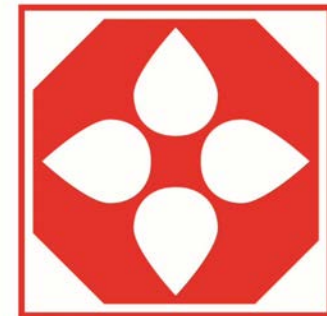


CLL SOCIETY

Smart Patients Get Smart Care™

**COVID-19 Virtual
Community Meeting
Managing Re-Entry
June 18, 2020**

**11:00 AM PT / 12:00 PM MT
1:00 PM CT / 2:00 PM ET**



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Speakers



Welcome: Patty Koffman
Co-founder and Communications Director, CLL Society



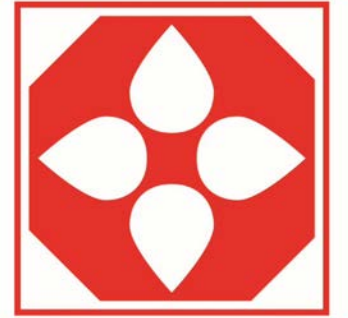
Moderator: Brian Koffman, MDCM (retired), DCFP, FCFP, DABFP, MSED
Executive Vice President and Chief Medical Officer, CLL Society



Speaker: Deborah Stephens, DO
Assistant Professor of Hematology and Hematologic Malignancies
The University of Utah Health/The Huntsman Cancer Institute
Salt Lake City, UT



Speaker: Mazyar Shadman, MD
Assistant Professor, Department of Medical Oncology, University of Washington
Assistant Member, Clinical Research Division, Fred Hutch
Attending Physician, Seattle Cancer Care Alliance



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Speakers



Speaker: Kimberly E. Hanson, MD, MHS

Director, Transplant Infectious Diseases and Immunocompromised Host Service
Section Head, Clinical Microbiology

Director, Medical Microbiology Fellowship Program and Associate Professor
University of Utah and ARUP Laboratories



Speaker: Joshua A. Hill, MD

Assistant Professor

Vaccine and Infectious Disease Division, Fred Hutch
Department of Medicine, Division of Infectious Diseases, UW
Seattle, WA, USA



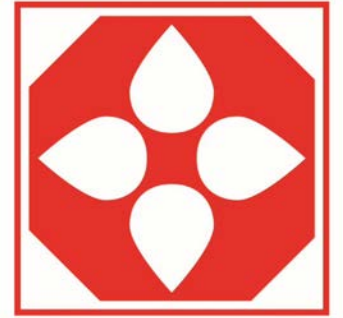
Speaker: Susan J. Leclair, PhD, CLS (NCA)

Chancellor Professor Emerita

University of Massachusetts

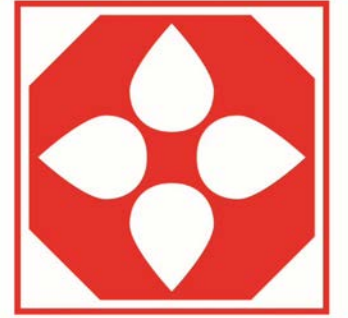
Dartmouth, Massachusetts

Senior Scientist, Forensic DNA Associates, LLC



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Agenda

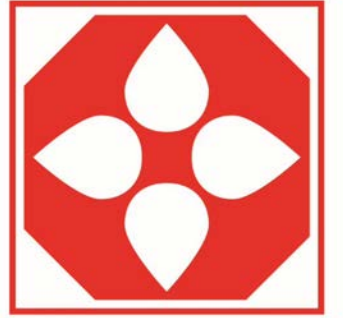


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- 2:00 ET Welcome, Overview, Panel
Introductions, Audience Poll
- 2:05 ET Panelist Comments
- 2:15 ET Q&A with CLL Community Participants
- 3:15 ET Audience Poll & Concluding Comments

General Notes

- Most states are relaxing social distancing restrictions
- This does not mean the pandemic is over!
- Goals of early social distancing:
 - Slow the rate of infection
 - Keep hospitals from being overwhelmed
 - Give doctors enough time to find treatments
 - Give researchers time to start working on vaccination
- Until we have data specifically for CLL patients, assume:
 - You may be at higher risk of contracting the virus
 - You may be at higher risk of complications of the virus



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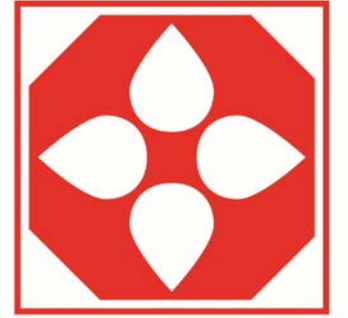
Prevention Recommendations

- HAND WASHING!
- Continue to practice social distancing (6 feet apart)
- Limit activities to groups of 10 or less people
- Wear a mask and ask your loved ones to wear a mask around you
- Wear eye protection if you have to be within 6 feet of someone
- Avoid people with confirmed COVID19 for 14 days after last symptoms
- Telemedicine (if possible)
 - Please see your doctor in person, with new or rapidly worsening symptoms
- Continue receiving IVIG infusions if already receiving them
- No specific medications for prevention
 - Hydroxychloroquine can have serious side effects (and not yet proven)



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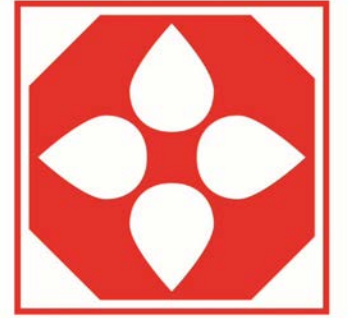
Notes for Patients on “Watch and Wait”



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- Recommendations vary based on the local prevalence of COVID-19
- Utilize Telemedicine visits/local labs when possible
- The general approach is to delay starting treatment when clinically safe
- Discuss risk and benefit of treatment delays with your physician
- Oral agents for which frequent visits are not required are preferred
- The priority is always to use the appropriate CLL treatment

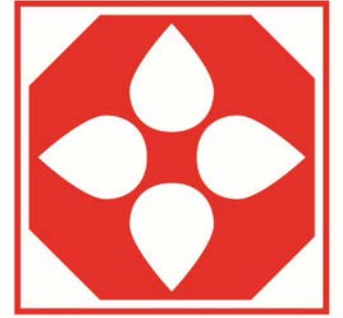
Notes for Patients on Active CLL Therapy



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- Patients without COVID-19 infection
 - Consider yourself high-risk for COVID-19. Prevention is key!
 - Remember physical distancing , handwashing, low threshold for testing
 - IVIG: only if there is a strong indication, less frequent use
 - Skipping monoclonal antibodies (rituximab, ofatumumab, obinutuzumab) is reasonable and clinically safe most of the time
 - Holding chemotherapy is highly recommended if clinically safe
 - Less frequent visits for patients on novel agents
 - No reason to stop oral targeted agents in patients with CLL and no COVID-19 infection

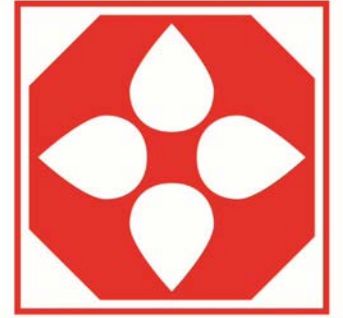
Notes for Patients on Active CLL Therapy



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- Patients with COVID-19 infection
 - Treatment recommendations are patient specific and are decided by CLL and infectious disease teams
 - No (limited) published data specific to patients with CLL and COVID-19 – (coming soon!)
- Treatment specific facts
 - Recent data suggests that BTK inhibitors like ibrutinib and acalabrutinib can be helpful in patients with severe COVID-19
 - We need controlled studies before making a strong recommendation
 - Most experts believe it is reasonable to continue BTKis in patients with CLL who are diagnosed with COVID-19
 - For other agents, risk and benefit of continuation need to be assessed by the clinical team

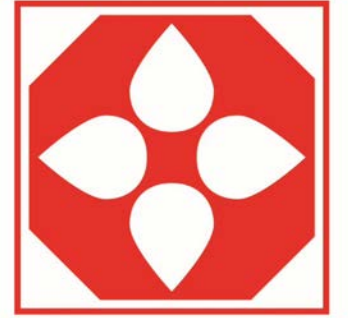
Frequently asked clinical questions



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- How do I know if I might have COVID-19?
 - Symptoms generally appear 2 -14 days after exposure
 - However, 25-50% may never develop symptoms
 - Most infectious at the time of symptoms or just before they develop
 - Older individuals and those with underlying medical conditions may have more severe symptoms
 - Most common symptoms include fever, cough, shortness of breath
 - UK study found loss of smell strongest predictor of a positive COVID test
- When to seek medical care
 - Call ahead, different hospitals/clinics may have different testing criteria
 - Examples of emergency warning signs
 - Trouble breathing, chest pain, confusion, inability to wake or stay awake, bluish face or lips
 - CDC website “self-checker”

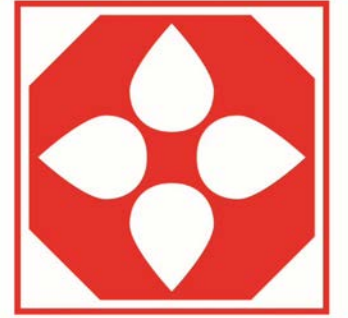
Frequently asked clinical questions



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- How does SARS CoV-2 spread?
 - Respiratory droplets primary > infected surfaces
 - Risk from animals to people low, but there are reports of a small number of pets (cats and dogs) acquiring infection from their owners
- How do I protect myself and others
 - Physical distancing
 - Frequent hand washing – soap and water or hand sanitizer ($\geq 60\%$ alcohol)
 - Routinely clean and disinfect high-touch surfaces – wear gloves, use soap and water and then disinfectant (EPA registered or diluted bleach)
 - Masking
 - N95 respirators > surgical grade masks > cloth face covering. Data still emerging.
 - Disposable masks can be worn multiple times, wash cloth after each use.

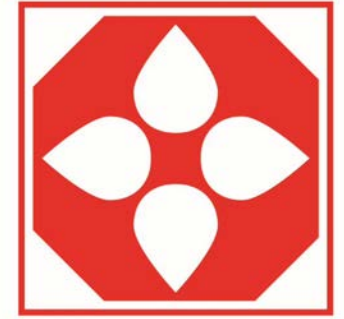
Clinical impact of COVID-19 on patients with cancer



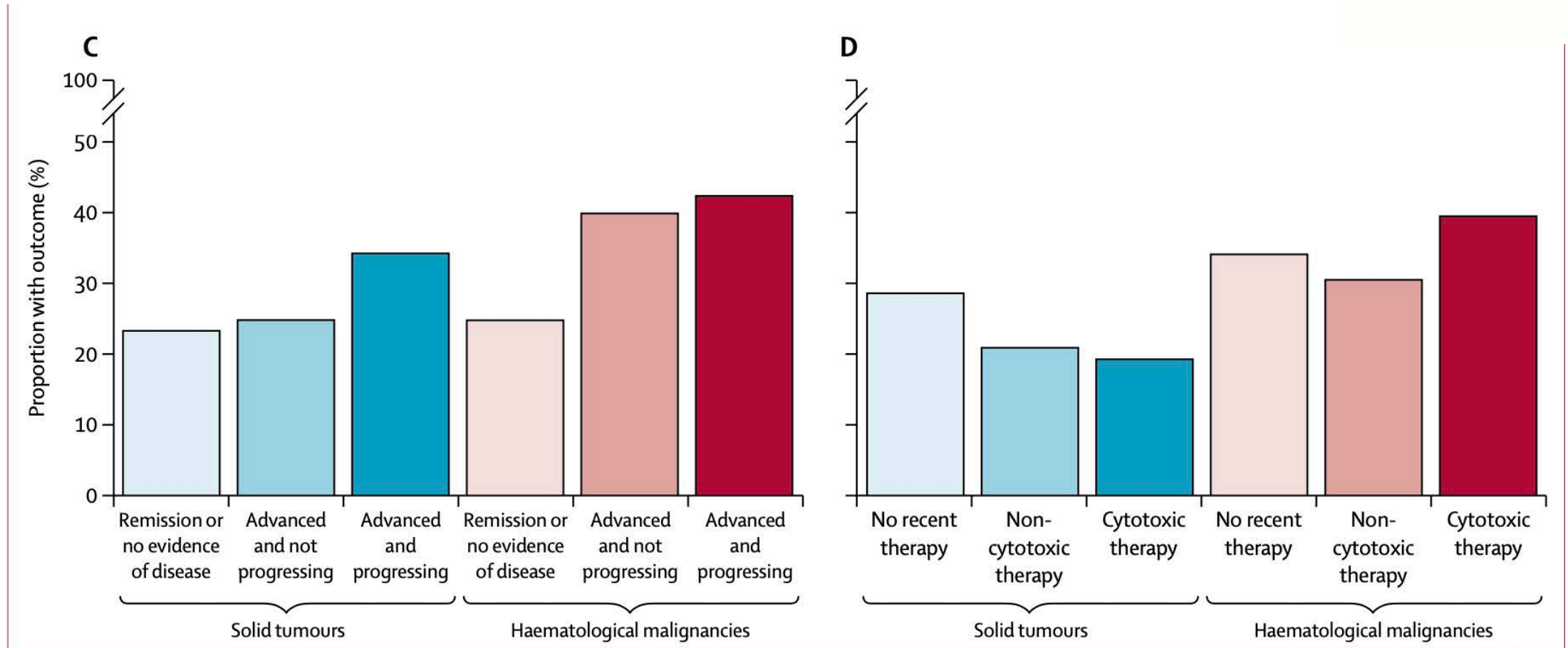
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- International registry of 928 individuals with COVID-19 and cancer
- Median age was 66 years
- Overall mortality rate higher than in the general population
- Main risk factors were older age, male sex, higher number of medical problems, and cancer that is progressing despite treatment

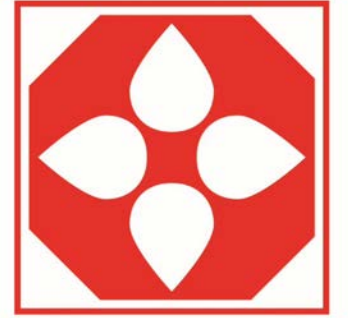
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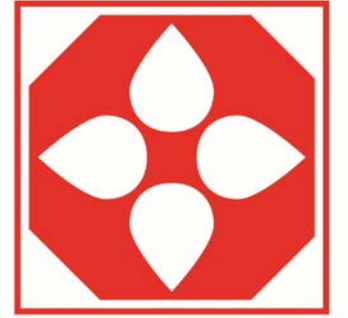
TEST TYPES



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- Because our use of language is so sloppy
 - The statistics which have been forwarded to CDC contain both antigen and antibody testing results so they are almost meaningless.
- *SARS-CoV-2* testing
 - Do you **HAVE** the virus in your nasopharyngeal or oropharyngeal tract **NOW**?
 - Dependent on the quality, transport, and labeling of the nasopharyngeal and oropharyngeal swabs
 - PCR based
 - Takes several hours to 2 days (additional time for transport and set up)
 - Usually was checked by the performance of a genome sequencing back-up test which takes about 2 days
 - Tests for the presence of the viral RNA itself
 - No false positives reported
 - False negatives due to the quality of the specimen collection and transport

TEST TYPES

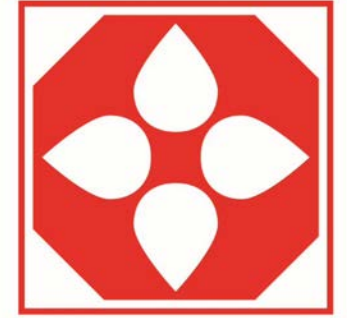


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SARS-CoV-2 testing

- Do you **HAVE** the virus in your nasopharyngeal or oropharyngeal tract **NOW**?
 - Dependent on the quality, transport, and labeling of the nasopharyngeal and oropharyngeal swabs
- PCR tests
 - Actually analyze the presence of viral RNA
 - Takes several hours to days
 - No false positives
- Rapid tests
 - Will pick up several different viruses such as other coronaviruses – so false positives
 - Depending on test, false negatives have been shown to be as high as 46%
- Confirmatory test using PCR is strongly recommended by FDA due to rate of false results

TEST TYPES



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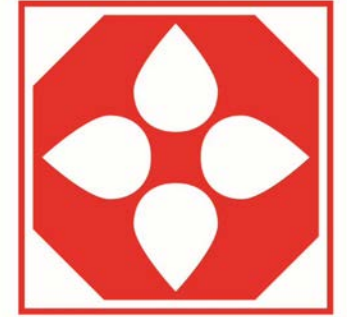
SARS-CoV-2 testing

- **Two weeks or more ago**, did you get exposed to the virus in sufficient amounts that your immune system generated the production of antibodies?
 - If you were never exposed – no immune reaction is possible
 - If you were exposed to too small an amount of the virus and the virus was eliminated prior to any symptoms – no immune reaction
 - Defensive or protective antibodies?
 - Your immune system helped defeat the virus but **is not** going to prevent a second event
 - Your immune system helped defeat the virus and is going to prevent a second event
 - If you were exposed to the virus in sufficient amounts to initiate an immune response (and you have a functional immune system)
 - The first antibody type to be made is IgM
 - Peaks at approximately 20 days

Begins within 3-5 days after symptoms
Lasts for approximately 30 days
 - The second antibody type is IgG
 - Begins within 10-14 days

Can last for as little as a few weeks to your entire lifetime

How do you choose which antibody test to use?



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Look for high specificity and sensitivity

Specificity – is the test finding what it is supposed to find or is it finding other compounds?

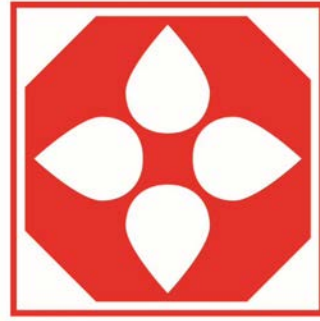
Sensitivity – is the test finding the virus at the concentration it is in the person?

	sensitivity (no false negatives)	specificity (no false positives)
Ideal test	100%	100%
FDA minimums	80%	80%

An example of test sensitivity and specificity

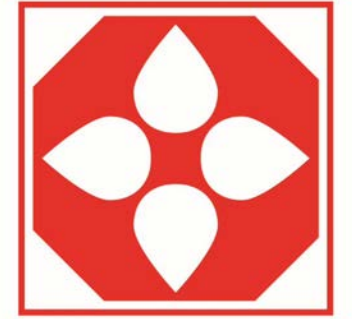
Roche	99.8%	100%
Abbott has 4 different tests	48 - 98%	80 - 99%

You need to ask your physician or other health care provider which of the over 100 different tests their laboratory uses.



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Questions & Answers

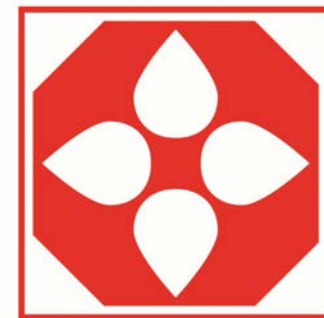


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Thank You for Attending!

If CLL Society has helped you or a loved one, please consider making a **donation** on our website.

Please complete our **short survey** to provide your feedback about the Virtual Community Meeting.

For more information on the COVID-19 pandemic with specific interest to CLL patients and caregivers, please review our **COVID-19 update page**.