

Prostatepedia¹

¹expert insight + advice

Coronavirus-19

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In this issue....

We are now in the midst of the Covid-19 pandemic. Men with prostate cancer are overwhelmingly in the age groups that experience the greatest risk of serious illness and death from this viral illness. With this in mind, we have interviewed several of the lead clinicians on how they manage the risk of this viral disease in their prostate cancer patients. One general theme that emerged is that prostate cancer patients on chemotherapy may be at greatest risk. It would seem reasonable for such patients to take extra precautions to avoid exposure to this virus.

For patients with extensive, newly diagnosed metastatic disease, taxotere plus an LHRH agonist like Lupron is effective treatment and commonly recommended.

However, another set of options would be to combine an LHRH agonist with one of the new antiandrogen drugs, such as enzalutamide. If you are in this situation, you might want to discuss this option with your medical oncologist.

Charles E. Myers, Jr., MD



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From Prostatepedia...

These are indeed trying times. As we grapple to control the COVID-19 pandemic, you as prostate cancer patients may in particular be worried about both your risk of contracting COVID-19 or of how the pandemic will compromise your prostate cancer treatment plan.

Prostatepedia is dedicated to conveying as much information from the most reliable sources as we can as the situation unfolds. In the pages that follow, you'll read commentary from three leading prostate cancer experts. As you'll note, all three mention that the situation here in the United States and abroad for both the general population and for prostate cancer patients changes daily.

The truth is that there is a lot we don't know. This uncertainty most definitely adds to our feelings of anxiety and fear. The more we know, and the more positive steps we take to ensure our health and wellbeing, the better we all will feel.

The best thing you can do today is:

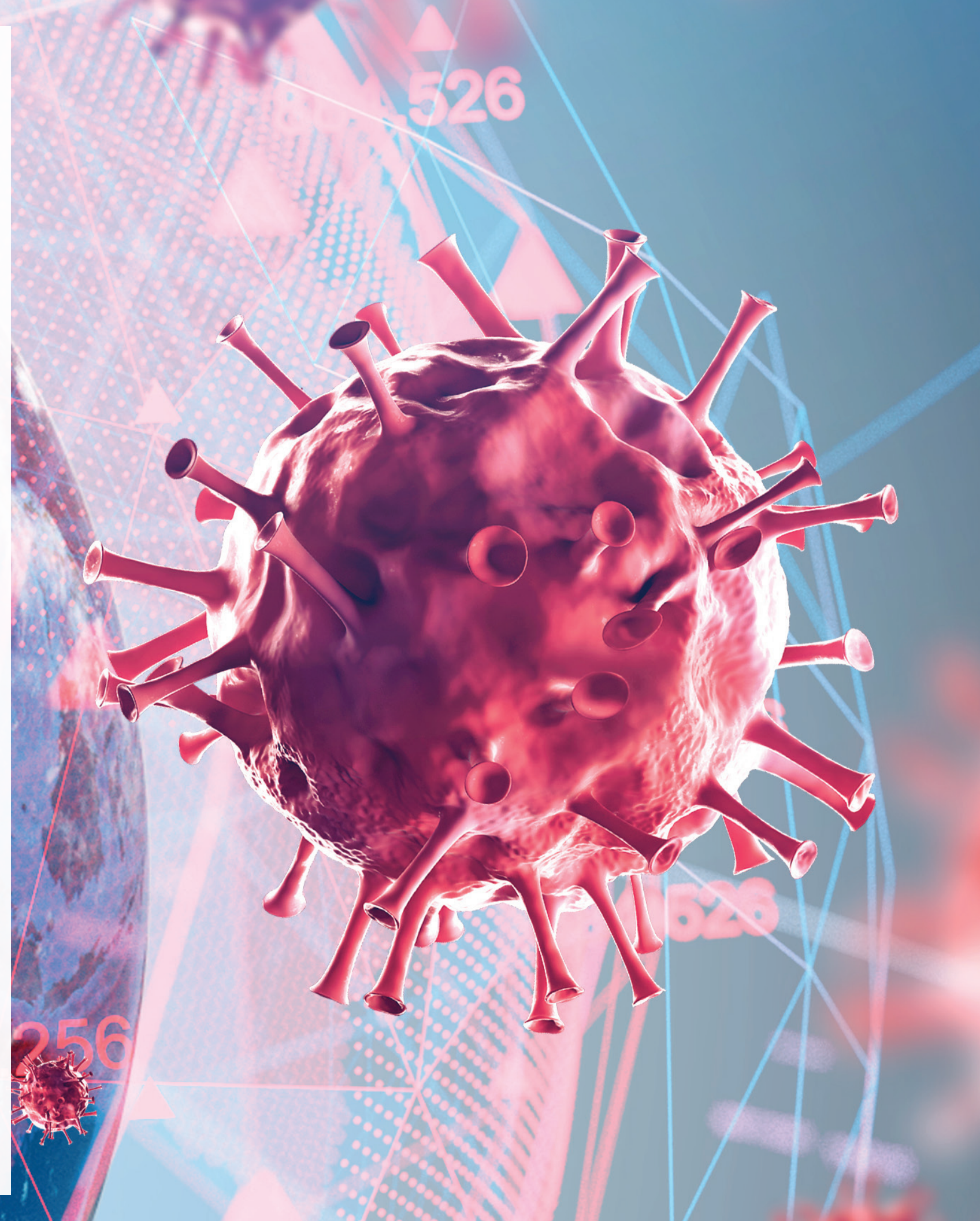
- limit your exposure to other people;
- wash your hands well throughout the day;
- maintain a healthy lifestyle by eating well, exercising and getting enough rest;
- contact your doctor immediately if you have any symptoms;
- contact your doctor if you have been in contact with anyone who has tested positive.

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In the coming weeks, please visit our blog at <https://www.prostatepedia.net/blogs/prostatepedia> for updated conversations with various prostate cancer experts about the implications for prostate cancer patients.

The best way to ensure that you and your loved ones receive this information, free of charge, is to sign up for our Prostatepedia Weekly. Send an email to jessica@prostatepedia.net to be added to the list. Please be sure to include your full name and telephone number.

Finally, we would love to interview any patients about your experiences, particularly those of you in Washington, Northern California, New York, and Europe. Please email jessica@prostatepedia.net if you're open to speaking with us; all interviews will be published anonymously.



Daniel P. Petrylak, MD

My View of COVID-19

+ Prostate Cancer

Dr. Daniel P. Petrylak, Professor of Medicine and Urology at Yale School of Medicine, has been a pioneer in the research and development of new drugs and treatments to fight prostate, bladder, kidney and testicular cancers.

Prostatepedia spoke with him about what the coronavirus-19 pandemic means for prostate cancer patients.

+ *“I think the best thing we can do at this point to prevent it is isolate and to keep washing our hands.”*

What is your overview of the current situation?

Dr. Daniel Petrylak: With a lack of data it is difficult to assess how this disease will behave. We don't really know whether the virus will take the aggressive course like in China and Italy, where the mortality rate was approximately 4% or the

lower mortality rate as in Korea (0.9%). This is the source of anxiety, lack of experience/data. We must keep on reminding ourselves that most patients are minimally symptomatic. We must also remind ourselves that despite the death rate, more than 60,000 patients have recovered globally. I think that we are very, very fortunate that the travel ban on China occurred in January. I think it would be a lot worse than it is now if President Trump didn't do that. He should be given full credit for that. The travel ban occurred 10 days after patient 0 was identified, so I don't think that could have occurred any more rapidly. I think the current travel ban is completely appropriate. The cases in Europe came from travelers from China. We need to limit the transmission from Europe to here.

I think the best thing we can do at this point to prevent it is isolate and to keep washing our hands. It's just simple stuff. Sometimes simple stuff is the best stuff to do. You also prepare in case we need to hunker down for a period of time. Prepare for the worst, but hope for the best.

Only time will tell if this is going to burn itself out quickly or if it's going to become worse than we imagined.

+ *“In general, patients on chemotherapy are the ones that probably need to be the most concerned.”*

What I think is impressive is what Dr. Anthony Fauci has done in the National Institutes of Health (NIH) where he's actually got a vaccine in Phase I trials right now, or about to go into Phase I trials.

I think that clearly there's been a lag in the diagnosis, but this is going to require a partnership between industry as well as between the government. The problem had been that the federal government's regulatory structure to approve new tests was not geared up to a crisis such as this. Now the mechanism is in place. We must not be pointing fingers, but fixing problems.

Are you hearing a lot of concern among the men that you care for?

Dr. Petrylak: Two of the 18 patients in clinic today were

+ *“Think the people who should be concerned are those on active chemotherapy and those who are on high-dose corticosteroids.”*

wearing masks. In general, patients on chemotherapy are the ones that probably need to be the most concerned: Stay away from people and wash your hands. I think the people who should be concerned are those on active chemotherapy and those who are on high-dose corticosteroids.

There's nothing you really can do except take precautions. Monitor carefully patients with neutropenia and lymphopenia who are on chemotherapy. If you have any fever you should keep away from crowds and self quarantine. Talk with your doctor.

Would you say that the recommendations you would make to men with prostate cancer are the same as what the CDC is making to the general population? Just be more strict about it?

Petrylak: Exactly.

COVID-19 tends to have a higher risk in older people and men with prostate cancer tend to be older. Do men with prostate cancer have to worry more than the average population?

Dr. Petrylak: We don't know. The answer is we don't know.

Older patients also have comorbidities: hypertension—that's actually a poor risk factor—frailty, pulmonary complications, COPD. Those are people that we have to worry about. An interesting alert went out this AM from Yale, saying that there may be a theoretical and I stress that word, interaction between the A2 receptor, and the virus. ACE inhibitors used for hypertension can upregulate. The alert said that if you are on an ACE inhibitor and asymptomatic, you should stay on it. If you have

+ *“If you have hypertension, diabetes, kidney disease, coronary disease, or heart failure with preserved heart fuction receiving a RAS Blocker (ACEI, ARB, Entresto, aliskiren), you should have it stopped at the time COVID-19 is suspected.”*

hypertension, diabetes, kidney disease, coronary disease, or heart failure with preserved heart fuction receiving a RAS Blocker (ACEI, ARB, Entresto, aliskiren), you should have it stopped at the time COVID-19 is suspected. If COVID-19 is ruled out, the drug can be resumed immediately. If COVID-19 is confirmed, it is suggested that the medication be held until the patient has fully recovered from COVID-19. But again, I emphasize that there is no data yet to support this. The important message here is talk to your doctor.

Would you say to these men that if they have even a slight concern they should contact their doctor immediately?

Dr. Petrylak: Absolutely.

+ *“The answer is we don't know.”*

Who should they contact first? Should they contact their oncologist or their family physician?

Dr. Petrylak: Either should be equipped and should be trained to do this. [Pe](#)

Oliver Sartor, MD

My View of COVID-19

+ Prostate Cancer



Dr. Oliver Sartor, the Laborde Professor of Cancer Research in the Medicine and Urology Departments of the Tulane School of Medicine, is one of the leading researchers in advanced prostate cancer today. He is also the editor-in-chief of *Clinical Genitourinary Cancer* and the author of more than 400 scientific papers.

Dr. Sartor spoke with *Prostatepedia* about what the coronavirus-19 pandemic means for prostate cancer patients.

What is your take on the big picture surrounding the COVID-19 pandemic? What kind of reactions are you seeing from your patients?

Dr. Oliver Sartor: The coronavirus is a novel virus and there's no one with immunity. As a consequence, I expect that the infection rates are going to be fairly high. It's already demonstrated a clear propensity for asymptomatic spread, and it's also demonstrated that it can be highly morbid or even fatal for those who are elderly or who have significant comorbid conditions.

The World Health Organization (WHO) has estimated a little over 3% mortality. I don't think any of us really knows if that's accurate

or not. I expect it might be a little bit lower, because it may turn out that a number of asymptomatic/minimally symptomatic cases have not been detected in the testing done to date. But I can say this, and I think everybody would agree,

+ *"I expect that the infection rates are going to be fairly high."*

+ that those people over 70 and those with significant comorbid conditions or compromised immune systems should clearly be concerned about this virus. Caregivers, such as myself, who take care of these patients, clearly have to have a high level of concern.

+ *What kind of reactions are you seeing from your patients?*

Dr. Sartor: I'm getting a lot of concern from my patients now. First of all, we have 21 presumptive cases in COVID-19 Unit right now here at Tulane Hospital, and that, of course, may mean that there are many

+ *"those with significant comorbid conditions or compromised immune systems should clearly be concerned about this virus."*

+ other active cases that simply haven't been traced yet. Patients are very concerned about coming in for appointments or labs.

+ The majority of my patients either have the ability to text me or email me, so I'm trying to defer patients that are not required to have visits. I had a patient on active surveillance whose MRI and PSA I have deferred until a little safer time. So, for stable patients, I'm trying to ensure they're not exposed to crowds or the hospital environment where sick people aggregate.

+ And for those people who need to be seen, of course, I'm trying to prioritize them.

+ We're also setting up in our clinics a way to separate the physicians

from one another. If somebody does come in who has been exposed, we don't want to take out two physicians. We're segregating our clinical trial staff, so there's only one staff and one physician seeing an individual patient. We're trying to be cautious about the number of contacts.

+ *"we have 21 presumptive cases in COVID-19 Unit right now here at Tulane Hospital, and that, of course, may mean that there are many other active cases that simply haven't been traced yet."*

+ There was discussion about not allowing visitors. I actually oppose that. Many patients have caregivers that are critical to their health, and I think telling the caregivers they cannot accompany these patients is not the optimal care. We are however limiting visitors to only one per patient. Bottom line is that this is affecting the way we're practicing today and likely even more tomorrow.

+ *Are men who are undergoing prostate cancer treatments, for example, ADT or chemotherapy, more at risk than the average population?*

Dr. Oliver Sartor: I think many prostate cancer patients have a fairly intact immune system, and that would include individuals treated with radiation, surgery, or the typical hormonal therapies.

For chemotherapies, however, we know that they can have a compromised immune system, and for those who may be on relatively high-dose steroids, for whatever reason, that can be an immunosuppressant. We want all of our patients to be cautious, particularly around crowds and exposure. We are trying to minimize the number of visits. We're trying to minimize the number of routine tests and really prioritize the patients who most need our care.

So, taken together, I'll simply say that many of our patients are not compromised, but some are, particularly those who are receiving chemotherapy.

+ *"So, for stable patients, I'm trying to ensure they're not exposed to crowds or the hospital environment where sick people aggregate."*

+ *So you're just being extra cautious around those particular men?*

Dr. Sartor: Right. This thing has really just broken last week, so we're in an evolutionary period. I know what we're doing today by limiting visits and trying to limit exposure can change next week. We are screening all the patients who come in. Somebody who has had a fever or a cough requires a physician assessment before entry into the clinic.

So follow the recommendations made by the CDC: wash your hands, don't travel, and social distancing when you can.

+ *"Bottom line is that this is affecting the way we're practicing today and likely even more tomorrow."*

+ **Dr. Sartor:** Yep. Absolutely. We agree wholeheartedly with that. I have a lot of respect for Dr. Tony Fauci, the head of the National Institute of Allergy and Infectious Disease, who was so critical during the AIDS epidemic. He's got a lot of plausibility and a reputation for listening carefully to our top scientists, top agencies, and top epidemiologists.

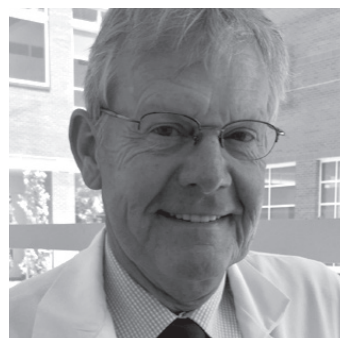
Any final advice?

+ **Dr. Sartor:** Be careful. I think one of the most important things is try to avoid crowded places and be careful with your hand washing and touching your face. We're all trying to minimize the spread of this particular disease, which is quite contagious. **PP**

E. David Crawford, MD

My View of COVID-19

+ Prostate Cancer



Dr. E. David Crawford is a Professor of Urology at the University of California San Diego in La Jolla, California, the Chairman of the Prostate Conditions Education Council, Editor in Chief of Grand Rounds in Urology as well as the driving force behind <http://www.pcmarkers.com/>.

Dr. Crawford talked to *Prostatepedia* about what the coronavirus-19 pandemic means for prostate cancer patients.

What is your general view of what is going on right now with the Coronavirus-19 pandemic?

Dr. E David Crawford: In some ways, I compare this COVID-19 coronavirus to fires in California or Colorado. They start as small fires, brush fires. A lot of little brush fires can turn into major destruction. A lot of people think that perhaps this is over-hyped in a way or overreacting, but it's really hard to tell. Hopefully the current methods to control the spread, such as canceling large gatherings and restricting travel, will work.

What do you think the current situation means for prostate cancer

patients? Have your patients been contacting you with their concerns?

Dr. Crawford: I was at the clinic at the University of California, San Diego campus in La Jolla, and we were speculating before the clinic began that a lot of people weren't going to show up because of the fear of going to a hospital where there are sick people. We had a 100% turnout today and what we actually learned from our patients is that they were most concerned about missing any treatments, lab tests, or things like that.

Are men who are on certain treatments for prostate cancer, such as hormonal therapy or chemotherapy, more at risk for coronavirus? Should they be more careful than men in the general population?

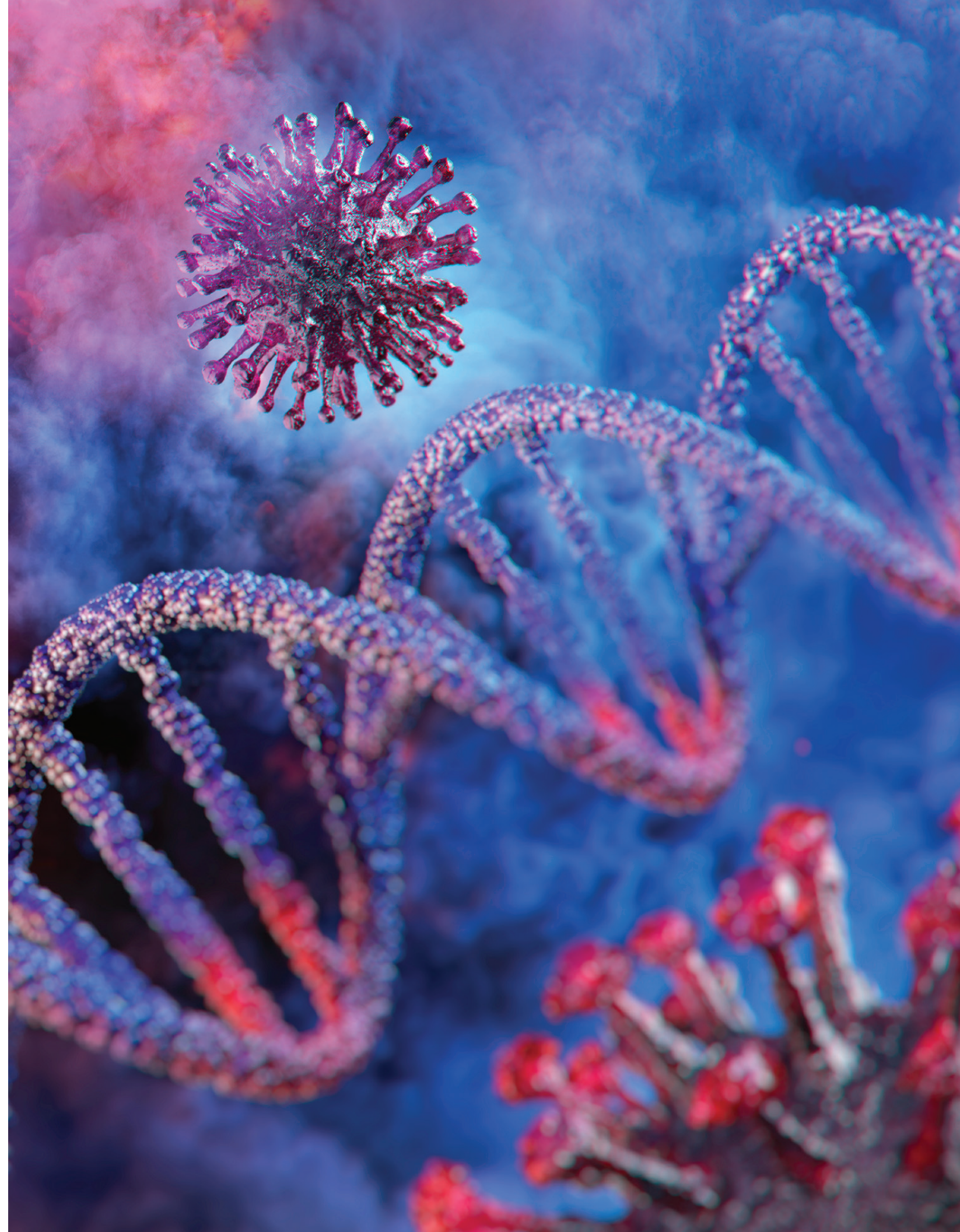
Dr. Crawford: I think that that depends on a number of factors. There are a lot of men with prostate cancer who are very healthy. We do know that when COVID-19 fatalities occur it's usually in people over the age of 70 and with people with preexisting medical conditions. Men with prostate cancer who have had a radical prostatectomy or radiation and are healthy probably shouldn't be at any more risk than the general population.

But certainly some people that are on hormone therapy do have some risk factors that evolve from the hormone therapy, including increased risk of cardiovascular events. So, I think, yes, they need to be more careful. Chemotherapy for prostate cancer isn't usually as rough as chemotherapy for other malignancies like leukemias and lymphomas where you would probably be more worried.

I think that the best thing we can do is heed the advice. I'm no expert on it, but we've known this for a long time: Wash your hands. Avoid touching your face. Don't touch your eyes, ears, nose, or mouth. And if you're sick, stay home. We've also heard that wearing a mask if you're not sick is not a good thing to do. It may actually make things worse because the mask being wet creates the perfect incubator for this to grow.

What advice do you have for men currently undergoing treatment for prostate cancer?

Dr. Crawford: This situation could last for a month or two. My advice is go on with your life in treatment as usual unless something changes. By that I mean go to your visits to your doctor and continue exercising. It's very important to continue to do that. [Po](#)



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