

THE ROAD TO RECOVERY: CANCER CARE AND RESEARCH IN A POST-COVID-19 WORLD

OVERVIEW

The novel coronavirus pandemic and consequent public health emergency have prompted a wide range of economic, social and health care measures to mitigate its harms. Several legislative and regulatory initiatives, characterized as temporary remedies, have been introduced to soften harsh blows to our global economy, our health care systems and our social networks. Clinical workflows and staffing have been modified to protect both patients and healthcare workers from infection, non-essential treatments, evaluations and disease screenings have been postponed and clinical research programs have been temporarily suspended or modified. These responses to the health care emergency, implemented hastily and in the interest of patient safety, also provide an opportunity to reflect on whether our previously routine policies, clinical practices and research procedures should be permanently modified to enable more efficient and accessible cancer care and research.

Re-establishing cancer care and research in a post-COVID environment will present many challenges but will hopefully be informed by lessons learned in the current high pressure, high stakes environment. One important outcome of the past several weeks has been the generosity of colleagues in sharing experiences and ideas, supporting one another and bringing innovative solutions to extremely difficult situations. Returning to a new “normal” will be informed by these experiences—and by insights gained throughout this challenging time. Solutions crafted in a crisis may lead to novel ways of delivering care and conducting research.

With this in mind, the ASCO Board of Directors will convene two multidisciplinary workgroups that will be charged to evaluate how changes in care delivery and research prompted by the pandemic could inform new approaches to delivery of high quality, high value care and research moving forward. **A core question to be addressed is “What changes to care delivery and clinical research, implemented in response to COVID-19, should NOT be retained once the pandemic recedes (and why not)?**

Together with colleagues who have been on the front lines of navigating this crisis, we will confront problems, find solutions, and carve a path to our post-COVID world.



AMERICAN SOCIETY OF CLINICAL ONCOLOGY

WHY ARE WE DOING THIS?

The pandemic has led to several far-reaching federal, state, institutional and practice-level changes in process and policy. It is important to understand their impact and to identify whether and how modifications made to care delivery and research during an emergency could be adopted as new standard practices to support safer, more effective, and higher quality care and research in the future.

Lessons learned from the pandemic may highlight new or unforeseen areas of opportunity or need that should be considered as part of any recovery.

WHAT IS THE DELIVERABLE?

- The deliverable will be an action plan/blueprint with crisp recommendations on necessary policy or practices needed to support recovery and transition to a future of high value, high quality care and research. Key questions to be considered are “Where **will** we be with respect to cancer care and research as the pandemic subsides and where **should** we be in the future as we chart a new course informed by adaptations to the pandemic?”
- We envision two workstreams, one focused on research processes and one focused on cancer care delivery. They will be convened by the ASCO Board of Directors and chaired by ASCO volunteer leaders.
- The groups will be comprised of ASCO volunteers with the broad array of expertise that characterizes cancer care delivery and research teams, including surgery, medical oncology, radiation oncology, oncology nursing, supportive care, research and practice administrators, and patients.
- There may be a need for the two groups to convene smaller task forces that focus on specific questions. The groups will be supported by ASCO staff and asked to work on an aggressive timeline with the goal of delivering their report(s) by September 2020.
- The white paper recommendations could be presented as part of an event at the National Press Club (or as part of virtual event if in-person events are not possible) this fall. We would invite 3-5 national opinion leaders to react to the recommendations. Opinion leaders in areas such as clinical trials/drug development, HIT, health care operations and financing (hospital and community practice), insurance/access, business leaders, patient advocates, etc., would react to our recommendations and—hopefully—help to advance them.