Personal wellness (57%)
 - Generalized anxiety (52%).

Delivery of cancer care

- What proportion of your cancer patients are now being managed by some form of telemedicine?



- 14% cancelled all follow-ups; 64% cancelled some follow-ups.
- 54% reporting a complete cessation of new patient accrual at their centres
- 59% expressed moderate-extreme concern that their cancer pts would not receive adequate healthcare if they became seriously ill from a non-COVID illness.

Factors involved in Treatment Decision-Making during the Pandemic

| Factors | Rank Order* | | | | Combined Rank score |
|--|-------------|-----|-----|-----|---------------------|
| | 1-2 | 3-4 | 5-6 | 7-9 | |
| Cancer prognosis & anticipated treatment benefit | 60% | 26% | 11% | 3% | 7.50 |
| Risk of treatment toxicity during scarce healthcare access | 35% | 30% | 22% | 13% | 6.19 |
| Patient risk of getting COVID-19 | 33% | 30% | 21% | 16% | 6.05 |
| Presence of other comorbidities | 16% | 31% | 35% | 18% | 5.36 |
| Patient preference | 17% | 24% | 24% | 34% | 4.96 |
| Patient age | 10% | 24% | 37% | 29% | 4.65 |
| Demand on centre/hospital resources | 15% | 19% | 23% | 43% | 4.46 |
| Institutional policy | 15% | 11% | 14% | 60% | 3.57 |
| Patient distance from cancer centre | 0% | 4% | 13% | 83% | 2.26 |

Selected comments

- *Biggest concerns relate to: "collateral damage" sustained by patients with diversion of resources and cancellation of therapies in anticipation of need; challenges faced by patients and families maneuvering thru cancer diagnosis at this time*
- *I am anxious about bringing this home to my family. I am saddened for my patients as surgeries are cancelled and treatments are modified. I fear the deaths from these indirect impacts on patients may be greater than the impact of the epidemic itself and have a hard time reconciling the ethics of all this*
- *With rationing of services in anticipation of Covid-19 patient work load, strategies to temporize in place of standard cancer management are being put in place. Aside from concerns about whether the best care is then being provided, there is the worry that these might become a new accepted norm after the Covid-19 workload settles - despite a lack of high level evidence.*
- *This experience will teach us much about alternate methods of care delivery that will change the way we practice under normal circumstances*

Next Steps

- Notable findings:
 - Maintaining physician wellness is a major concern
 - High levels of uncertainty regarding adequate access to PPE
 - Rapid adoption of telemedicine...how will this influence post-COVID19 practice?
 - Concern re: rationing of care for oncology patients
 - Recognized need to balance the increased risk of serious COVID-19 illness among cancer patients against the consequences of deciding to modify, delay or cancel systemic therapy.
- Survey results accepted for rapid publication in April issue of Current Oncology
- CAMO has created an online repository of resources for medical oncologists
 - <https://camo-acom.ca/COVID-19-Resources>
- CAMO will continue to monitor the concerns of medical oncologists to better understand evolving needs and concerns during the pandemic and beyond.