How we perceive these days of COVID-19 depends very much on where we sit. Most of us have curtailed patient contact, have embraced telehealth, and are acclimating to this new reality while confined largely to home. Many others have barely diminished clinical responsibilities that may overlap with the care of COVID-afflicted patients, especially in community settings. Maintaining clinical services safely on the part of our imaging members is a daily challenge. Many, including our nursing committee membership, may have been assigned responsibilities quite different from usual oncology care. For all we wish good health, a safe environment, and successful treatment of all patients under our care.

We can report that through this time, we have been occupied with assuring the seamless management of our patients on trials, together with ongoing and continuing assessment of the impact of changes in approach on the scientific endpoints of the trials. Safety is clearly paramount, and ensuring that we address prospectively the effects of delays in treatment or scans on the primary endpoints is a serious consideration. We have reached out to community sites in a town hall that explored the impact of the virus on cancer patients, and on research approaches. The proceedings are available on our website. With the pace of emerging information, we expect that an information exchange will be useful in another couple of weeks – please let us know if additional resources would be useful by emailing TownHall@ecog-acrin.org.

The majority of our therapeutic trials are active, and though accrual has been down, are available for patients in whom a trial may represent the best approach to their cancer. In this regard, we have been especially concerned about the information gap surrounding COVID-19 infection in patients who are on immunotherapy. Early data seem inconclusive, but a danger signal has not emerged at this time of writing (from a series of AACR presentations). Part of the re-institution of usual cancer care (standard or research) will be data-driven, and we ask the Group's continued focus on reporting events in virus-infected patients. A slightly greater decrease in accrual, understandably, has occurred in screening studies, but these are poised to resume activity as normal routines are re-established. The support from both CTEP and DCP through this time has been exemplary. And although most studies have significant reductions as expected during April, it is encouraging to see EA4151 and EA5163 retain modest accrual rates and EA1131 and EA3161 increase from the previous month.

And with sadness, in this March/April issue we remember Dr. Uma Rao, a pathologist of great accomplishment, whose ECOG-ACRIN contributions are celebrated by Drs. Kirkwood and Michalopoulos. Dr. Rao was among the leaders in bringing together pathologists and clinical researchers in solid tumors, a collaboration that has defined ECOG-ACRIN research for more than 20 years. We also recognize the participation of the minority/underserved NCORP site at John H. Stroger, Jr. Hospital of Cook County (SHCC), and the leadership of Dr. Thomas Lad, whose broad participation in EA activities reflects the very positive impact of this member site. And we discuss the EROS trial [E1011] co-led by Dr. Ashlesha Patel from SHCC, and bring it to your attention for participation. We will follow this issue in a few weeks with the May issue, in which, among other plans, we will outline changes to our Community Cancer Committee structure that will allow for greater participation and new roles for our community oncologists.