From the Co-Chairs
By Peter J. O'Dwyer, MD (left), and Mitchell D. Schnall, MD, PhD
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Entering the fifth month of restrictions due to the COVID-19 pandemic, we have cause to be optimistic. On the plus side, we and our institutions have proven remarkably adaptable and aligned in the delivery of care, both to virus-infected patients and to those in need of usual care. The promise and limitations of virtual cancer care are now familiar to all of us, if perhaps not as well objectively documented as we wish. Understanding the impact of COVID infection on outcomes of patients being actively treated for cancer remains an important priority. We will describe this for selected EA trials, but in addition, a new NCI-based trial is available for participation with full credit. Entitled "NCI COVID-19 in Cancer Patients Study (N-CCAPS): A Longitudinal Natural History Study," this trial aims to recruit and follow some 2,000 cancer patients nationwide, and is available for accrual through either NCTN or NCORP institutions.

As management of the infected patients becomes better defined, so too does the recovery of space and activity in our medical centers. They are now pivoting back to renewing a focus on general health care, and recouping what may have been lost in that period of less screening, and fewer visits for standard health maintenance. One suspects that the deficit in the care of cancer patients is less than for other medical specialties (because of our ubiquitous embrace of virtual visits), but any impact of delayed surgery or chemotherapy needs to be negated by a rapid return to standard practices. Also in this regard, we are buoyed by the gradual increase in clinical research activity across the group, as more and more trials are re-activated, and as accrual rates come back up to pre-COVID level (the most recent data show treatment-based accrual is back to 85%). Clearly, the recognition that clinical trials often provide state-of-the-art care, and offer therapeutic opportunities that would not otherwise be available, is driving this recovery. We salute the hard-working protocol nurses and clinical research associates who express their dedication to patients by being there to assure their smooth transition to a clinical trial, providing hope in a difficult time.

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On the other side of the balance sheet, we have to recognize that all of our interactions will be different and more remote until the arrival of an effective vaccine. Our Fall 2020 Group Meeting, scheduled for October 21 to 23, will now be virtual, consistent with those of the other major groups, and with the directions of our own institutions. A formal announcement is forthcoming shortly. Many will already know that the spring committee meetings have been taking place over the last several weeks. We were limited in how many people we could accommodate at each one, and will have increased accessibility for the fall. We are also exploring in these meetings what format works best, and how best to allow discussion in the committees without derailing a tight schedule. We are eager for any feedback you may have, and please contact us directly – we will share the agenda of the Fall Group Meeting in the next few weeks. For larger committees that have sub-committees or working groups, you might consider distilling the input from these through separate meetings in the couple of weeks before. A number of administrative meetings will also take place in these
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weeks, to ensure a reasonable schedule during the meeting dates. We look forward to a full and exciting program of committee activity.

On Friday, June 26, the ECOG-ACRIN Co-Chairs, together with the Health Equity Committee, hosted the Health Equity Inaugural Meeting. Nearly 350 people attended the virtual event, the first in a series focused on issues related to racism and health disparities in cancer research. The message of this meeting resonates strongly within the group, and serves to both energize and refocus the activities of the Health Equity Committee. ECOG-ACRIN members must identify and pursue ways to make progress, not just by promoting health equity, but also by actively opposing racism. In subsequent meetings, under the leadership of Dr. Melissa Simon and Dr. Edith Mitchell, the committee has chosen three areas of focus to confront racism throughout the breadth of our activities: Awareness Building, Protocol Design, and Recruitment. We will share more information about these areas in the next few months. We are truly grateful to have leadership of the stature of Drs. Simon and Mitchell to guide our embrace of a challenging and uncomfortable subject. We are committed to having a positive influence on the activities of our group, and even beyond. Your engagement and support will be much-needed for success.

On a final note, beginning next month our newsletter will look somewhat different as we migrate to a new format: “News From ECOG-ACRIN” is becoming a blog. We will still send a monthly edition with important news, trial information, and accomplishments – but the blog format will allow our community to engage more fully with this content. We encourage readers to comment on posts and share them on social media or via email. The blog will be a space to network with colleagues, explore new ideas, and allow all voices within ECOG-ACRIN to be heard. We hope the blog will facilitate a sense of connection during this time when we must be physically distant from one another – and that it will enhance our in-person interactions when we are able to meet again.