

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/covid-19-frontlines/treating-early-stage-lung-cancer-during-the-covid-19-pandemic/11852/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Treating Early-Stage Lung Cancer During the COVID-19 Pandemic

Announcer:

This is ReachMD, and you're listening to *COVID-19: On The Frontlines*. Taken from a live webinar sponsored by Penn Medicine, this program features Dr. Abigail Berman, a radiation oncologist at the University of Pennsylvania Abramson Cancer Center in Philadelphia. Dr. Berman talks about the role of SBRT in managing early-stage lung cancer during COVID-19 and how Penn Medicine has responded. Here is Dr. Berman now.

Dr. Berman:

One thing that COVID has done is it's made us realize the most important thing in an early-stage lung cancer patient is, if we know that it's cancer, we need to make sure that that patient gets treated, and as a result, we need to have a conversation with the patient. Before COVID hit, the things that we would consider in terms of should they get surgery or SBRT are: Are they medically inoperable? and, what is the patient's preference? And that definitely came into play.

Now we still have those same considerations, and we still want to really take the patient's preference into play, including their relative concern about COVID, potentially about going to the operating room versus SBRT, but generally, the conversation is the exact same. We really want to talk to them about the pros and cons of surgery and the pros and cons of radiation and how both modalities are really important. So that's how we think about, in general, which modality to go with.

In terms of SBRT and how many treatments, just like with locally advanced lung cancer, we also have wonderful data that has been woefully underutilized until COVID came along that 1 fraction is probably really just as good as 4 fractions in some patients in the right location of an early-stage lung cancer. So this has been a great opportunity for us to kind of dust off that journal and remind ourselves how a single fraction is a wonderful treatment. With these shorter courses, we don't have as long follow-up, so in 3, 4, 5 fraction regimens of SBRT, we have 10, 15 years of follow-up. In these shorter fractionations of only 1 fraction, we're stuck at 5 years of follow-up—so again, talking to the patient about it, making sure that they have a very informed decision.

This has been a reminder to all radiation oncologists of what a wonderful regimen a single-fraction SBRT regimen is or in the locally advanced setting a shorter course, so I think, yes, it is here to stay to a certain extent. There are some... Just like with anything, as we're doing more single fraction, we are tuning our own skills of doing single-fraction radiation.

And the other thing is, as we think about the structure of our own clinics and all of that, we feel pretty strongly that if we're giving a single fraction to a patient, we need to be there at the machine during that one treatment, and depending on which Penn center you're working at or if it's at a non-Penn center, that may or may not be feasible, so that's a really important component of it because you only have 1 shot, and you have to make sure it's 110% correct.

Announcer:

That was Dr. Abigail Berman from the University of Pennsylvania Abramson Cancer Center in Philadelphia. To access more episodes from *COVID-19: On The Frontlines* and to add your perspectives toward the fight against in global pandemic, visit us at ReachMD.com and Become Part of the Knowledge. Thank you for listening.