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## How COVID-19 Has Changed the Way We Approach Head & Neck Cancer Care

Dr. Sands:

Coming to you from the ReachMD studios in Fort Washington, Pennsylvania, this is Project Oncology on ReachMD. I'm Dr. Jacob Sands, and on this episode, we're going to hear from Dr. Nabil Saba, a professor and vice chair for Quality and Safety in the Department of Hematology and Medical Oncology at the Emory University School of Medicine. Dr. Saba spoke with me about how the COVID-19 pandemic has changed our approach to head and neck cancer care. Here's what he had to say.

Dr. Saba:

So, COVID-19 affected all of oncology care, and head and neck cancer is no different from other diseases. We really have suffered the initial weeks of the COVID pandemic outbreak when we tried to basically adjust to the pandemic. Head and neck cancer is still to a large extent a surgical disease, so when the pandemic affected the operating room schedule, we had to really get together as a team and decide what would be the best course of action, and we were really very creative in trying to provide patients with alternative or temporary measures until the operating room could basically handle their care.

Hopefully, we're out of this initial difficult phase, but I think the adaptation has been that because we're a multidisciplinary team, we basically were able to offer these patients alternative treatments. Even though ideally we would not treat these patients with nonsurgical approaches, some of these patients were offered nonsurgical approaches because our infusion center and our radiation oncology facilities have continued to function, to a certain extent, in a better situation than the operating room.

We have learned from other diseases that the timing of chemotherapy may be important in determining the outcome for patients who are acutely infected with COVID. The good news is, for head and neck cancer, even though we use cytotoxic chemotherapy, the cytotoxic therapy we use is not extremely immune-suppressive. However, when we give patients chemotherapy in addition to radiation, they do enter into some period of significant immune suppression during a critical few weeks of that treatment.

So I think we're still learning how to cope with this, but I think over the past several months we were able to relatively cope well, but we continue our efforts to learn more as far as how best to treat these patients.

I think one of the things that we learned from the pandemic is that there are certain items that we cannot really overlook in terms of our day-to-day practice. It is very, very difficult to try to do any surgical intervention from a remote location. Certainly, a clinic visit can be done through telemedicine. Evaluation can be done through telemedicine. It still is very difficult to basically replace scoping for patients through telemedicine—even though if they have a very visible tumor on the skin or on the jaw, you may be able to see that during a telemedicine visit—but still these patients need to have occupied operating room time, and these patients need to come as well to get radiation therapy.

Even though in other areas of oncology, perhaps, telemedicine has gained quite a bit of momentum, if you're in a disease where you need to prescribe a medicine for a patient—your patient, for example, has chronic lymphocytic leukemia, they need to come to get their labs checked—you can always check this lab through your computer, at least check the results. You can discuss this with the patient. You can change the dose of their treatment if they're on a pill or an anticancer pill. But when you're in a disease that basically requires scoping, requires surgical intervention, requires daily radiation, requires chemotherapy, systemic chemotherapy, it's very difficult to do.

There's a certain degree of adjustment you can make, but for your very sick patients and for your very needy patients, we just need to basically improve our multidisciplinary care. I think what has helped us a lot is the fact that we are in a multidisciplinary clinic, which was basically inaugurated close to a year ago here at the Winship Cancer Institute, but the fact that we're together among different

specialists helps a lot in terms of coordinating care and in terms of adjusting to the challenges, not just from COVID-19 but any challenges that face patient care.

Dr. Sands:

That was Dr. Nabil Saba from the Emory University School of Medicine sharing how head and neck cancer care has changed due to the COVID-19 pandemic. I'm Dr. Jacob Sands. To access this episode and others in our series, visit [ReachMD.com/ProjectOncology](https://ReachMD.com/ProjectOncology), where you can Be Part of the Knowledge. Thanks for joining us.