

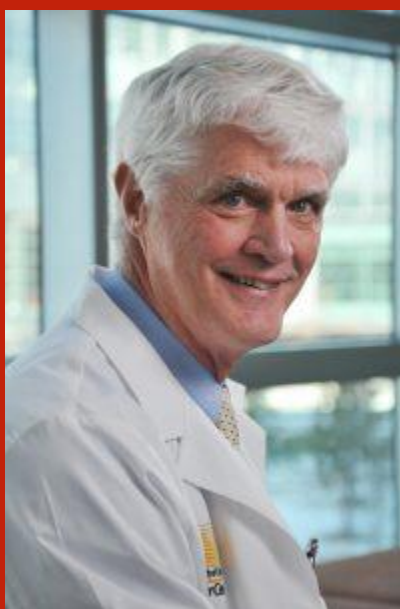
COVID-Lung Cancer Consortium:
**An example how the lung cancer community came
together in challenging time**

Guest Editorial April 24 issue



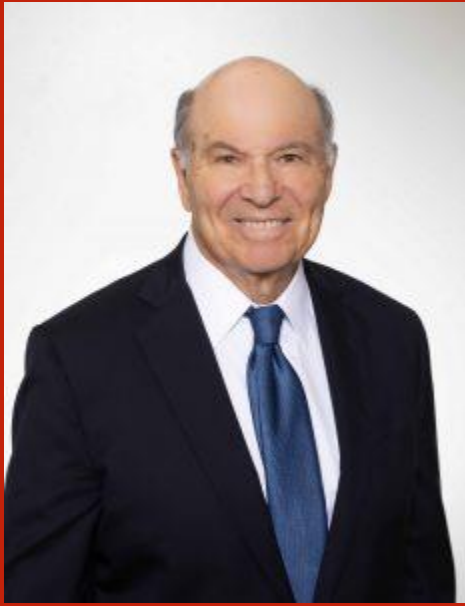
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This story is part of The Cancer Letter's ongoing coverage of COVID-19's impact on oncology. A full list of our coverage, as well as the latest meeting cancellations, is available [here](#).

The COVID-19 pandemic has created a host of diagnostic, treatment, and follow-up problems for patients with cancer of all types, and this is particularly true for patients with lung cancer, their families, and health care providers.

Everyone wanted to know and was worried—would patients with lung cancer be more or less likely to contract COVID-19, and if they did so, would they have more serious disease?

Would their susceptibility to and course with COVID-19 be influenced by the type of treatment they received, such as checkpoint inhibitor blockade, chemotherapy, radiotherapy, or surgery? How would COVID-19 in lung cancer patients respond to COVID-19-targeted therapy?

To address these concerns, voiced by our patients and the large cadre of thoracic oncologists treating lung cancer patients, the COVID-Lung Cancer Consortium (organized through Icahn School of Medicine at Mount Sinai), was established to bring the lung cancer community together during the COVID pandemic.

In addition, it was clear that many of the resources created by the lung cancer translational research community could, in turn, be of potential benefit to studying and understanding SARS-CoV-2 virology.

For example, there are very few human lung epithelial cell strains where SARS-CoV-2 replicates. The large panel of human lung cancer and lung epithelial cell strains that also express ACE2 could provide a totally new resource for SARS-CoV-2 preclinical studies, such as drug testing.

Thus, we needed an organized format for discussing response to urgent patient issues during the current situation, how different institutions, organizations and investigators could collaborate on issues related to unforeseen changes in patient care, clinical trials and to develop collaborative relevant scientific projects.

The forum has representation from thoracic oncology investigators at multiple academic institutions, patient advocacy organizations, NCI, NIH, professional organizations such as the American Society of Clinical Oncology, American Association for Cancer Research, and the International Association for the study of Lung Cancer.

More than 70 people are participating in virtual meetings every second week. The initiators, Drs. Bunn, Hirsch and Minna, think this demonstrates an outstanding example for how the patient care and cancer translational research community can come together to help our lung cancer patients and learn from this epic event.

We think it is likely that many practices we are being forced to develop in response to the pandemic will be adapted and stay even after the pandemic is over.

From a patient care point of view, we need to develop an in-depth understanding of issues involved in telemedicine, wearable device monitoring at a distance (e.g. pulse oximetry, temperature), health disparity challenges, surgical and diagnostic procedures, development, accrual to and execution of clinical trials, patients understandable fear of contracting COVID-19 infection during clinical interactions, the role of diagnostic and surveillance COVID-testing.

A key aspect of this is prospectively collecting data on large numbers of lung cancer patients to have data down the road to answer these questions through trials, such as:

- [**TERAVOLT**](#) [Co-PI: Leora Horn, MD, MSc, FRCPC, is an Ingram Associate Professor of Cancer Research at Vanderbilt Ingram Cancer Center and associate professor of medicine in the Division of Hematology/Oncology at the Vanderbilt University Medical Center], and
- COMBAT-COVID-19 [PI: John Heymach John V. Heymach, MD, PhD, chair, Department of Thoracic/Head and Neck Medical Oncology, the David Bruton, Jr. Chair in Cancer Research, and professor, Department of Cancer Biology, MD Anderson Cancer Center].

A variety of perspectives and information on the approaches, educational aspects, and scientific projects and opportunities being developed at different locales are discussed. The consortium also has collaborations with infectious disease and epidemiology experts.

NCI is providing new funding opportunities and advice on how to deal with the sudden change of scientific focus and questions brought by the pandemic.

Overall, the consortium provides a venue to identify challenges and opportunities, harmonize activities, and facilitate collaborations on these urgent scientific matters.

If you would like to join the COVID-Lung Cancer Consortium, contact fred.hirsch@mssm.edu.

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