New Clinical Trial Data, Initiatives, and Path Forward for Post-COVID-19 Cancer Care Delivery System Announced

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Alexandria, Va. – The American Society of Clinical Oncology (the Society) and its affiliate organization the Association for Clinical Oncology (the Association) today announced the results of a survey that tracked the initial impact of the COVID-19 pandemic on cancer clinical trials, highlighted a new research initiative to address the data gap on the coronavirus’ effect on individuals with cancer, and set forth a road to recovery as the cancer care delivery system prepares for life after COVID-19.

“COVID-19 is placing an incredible strain on the cancer care system, causing tragic results for some patients with cancer and their families, but there has also been an unprecedented response by the oncology community, which is coming together and adapting in new ways,” said ASCO President Howard A. “Skip” Burris, III, MD, FACP, FASCO. “While we’re in very tough times, this crisis presents an opportunity to improve the quality and resiliency of cancer care. To maximize that potential, we’ll be drawing on the expertise of the full cancer community, action by policymakers, and data to proactively transition to post-crisis cancer care and achieve the best outcomes for patients in the months and years ahead.”

During a presscast entitled, “COVID-19 and Cancer: Addressing a Healthcare System in Crisis,” the Society and Association detailed the impact of the coronavirus on cancer care, the federal government and cancer community’s response, and recommendations for moving forward.
National leaders and oncology experts also shared new data and laid out specific steps that need to be taken to appropriately transition to post-crisis cancer care.

**Impact of COVID-19 on Cancer Clinical Trials**

The Society released results from a survey of oncology research programs, which examined the initial impact of COVID-19 on clinical trials conducted by academic and community-based oncology research sites. The survey results, which were posted online today ahead of publication in an article in *JCO Oncology Practice*, found that only a few weeks into the pandemic, 60 percent of research programs reported halting screening and/or enrollment for certain clinical trials.

More than two-thirds of survey respondents reported using remote visits to replace clinical trial visits, although research sites were facing challenges in organizing, implementing, and conducting telehealth. Respondents also reported a decline in patients’ ability or willingness to come to the site, and limited availability of radiology, surgery, cardiology, and other ancillary services that are essential for some clinical trials.

The article’s authors call for the cancer research community to evaluate the impact of clinical trial protocol modifications—such as trials with expanded and/or flexible timelines and reduced data collection requirements—during the COVID-19 pandemic to determine if trials can safely and successfully continue once the pandemic has ended, as well as whether such modifications can accelerate patient enrollment.

**Cancer Care Advocacy Agenda**

Noting that bold policy actions at the federal level will be essential, the Association announced an advocacy agenda for Congress and the Administration. The agenda focuses on eight policy changes needed to sustain high-quality cancer through the remainder of the crisis, while planning for the future.

*Association recommendations include:*

- **Continued Support for Telehealth.** The Association urges the Centers for Medicare & Medicaid Services (CMS) and private payers to fully reimburse for audio-only visits.
- **Additional and Immediate Financial Support for Practices.** Many oncology practices received funds through the CARES Act. However, additional financial support is needed,
and Medicaid providers should be paid rates equivalent to Medicare providers.

- **Passage of Federal Oral Parity Legislation.** Congress should require that oral cancer treatments be reimbursed at levels comparable to intravenous (IV) chemotherapy, since oral medicines can be taken at home without risk of COVID-19 exposure. In its next COVID-19 relief package, Congress should include The Cancer Drug Parity Act, which would prohibit the currently unequal cost sharing between oral and IV drugs.

- **Prevention of Additional Drug Shortages.** The Association recommends aggressive action to mitigate drug shortages—a comprehensive solution that would involve a “whole-of-government” approach across federal agencies, including constant awareness of potential supply chain disruptions and contingency plans to mitigate acute shortages.

**The Road to Recovery: Cancer Care and Research in a Post-COVID-19 World**

Recognizing that re-establishing cancer care and research in a post-COVID landscape will present many challenges and opportunities, the Society announced its “Road to Recovery” initiative, which will be informed by lessons learned in the current high pressure, high stakes environment.

The Society will convene two multidisciplinary workgroups to chart a course for returning to a new “normal.” The workgroups will be charged with evaluating how changes in care delivery and research prompted by the pandemic could inform new approaches to delivery of high quality, high value care and cancer research moving forward. The workgroups, which will develop a blueprint with recommendations on necessary policies or practices to support recovery, will be comprised of patients and patient advocates and experts from surgery, medical oncology, radiation oncology, oncology nursing, supportive care, clinical research, and practice administration; and will interact with other stakeholders in clinical care and research.

**ASCO COVID-19 Registry**

The Society also highlighted its recently launched ASCO Survey on COVID-19 in Oncology Registry (or ASCO Registry). The ASCO Registry aims to help the cancer community learn more about the patterns of symptoms and severity of COVID-19 among patients with cancer, and how COVID-19 is impacting the delivery of cancer care and patient outcomes. The registry is designed to collect both baseline and longitudinal data on how the virus impacts cancer care and outcomes of patients with cancer during the COVID-19 pandemic and into 2021.

Watch a recording of the COVID-19 Presscast. ASCO’s COVID-19 resources are also available
to support clinicians, the cancer care delivery team, and people with cancer.

**About ASCO:**

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world's leading organization of its kind, ASCO represents nearly 45,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at [www.ASCO.org](http://www.ASCO.org), explore patient education resources at [www.Cancer.Net](http://www.Cancer.Net), and follow us on Facebook, Twitter, LinkedIn, and YouTube.