

Mayo Clinic Podcast - Dr. Robert McWilliams - YouTube Captio...

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SPEAKERS

Dr. Rob McWilliams, Narrator, Dr. Gazelka

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- N **Narrator** 00:01
Coming up on Mayo Clinic Q&A:
 - D **Dr. Rob McWilliams** 00:04
If you delay screening, you might catch it at a later stage where it could be life threatening or fatal.
 - N **Narrator** 00:08
While COVID-19 continues to have our focus, other health issues haven't gone away. Delay in a doctor's visit now could lead to greater problems in the future. So, it's important for individuals to continue caring for their health, and that includes cancer screening.
 - D **Dr. Rob McWilliams** 00:23
For many of the cancers that we screen for, if you catch it early, it can be potentially curable and lead to a normal lifespan.

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Dr. Gazelka 00:30

Welcome, everyone to Mayo Clinic Q&A. I'm Dr. Halena Gazelka. Thanks for joining us today. One of the challenges of the COVID-19 pandemic has been that people are delaying not only routine medical care, but also routine cancer screening. Cancer diagnoses have actually decreased during COVID-19. This has led experts to be concerned that the delay in people receiving screening is causing cancers to be diagnosed at a much later stage than they would otherwise. And they are much more treatable at early stages, obviously. So, what is Mayo Clinic doing for cancer care during the COVID pandemic? Well, we have an expert to discuss this with us today. Here with us today is Dr. Rob McWilliams, who's a medical oncologist at the Mayo Clinic in Rochester, Minnesota. Thanks for being here Rob.

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Dr. Rob McWilliams 01:19

Thanks for having me here Dr. Gazelka.

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Dr. Gazelka 01:22

Well, it is great to have you here today. So, I just started out by talking about cancer diagnoses and cancer screening. What have you seen in your practice?

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Dr. Rob McWilliams 01:31

Yeah, so definitely, when the pandemic first hit last spring, we saw an abrupt decline in all types of routine medical care, and that made sense. We were opening up the hospitals for this anticipated huge wave of patients that were requiring ventilators and ICU stays and things like that. So, anything that was deemed elective was postponed. And at that time, you know, we all thought it would be for a few months, and now it's been dragging on. Since that time as medical centers and Mayo Clinic specifically, we've reopened, you know, we have seen the numbers increase, as far as the patients who were able to get that type of screening, however, and we've seen the same thing nationally. However, then they really haven't caught up, and many suspect that there are patients out there that are avoiding care or delaying care, or they have other priorities. And so, the routine cancer screening that we saw that was part of routine medical care pre-pandemic, really hasn't caught up to where it was.

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Dr. Gazelka 02:35

Rob, do you think that people are delaying care because they are worried about

contracting COVID-19, or the risks of being in medical institutions, or that there's just a lack of access to care now?

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Dr. Rob McWilliams 02:46

I think it's a little bit of all of the above. I mean, certainly, there are reasonable concerns that when, especially when the pandemic first rolled out that people didn't necessarily feel safe going to medical centers, and you know, who didn't know that someone else in the lobby might have COVID. And of course, measures are being taken now that it is a much safer environment than it ever had been before. So, I think there is some avoidance, but I think also just in general, people are prioritizing other things. So, you know, maybe financial circumstances have affected their ability to access care. We know that underserved communities and remote communities are having trouble accessing care. And their limited resources have been focused on the COVID pandemic because it has hit those communities harder than it has other communities as well.

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Dr. Gazelka 03:33

Rob, just off the top of my head, when I think about screening for cancers, I think about certain types of cancer that I know are routinely screened for like cervical cancer with pap smears, breast cancer with mammograms, colorectal cancer with colonoscopies, and Cologuard tests, etc. Are those some of the cancers that we're talking about with screening? Are there other cancers that we should be concerned people are not screening for as well?

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Dr. Rob McWilliams 03:58

Yeah, I think all of the above and the schedules for those different cancers do vary. As far as screening, sometimes a colonoscopy is recommended at this time every 10 years. So, putting it off a year may not be that big of a deal for most people. But then there are other cancers, prostate cancer, lung cancer, which are screened at more frequent intervals. And so, all these large, more common cancers do add up and if we look at the general population, and if we are seeing higher numbers of cancer diagnoses in the next year or two at later stages, that'll be evidence that we had a significant impact, which we unfortunately expect to see.

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Dr. Gazelka 04:38

I'm curious too Rob, if this represents just a delay in medical usage overall, that people are not going in and getting their yearly exams, because a lot of the things that you and I

have mentioned, are topics that would be discussed with a primary care provider perhaps when someone went in for their yearly exam.

D Dr. Rob McWilliams 04:57
Yeah, I think you know people early on in the pandemic, we said postpone elective care. And I think a lot of people unfortunately view cancer screening as part of elective care. Well, it's really not that elective, it can be moved for a few months here and there, but we know that it's important. We know that as we've looked at cancer mortality rates over time, that large scale screening and preventive measures have really had a substantial impact on cancer mortality in our population. So unfortunately, when people don't get that screening performed, you lose that impact.

D Dr. Gazelka 05:28
Rob, you mentioned, the impact on society. When you talk about delaying cancer screening, what are the risks that are long term, specifically to individuals who may be at risk, and then for our population overall?

D Dr. Rob McWilliams 05:42
Yeah, I think patients are going to be diagnosed at later stages. And for many of the cancers that we screen for, if you catch it early, it could be potentially curable and lead to a normal lifespan. And if you delay screening, you might catch it at a later stage where it could be life threatening or fatal. And so, I think for an individual that impact on their own mortality is substantial.

D Dr. Gazelka 06:08
Rob, we've been talking about screening, but I'm kind of curious about your own practice. When patients have been diagnosed with cancer, have you seen people delaying even getting treatment for their cancers during the pandemic?

D Dr. Rob McWilliams 06:20
There are a couple aspects of that. One is, there are patients who are having symptoms and are delaying necessarily a workup for that, that eventually leads to a diagnosis of cancer. And we're seeing signs of that as well, just navigating the healthcare system during the pandemic has been more challenging overall. But patients who were already diagnosed with cancer, by and large, most of our treatments, we've been able to continue

chemotherapy and radiation therapy, really never missed a beat necessarily, although patients who travel for care did find some barriers there. For surgical procedures and operations there was a very brief pause here at Mayo Clinic for trying to, you know during that March and April time window of trying to empty out the hospital, and things like that, but that very rapidly resurged and really just became sort of a part of normal practice again, and we caught up so. So, I think for, you know there are some patients where say there's a screening interval, we'd say, well you need to have CT scans every three or four months, or maybe, and the national guidelines say we can go up to six months and we might go longer into that just to help with that backlog and that rush of patients. But I think in general, most patients who are on treatment, we've strongly recommended that they follow through with their cancer care as planned. When we look at how cancer patients do, we knew early on in the pandemic that cancer patients were higher risk for complications of COVID than other patients. What we found over time, and we worry that to just be on chemotherapy or be on immune therapy would really compound people's risk. But what we've seen over time is that it's really certain populations of cancer patients that are at a really high risk for complications such as bone marrow transplant patients or leukemia patients where that immune system has really profoundly decreased. The patients with more common solid tumors, breast cancer, colon cancer, they seem to do fairly well, even if they get infected with COVID. So, overall, we have not seen reason to delay necessary therapy for cancer.

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Dr. Gazelka 08:28

I'm glad that you addressed that topic, Rob, because I would imagine that it's very frightening. It was frightening for all of us when we saw the number of people ill and the number of deaths, and we watch this continuously on television and on the internet. And then to think about cancer treatment. And we often think of people as being immune compromised or have less ability to fight infections, but it must be quite variable based on the treatment that they're receiving, and even the type of tumor, etc. And so, obviously a good topic to discuss with one's oncologist.

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Dr. Rob McWilliams 09:01

Absolutely. Many of our treatments these days actually boost immune immunity rather than decrease it. So, a very complex relationship with infectious disease but worth the discussion with your treating physician or provider.

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Dr. Gazelka 09:14

That's a really interesting point, because I don't really think of cancer treatments as

boosting immunity.

D

Dr. Rob McWilliams 09:20

Yeah, it's been a paradigm shift over the last several years, and it's really improved outcomes for our patients. But it's not a natural thought process for most of our patients, either.

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Dr. Gazelka 09:31

Rob, what are we doing at the Mayo Clinic to make it safe for patients to come here for their cancer care? And what should individuals be looking for when they're needing to pursue cancer care during the pandemic?

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Dr. Rob McWilliams 09:43

Well, we've been dealing with this for a year, and so we think we've been managing it pretty well. You know, when a patient comes to any of our campuses, there's distancing, there's hand sanitizer widely available. Providers and patients are masked. Most health care workers at this point have been vaccinated, and an increasing number of our patients have been vaccinated. So, you know, I suspect that being at one of our medical facilities is probably the safest it's ever been. I mean, you used to be able to go to the doctor maybe you could catch a flu or a cold. And now with all the measures in place, you know, it could possibly be the safest it's ever been. So, we are very cognizant of that. We've seen very low rates of any transmission at medical facilities, but by and large, the vast majority of our patients who get affected with COVID are acquired in their communities.

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Dr. Gazelka 10:40

Rob, you made a comment a little bit ago about vaccines. And, I was wondering if I could ask you about patients being vaccinated for COVID while they're undergoing cancer therapies, is that permissible? And does that put them at risk? Or does it make the vaccines less durable or efficacious I guess?

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Dr. Rob McWilliams 11:00

Yeah. So, patients on active treatment for cancer, were excluded from most of the vaccine studies. And so, we got together with other cancer centers, through the National Comprehensive Cancer Network, which Mayo Clinic is a part, and got our experts

together with infectious disease experts and put together some guidelines for vaccination on patients who have cancer. And by and large, we felt that the mRNA vaccines that are currently out there are safe for all cancer patients to receive. They shouldn't be an increased risk for complications for the vaccines. And, we knew that it would be really challenging for patients to coordinate the timing of the vaccine with the timing of their treatment. And, you know, you get an email or a phone call from your doctor saying your vaccine is at two o'clock today, come get it, you know. And so, we wanted to make the recommendations as broad as possible. By and large, we said everybody should get a vaccine when it's available to them. There's a small population of people who just had a bone marrow transplant, or another type of immune therapy called CAR T, where we really don't think they're going to have a robust immune response, even if they get it. So, we say, three months outside of that window for that treatment, that they should delay vaccination, but for the vast majority of patients, either on chemotherapy, on radiation, or who just had surgery, when they get that vaccine offered to them, they should go ahead and get it.

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Dr. Gazelka 12:24

I think that's a good thing to hear that patients should continue to get their vaccinations during most cancer therapies, because it's true that people are concerned. If I give up my vaccine, they're going to give it to someone else, because there's a limited supply. So, that's good reassurance.

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Dr. Rob McWilliams 12:41

Yeah, absolutely. We knew we knew that would be the case. And the more rules you make around vaccination, the more potential wasted doses and challenges there are for patients. And so, we wanted to make that as broad as possible. We may have learned over time that, you know, timing with regard to when someone's on chemotherapy, or when in their cycle, that it may be more advantageous than others, but at this point, we don't have that information. And rather than make more specific recommendations, we've said, you know what, everybody should just get their vaccination when they can, and then we'll study it later.

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Dr. Gazelka 13:10

Rob, I have marveled at so many changes during the COVID-19 pandemic, for instance, you and I talking to each other over computer today in zoom, rather than being face to face as we might have been a year ago. The other thing that we have seen, another huge increase that we have seen even here at Mayo Clinic is the use of video and telehealth

visits. Are you using those in cancer care? And do you find them helpful for patients and for you as a physician?

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Dr. Rob McWilliams 13:39

Yeah, the pandemic has been devastating in a lot of ways. One of the silver linings has been the acceleration of the use of telehealth and video visits specifically. We have definitely used this much more than we ever have in the past. And it's been a learning curve for providers and for patients. But, I think well received on both ends. A lot of times, we have patients that you know, may need a quick second opinion, and we're about to start therapy locally, in a video visit can answer their questions so they can, in a very timely manner proceed to what they're going to have done anyway. There are patients where we might have genetic testing results or some other delayed results that may take a while rather than waiting around in town to have a face to face discussion. We can let them return to their communities in their homes and then have a video visit later. It's more personal than a phone call. And you can you can read those nonverbal cues better. But it is much more convenient for patients to be able to meet them where they're at.

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Dr. Gazelka 14:41

What you just said made me think of another question. A lot of people obviously travel to Mayo Clinic, to our sites from great distances. And so, it's not convenient to come here regularly necessarily. Do most of the patients that you care for with cancer come here for all of their therapy, or is it primarily that you are seeing them and giving recommendations or confirming what a home oncologist might have told them?

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Dr. Rob McWilliams 15:07

We do all of the above. So, we have a mix, we have some patients who come here for everything, and we have some patients who come here just for a second opinion one time or key points in their care. One thing we've, you know, we do a lot of clinical trials in our Medical Oncology Group. And one of the things that the National Cancer Institute, who governs the management of a lot of these trials has allowed, is to allow for more virtual visits and distant visits. It used to be that so many things had to be done in the facility that's doing the research trial, and now, that's liberalized a bit so more of our experimental studies and investigational trials can reach out to broader populations of patients for that reason. So again, we are being as nimble and trying to bring care to as many patients as we can, based on what we can access today.

- D** Dr. Gazelka 16:01
That sounds like a great silver lining to the pandemic, Rob, that you're able to offer clinical trials and treatments to patients who otherwise might not have been able to come here and have them.
- D** Dr. Rob McWilliams 16:11
Yeah, it has been and I think we're still learning along that regard as well. But I think, you know, aspects of this are definitely here to stay. And it's our job as, as clinicians to figure out how to utilize these technologies and move the field forward and meet the needs of our patients in the future as well, even when the pandemic has subsided.
- D** Dr. Gazelka 16:33
One of the things that patients often tell me in my own practice is how very surprised they are that I'm willing to be in touch with their physician at home or to talk through things with their care team at home, or to send my clinic notes, or to even participate in their care while they're receiving care at home. And so, I think that's really reassuring to patients, that they can have the continued care and that we will interact with the other providers caring for them.
- D** Dr. Rob McWilliams 17:00
Yeah, I think patients are more in communication with Mayo Clinic than ever before. And this has really enabled that, I think. Even patients that weren't that technology savvy, a year ago have learned by necessity, and that's allowed us to do more and more creative things. So, it's been a silver lining.
- D** Dr. Gazelka 17:19
That's great. Thanks so much, Rob. Any last words of advice or wisdom that you'd like to share today?
- D** Dr. Rob McWilliams 17:26
Yeah, one thing that we have started seeing for people who are lucky enough to receive the vaccines for COVID. Sometimes that robust immune response can be pretty strong. So, sometimes, if you get it in the shoulder, your lymph nodes under your arm might be increased in size, that can affect screening studies, such as mammograms and some of

the assessments that are done for breast cancer screening. So, just to make people aware if they do call for a screening study, they may be asked when their vaccine was if they've had it, and they may ask to have some timing for that screening study to allow for that natural immune reaction to subside before they get the screening, otherwise, there's some chance of a false positive. So just for people to be aware, it's not a deal breaker, but it's one of those things that we want to be aware of.

D Dr. Gazelka 18:16

Well, that's very interesting, not something that I had thought of.

D Dr. Rob McWilliams 18:20

Well, we have definitely seen our share of patients who we get imaging studies, PET scans or CT scans, and boy, they have swollen lymph nodes, and you ask did they get a COVID vaccine? Yeah, which arm did you get it? And it's in the arm where the lymph nodes light up. So, by and large, we have learned through experience so, you know, certainly the vaccines are causing robust responses that we can see on radiology studies.

D Dr. Gazelka 18:45

How fascinating. Thanks for being here today, Rob.

D Dr. Rob McWilliams 18:48

Thank you.

D Dr. Gazelka 18:49

Our thanks to Dr. Rob McWilliams, medical oncologist at Mayo Clinic in Rochester. As he's told you today, don't delay your cancer screening and cancer treatment is still ongoing during COVID-19. I hope that you learned something today. I know that I did. And we wish all of you a wonderful day.

N Narrator 19:07

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