



CANCER & COVID-19:

# THE ROAD TO RECOVERY

Recommendations for Post-Pandemic Cancer Care and Research

**I**n December 2020, ASCO issued comprehensive recommendations to guide the cancer community's recovery from the COVID-19 pandemic. By applying lessons learned during the pandemic, ASCO aims to make cancer clinical research and care more accessible and equitable for patients well into the future.

The recommendations require action from decision-makers in every sector of the cancer community. Some are directed at specific bodies, such as Congress or the Centers for Medicare & Medicaid Services, while others require action from a combination of stakeholders. ASCO and its affiliate organization, the Association for Clinical Oncology, will focus on an array of advocacy, research, and educational activities to encourage uptake of these recommendations over the coming months.



## Clinical Cancer Research

Making clinical trials more efficient, flexible, and accessible to patients

- ▶ **Make permanent changes**, adopted during the pandemic, that:
  - Improve patient access to research (e.g., virtual consent with e-signatures, telehealth visits, and administration of treatment closer to participants' homes or at their homes)
  - Increase the efficiency and flexibility of trials (e.g., virtual approaches to site selection, study implementation, and data collection)
- ▶ **Design trials that are more efficient and better align** with routine patient care (e.g., utilizing adaptive design elements and common control groups, and making trial visits/tests/schedules similar to routine clinical care)
- ▶ **Require all study sponsors** to recognize the same basic, non-study-specific clinical trial training
- ▶ **Develop consensus on reporting and documentation requirements** for site selection, protocol amendments and deviations, and other key aspects of clinical trials
- ▶ **Evaluate the impact of changes in clinical trial procedures and designs** on participant diversity, patient safety, data quality, scientific integrity, and other key measures
- ▶ **Promote increased use of central Institutional Review Boards** (e.g., defining benefits and challenges to their use, and making recommendations for appropriate implementation and increased adoption)
- ▶ **Develop guidance for the public release of non-peer-reviewed research**, to avoid confusion among patients, clinicians, and the public



## Patient Access to Care

Promoting access to and equity of cancer care

- **Enhance data collection** to understand the impact of COVID-19 on patients with cancer
- **Increase the affordability of ACA Qualified Health Plans** and abandon restrictive insurance products
- **Avoid cutting or restricting access to Medicaid** as part of state-level pandemic responses
- **Expand opportunities for people to enroll in health insurance** through the end of the pandemic
- **Protect social services programs**—housing, nutrition, and others—that serve vulnerable patients



## Safe Delivery of Cancer Care

Protecting patient safety during and beyond the COVID-19 pandemic

- **Create new chemotherapy infection control standards** that account for viral threats like COVID-19
- **Limit home infusion to exceptional circumstances or clinical trials**, when appropriate safety procedures are in place and benefits outweigh potential risks to patients
- **Ensure rapid approval** of evidence-based alternate dosing schedules for cancer drugs to limit patient visits to infusion centers while pandemic protocols are in place
- **Ensure widespread, ethical distribution** of COVID-19 testing, treatments, and vaccines
- **Replenish and strengthen** the strategic national stockpile of personal protective equipment



## Support for Oncology Practices

Ensuring practices have sufficient resources to preserve patient access to oncology care

- **Expand grant and loan programs for oncology practices**, with fewer restrictions and flexible terms to better meet the needs of practitioners
- **Allocate specific funds to practices and institutions** serving underserved areas
- **Continue suspension of the federal budget sequester**, which continues to threaten practices' ability to sustain critical patient services
- **Halt implementation of mandatory payment models** that pose a financial risk to practices, potentially disrupting care delivery during the pandemic and recovery
- **Reform prior authorization** and other utilization management policies



## Telemedicine

Improving the quality and accessibility of telemedicine

- **Ensure robust reimbursement and coverage** of telemedicine at the state and national level
- **Develop new products to inform** guidelines, standards, and models that improve the quality of care
- **Create training for providers** on delivering high-quality cancer care via telemedicine
- **Develop new measures to assess the quality** of telemedicine, and adapt existing ones to reflect the virtual delivery of care



## Patient and Provider Well-Being

Addressing threats to the well-being of patients and providers

- **Provide access** to behavioral health services, support groups, and psychiatric care for both patients and cancer care providers
- **Expand training for providers** in communication skills, supportive and palliative care, and advance care planning
- **Increase reimbursement** for supportive care, palliative care, and advance care planning
- **Clearly communicate public health precautions and guidance** from federal, state and local officials to oncology practices on a consistent basis

→ For more information on ASCO's *Road to Recovery Report*, visit [asco.org/asco-coronavirus-information](https://asco.org/asco-coronavirus-information)