



The physicians' commitment to their care in this crisis

Steven Cannady, Andrew Coughlin, Patrick Ha

During these times of stress and uncertainty, we should find solace in the hard work and dedication that head and neck surgical oncologists offer to their patients and our communities. We have trained extensively, worked tirelessly, assembled teams of care providers to manage this complex disease, and continued to innovate to improve care delivery. We are now, however, challenged to question the most appropriate way to provide only oncologically necessary treatment and surveillance in the face of a growing pandemic. While specifics on how care is delivered will evolve with time, our dedication to caring for our patients in a unified way is paramount.

It is likely that each institution will uniquely deal with these issues, and it will be important to include your patients with their families, staff, partners, multidisciplinary colleagues, and administrators in the decision-making process. Together, we will learn to responsibly manage our patients, without feeling that we have abandoned or compromised their care in the context of this new healthcare environment. We remain absolutely committed to our head and neck cancer patients coupled with providing a stable voice of leadership and advocacy within our healthcare systems.

The constraints placed on the health care system and the needs to change aspects of follow-up care

Vlad Sandulache, Mauricio Moreno

Multi-disciplinary head and neck cancer treatment teams across the United States have developed surveillance and survivorship programs for patients which have completed cancer treatment, in part driven by national and organizational guidelines, and in part driven by institutional preferences and experience. The primary goals for these efforts are to: 1) maximize early detection of recurrence and new primary tumors, 2) manage disease and treatment related toxicity, and 3) optimize quality of life for survivors.

Under normal circumstances, surveillance and survivorship care rely upon a significant investment of healthcare workers' time and healthcare resources, including endoscopic, laboratory testing and advanced imaging equipment. During the current crisis, it is critical to ensure that these resources are available for a potential surge in acutely ill patients with respiratory conditions. The equipment, facilities and providers which normally care for head and neck cancer survivors, will be required to appropriately respond to the expected surge in critical healthcare needs, and thus, should be preserved for these purposes.

It is important to remember that in the context of an individual cancer patient, forgoing an in person visit, flexible endoscopy or CT scan, is expected to have minimal impact on our ability to detect recurrent disease. This is especially true for patients with low-risk disease. In these cases, a growing body of evidence suggests a marginal benefit from intensive imaging-based surveillance, especially for long-term follow up. It is therefore unlikely that



a brief interruption in routine surveillance and survivorship care will generate significant negative impacts on individual cancer patients.

Surveillance Follow-Up Visits for Survivors with Previously Treated Head and Neck Cancers

Neerav Goyal, Andrew Coughlin

After treatment, head and neck cancer patients are closely followed by head and neck surgical, radiation, and medical oncologists along with other allied health providers. The NCCN guidelines recommend routine and graduated follow up visits as survivors progress from the end of treatment. The goal of regular surveillance is to identify recurrence, second primary and sequelae of treatment.

These issues are now important in light of the current COVID-19 pandemic. The suspected higher viral load in the nasopharynx and oropharynx in COVID-19 positive patients results in high risk of COVID-19 transmission and exposure for both survivors and clinicians during a face-to-face visit. Based on this, the AHNS Survivorship Service recommends that *routine in-person head and neck cancer follow-up visits should be carefully considered at the present time and replaced with telehealth options when possible*. Fortunately most recurrences are often identified by symptoms or patients, rather than incidentally at regular surveillance visit.

For the duration of the present public health emergency, clinicians should consider postponing surveillance visits for asymptomatic patients if there is no clinical concern. Direct outreach to survivors prior to scheduled surveillance visit via telephone, portal messaging or a secure online method is recommended to confirm that a visit may be deferred or conversely ascertain whether survivors are experiencing cancer related symptoms that warrant a face to face clinical visit. It is not unexpected for survivors to display anxiety regarding the loss of a scheduled surveillance visit to determine their disease status, especially in the context of heightened concerns of personal health due to the COVID-19 pandemic; it is therefore imperative that each cancer survivor be considered individually.

With the projected change in workforce, many groups around the country are experiencing changed models of healthcare delivery. Reduction in the number of clinicians seeing survivors in a clinic is recommended to reduce exposure, which in large practices could mean one provider sees all clinicians' survivors. This may be another source of anxiety for survivors who are accustomed to their treating clinician. The length of time to postpone follow up will depend on the evolving pandemic, and multiple factors including provider and institutional discretion.

In certain cases, clinicians may consider surveillance with imaging, especially for first assessment following completion of treatment. The results of imaging or any other testing can be shared remotely. It should be conveyed to survivors that imaging has limitations as a standalone method and does not absolutely replace comprehensive



physical examination, and that results may need to be shared by means other than face to face. At the clinician's discretion, patients with concerning findings can be otherwise triaged (e.g. telehealth, in person visits).

When maintaining surveillance visits it is important to consider adequately spacing patient appointments to permit appropriate turnover and maintain distancing of individuals in the clinic spaces. Patients with acute upper respiratory tract symptoms not thought to be related to the history of cancer should avoid or be diverted from the outpatient clinic. Given the concerns that rigid and flexible nasal endoscopy, nasopharyngoscopy, and laryngoscopy are associated with high risk of aerosolization of COVID-19, and limited availability of Personal Protective Equipment (PPE), endoscopic exams should be performed only when necessary. For those patients requiring a face to face examination, judicious use of PPE is recommended. The number of exposed personnel, including nurses, residents, and other learners, should be minimized.

Appropriate PPE when performing upper airway examination or endoscopic examination includes the use of face shield as well as N95 or powered air-purifying respirator (PAPR) devices. Please refer to <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf> regarding the placement or removal of PPE.

The use of telehealth services to provide follow up care can be very helpful in continuing to provide care for cancer survivors and helping triage those patient's requiring further intervention. Telehealth services may also help decrease the workload and surge of clinical patients after the outbreak.

What is the Role of Telemedicine?

David Cagnetti, Neerav Goyal

In this time of social distancing or shelter in place in some states with recommended limitation of face to face clinic visits, telemedicine is an important tool to safely maintain communication between head and neck surgeons and their patients. While telemedicine inherently precludes from performing aspects of a physical exam, it does allow for a generalized "examination" and facilitates directed conversations about disease-specific symptoms and concerns. It is also a means for direct review of recently performed medical studies. Telemedicine will be increasingly important for the duration of social distancing or shelter in place measures are in place as it can serve as a triage mechanism to determine which patients need earlier direct evaluation and intervention. With emergence of the COVID-19 pandemic, the Centers for Medicare and Medicaid Services as well as many private insurers have changed policies to promote the use of telemedicine. Head and neck surgeons should familiarize themselves with the current reimbursement rules for their location as most telemedicine services are now covered for reimbursement in the United States.



What is the present guidance for endoscopic procedures?

Scharukh Jalisi, Neerav Goyal

Otolaryngologists and head and neck surgeons appear to be at higher risk for COVID-19 exposure due to risk of aerosolization during nasal endoscopy, nasopharyngoscopy, and flexible laryngoscopy in the office. Based upon the experience in Asia and Europe thus far, it is recommended that providers wear proper hair protection, eye protection, face mask/N95/PAPR, gowns and gloves when examining patients in the clinic, emergency room or inpatient settings. Given the potential for transmission of the virus, endoscopic exams should only be performed if there is an urgent or emergent clinical indication. If the physician determines the need to scope, avoid aerosolizing local anesthetics and decongestants. Instead, consider using pledgets or no topical medications.

Use of PPE for Airway Management in the Era of COVID-19

Scharukh Jalisi

Unfortunately, the dictum of universal precautions is being questioned due to limited PPE in the United States. While providers should protect themselves similarly in all situations, given the constraints, a tiered approach to need for PPE may be needed. To balance risk of aerosolization and supply chain constraints, PPE should be used when instrumenting the airway. It is important to note that PPE recommendations will vary by institution and state and is dictated by the supply chain. Please refer to your own institution for guidance regarding PPE.

Below are general recommendations. For intubation or other aerosolizing procedures in a patient suspect or confirmed COVID-19, use of N95+face shield *or* PAPR with gown/gloves is recommended for all clinicians in the room.

For emergent/urgent intubations and the risk of COVID-19 infection is unclear or unknown, it is reasonable to use N95 and face shield with gown/gloves.

For elective, controlled intubations and procedures where there is no concern for COVID-19, surgical mask with face shield is appropriate protection.

Please refer to <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf> regarding the correct method to place or remove PPE.

For all of the above guidance, personal protection and safety of the physicians and staff involved is paramount, and whenever there is lack of clarity, please err on the side of caution.



Cancellations of non-urgent elective cases

Scharukh Jalisi, Neerav Goyal

Given the current situation, national guidance is to defer elective surgical procedures. Elective cases are those that can be safely deferred for 30 days. In determining whether cases can be deferred, consideration should be given for airway safety, resource availability, personnel safety. The American College of Surgeons Elective Surgery Acuity Scale (Table 1) can be used to guide these decision. Generally, cases in Tier 3a and 3b can proceed if urgent/ emergent. Multidisciplinary discussion and consensus is recommended in making these decision.

Elective Surgery Acuity Scale (ESAS)

Reprinted with permission: Sameer Siddiqui MD, FACS, St Louis University

<https://www.facs.org/about-acs/covid-19/information-for-surgeons/triage>

Tiers/ Description	Definition	Locations	Examples	Action
Tier 1a	Low acuity surgery/healthy patient Outpatient surgery Not life threatening illness	HOPD ASC Hospital with low/no COVID- 9 census	Carpal tunnel release Penile prosthesis EGD Colonoscopy	Postpone surgery or perform at ASC
Tier 1b	Low acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery or perform at ASC
Tier 2a	Intermediate acuity surgery/healthy patient Not life threatening but potential for future morbidity and mortality. Requires in hospital stay	HOPD ASC Hospital with low/no COVID-19 census	Low risk cancer Non urgent spine Ureteral colic	Postpone surgery if possible or consider ASC
Tier 2b	Intermediate acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery if possible or consider ASC
Tier 3a	High acuity surgery/healthy patient	Hospital	Most cancers Highly symptomatic patients	Do not postpone
Tier 3b	High acuity surgery/unhealthy patient	Hospital		Do not postpone

HOPD – Hospital Outpatient Department

ASC – Ambulatory Surgery Center



Management of Head and Neck Cancer During the COVID-19 Pandemic

Andrew Day, Saad Khan and Eli Gordin

The COVID-19 pandemic demands careful treatment decisions in patients with a new diagnosis with head and neck cancer.

Due to a confluence of extraordinary, co-occurring, rapidly-evolving, COVID-19-related circumstances, head and neck oncology treatment approaches will require reconsideration for the welfare of patients, providers, health care staff, health care organizations and society.

There are now numerous, novel barriers to safe head and neck oncologic surgery:

- First, our ability to screen for and select COVID-19 negative patients for surgery is limited. The median incubation time of COVID-19 is five days, during which viral shedding and transmission of infection has been described. Investigators anticipate false negative test rates are likely to be highest near the beginning and end of the disease spectrum: in asymptomatic, infected patients and convalescing patients.
- Second, the virus replicates in the nasal cavity, nasopharynx and oropharynx, which are routine sites of head and neck surgery. - Asymptomatic patients have exhibited high viral loads at these sites.
- Third, SARS-Cov-2 may be aerosolized and remain airborne. While all surgeries are high-risk for aerosol generation, head and neck surgeries are considered to be higher risk. Routine monopolar cautery during oropharyngeal transoral robotic surgery generates a plume which could potentially contain, viral aerosolization. This could occur in asymptomatic COVID-19 operative patients who escaped screening.
- Fourth, many hospitals have already described shortages in personal protective equipment (PPE). Most other hospitals are anticipating a surge of severe acute respiratory syndrome patients and corollary shortage in PPE.

In conclusion, given the substantial risks of operating during this pandemic, head and neck oncology patients should be judiciously selected for surgery.

Evaluation of the Risks and Benefits of Continuing to Perform Head and Neck Oncologic Surgeries During the COVID-19 Pandemic is Complex

The risks and benefits of operative, potentially aerosol-generating, head and neck oncologic procedures must be assessed in the context of the risks and benefits of the surgeries to the patients, hospital staff, health care organization and society. Importantly, the current trajectory of disease incidence in the United States suggests a surge in hospital admissions is imminent. Further, China and Italy have already experienced and described: PPE, ventilator, hospital bed and ICU shortages; conversion of operating rooms to ICUs; construction of temporary hospitals and even health care rationing. The decision to proceed with a head and neck oncologic surgery is interdependent with the hospital and healthcare system and cannot be evaluated in isolation.



Patients

There are several patient-level risks of head and neck oncologic surgery during the pandemic. Patients may escape screening and undergo surgery with an ongoing asymptomatic or prodromal community-acquired COVID-19 infection. Negative patients who undergo surgery may be at increased risk for nosocomial COVID-19 infection. Head and neck oncologic surgery patients with community-acquired or nosocomial COVID-19 infections may be particularly susceptible to magnified adverse outcomes due to medical comorbidities, aspiration events and frailty. Further, caregivers and family members present during the admission will also be at increased risk of COVID-19.

Finally, head and neck oncologic surgery patients will be high-risk for disease transmission and heavy resource utilizers during this pandemic. Many such patients undergo a tracheostomy or laryngectomy, which predispose to postoperative coughing and require subsequent regular, aerosol-generating, open suctioning. Most other patients undergoing upper aerodigestive tract surgeries routinely perform aerosol-generating self-suctioning. Providers and caregivers for these patients will be at increased-risk for infection and will require a substantial amount of already limited PPE.

Proceeding with Head and Neck Oncologic Surgery During the COVID-19 Pandemic

Urgent head and neck oncologic surgery may still be the best treatment option for a portion of patients after evaluation of risks, multidisciplinary discussion and shared decision-making with the patient.

Institutions should develop risk-stratification algorithms that determine the appropriate patient- and surgery-specific level of PPE required. Operative, ICU and floor teams should establish protocols to minimize aerosol-generating procedures and limit the length of these procedures when necessary.

The COVID-19 pandemic necessitates potential temporary modification of current head and neck oncology treatment approaches. Consideration may be given to proceeding with radiation with or without concomitant chemotherapy as indicated when oncologic outcomes are equivalent to primary surgical approach. When surgery is generally favored, head and neck oncologists should evaluate the multilevel risks of surgery in a multidisciplinary setting and engage in shared decision-making with the patient. Given the substantially increased risks of surgery at this time, appropriate preparation is critical to 1) ensure the safety of the patient, provider and health care staff and 2) provide high-quality cancer care.



How To Prepare Better

Aru Panwar

- 1) Follow and share information from only the trusted sources for guidance
 - a. CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
 - b. WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
 - c. Follow local and state guidance
- 2) Exercise trusted health care interventions, such as:
 - a. Stay at home, and avoid venturing out if it is not essential
 - b. Avoid congregating in groups and maintain social distancing
 - c. Wash your hands with soap and water frequently. See instructions on proper hand washing here: <https://youtu.be/d914EnpU4Fo>
 - d. If unable to wash hands, use hand sanitizer
 - e. Disinfect commonly used surfaces such as table tops, door knobs, phones etc.
 - f. Cover your cough and sneezes
- 3) Monitor your health as a head and neck cancer survivor
 - a. Learn about symptoms of COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
 - b. Monitor your general health, COVID-19 related symptoms, and symptoms related to underlying disease conditions including head and neck cancer
- 4) Have a communication plan with your loved ones and your healthcare team
- 5) If you're concerned, reach out to your healthcare team by phone or messaging (email/ patient portal), in advance of in-person visits
- 6) Ensure you have a sufficient supply (at least a 2 week supply) of:
 - a. Food items that are easy to preserve, dry goods, canned goods, and others
 - b. Fever reducers (such as acetaminophen, commonly known as Tylenol) and other regularly used non-prescription medications.
 - c. Daily essentials
- 7) If you take prescription medications regularly, contact your physician to ensure:
 - a. Availability of medication refills
 - b. If you're in the midst of treatment, discuss how it may or may not be affected
 - c. If you need medical supplies (tube feed formula, suction equipment, wound care supplies), please evaluate your needs and ask your healthcare team for additional supply, proactively
- 8) Avoid in-person visits for non-emergency care to avoid your risk for exposure and to prevent clogging health care systems. Use video or telephone-based consultation, if available, through your healthcare providers.



9) *For individuals with unique needs* and barriers (for example, patients with laryngectomy): In some cases, if you need emergent care, you may interact with healthcare workers who may not be well versed with your unique anatomy, health condition or needs. Keep relevant alert mechanisms on your person at all times.

These include:

- Medical alert bracelets for compulsory neck breathers

- Medical alert notice on front door

- Carry a medical alert card with you, detailing your health conditions, and the contact number for your cancer doctor

10) Follow institutional, state and federal guidance on rescheduling of elective surgery, procedures, and non-emergent clinic/ hospital visits for your patients. See additional content elsewhere in this AHNS document.

11) Create communication plan with patients and providers. Evaluate, develop and use telemedicine capabilities, if possible.

12) Preemptively, create collaborative evidence-based plans for management of complex airways, surgical airway procedures, or other procedures at high risk for aerosolization, and communicate with local stakeholders, to limit exposure during delivery of safe and timely patient care.

13) Conserve personal protective equipment by:

- Limiting procedures to essential procedures

- Limiting number of participants that are in procedural rooms

14) Review institutional disaster management plans

15) Clearly identify your role in organizational preparation and response. If you may be assigned to a labor pool that is different than your primary work area, prepare by reviewing relevant knowledge and skill training that may be offered by your organization and others.

16) Familiarize yourself with appropriate personal protection equipment and its use

17) Be aware of burnout related issues, and maintain strategies that work for you (talking to confidantes, meditation, deep breathing, exercise, and others) as much as possible. Know about your local resources including employee assistance programs, where available.

18) Refer to widely available guidance including:

- Occupational Health and Safety Administration (OSHA) guidance for workplaces: <https://www.osha.gov/Publications/OSHA3990.pdf>

- American Academy of Otolaryngology-Head and Neck Surgery COVID-19 resource page: <https://www.entnet.org/content/coronavirus-disease-2019-resources>



Managing Stress during COVID-19 Crisis

Amy Williams, Maria Olex

Responding to COVID-19 can take an emotional toll on you. Responses such as fear, anger, irritability, insomnia, fatigue, detachment, avoidance behaviors, impaired concentration, and diminished work performance would not be unexpected. Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak. There are things you can do to reduce your reactions and improve your wellbeing, but first and foremost remember ***it is okay to not be okay.***

Signs of Burnout	Signs of Secondary Traumatic Stress
<ul style="list-style-type: none"> • Sadness, depression, or apathy • Easily frustrated • Blaming of others, irritability • Lacking feelings, indifferent • Isolation or disconnection from others, detached • Poor self-care • Tired, exhausted, overwhelmed • Feelings like a failure, nothing you do will help, you are not doing your job well, wanting alcohol or other drugs to cope 	<ul style="list-style-type: none"> • Excessive worry or fear about something bad happening • Easily startled, or “on guard” all of the time • Physical signs of stress (e.g. racing heart, chest pressure, muscle tension) • Nightmares or recurrent thoughts about the traumatic situation • The feeling that others’ trauma is your trauma

Listen to your body and learn the signs and symptoms of distress, which include physical (fatigue, illness) and mental (fear, withdrawal, guilt). Acknowledge that this stress can impact anyone helping. Additionally, focus on those things that are in your control.

What you <u>can</u> control:	What you <u>cannot</u> control:
<ul style="list-style-type: none"> - The amount of news you take in - Following hospital and CDC guidelines - Your attitude and kindness - Daily self-care, including gratitude - Creative ways to support colleagues - When you read your emails 	<ul style="list-style-type: none"> - Other’s thoughts, feelings, behaviors, motives, and choices - How long this will last - The future - Others following social distancing - Other people stockpiling goods - Number of emails you receive



IT IS OKAY TO NOT BE OKAY.

When you are feeling overwhelmed- STOP, BREATHE, then THINK. Practice deep breathing several times per day (before work, when you enter your work area, before entering a patient room, when on breaks, etc.). Breathing helps improve concentration and calm, decreasing your physiological stress. This allows your brain to think clearer and to make more rational decisions.

Develop a Buddy System

- Get to know each other
- Keep an eye on each other
- Set up times to check in with each other - listen carefully and share experiences and feelings, acknowledge situations that are tough
- Offer to help with basic needs such as sharing rides
- Monitor each other's workloads and encourage each other to take breaks
- Share stress-relieving opportunities
- Help your buddy feel "safe"

Pace Yourself

Our work is marathon, not a sprint. Monitor yourself for excessive fatigue, irritability, poor focus, or increased worry. Remember the airline rule - if you don't put your oxygen mask on first, you are unable to care for others who need you.

Apps for your phone

- Insight timer
- Relax Melodies
- Stop, Breathe, and Think
- Calm
- Headspace (free with NPI #)
- Smiling Mind
- 10 Percent Happier (use code HEALTHCARE)
- UCLA Mindfulness
- PTSD Coach

FACE COVID is a set of practical steps for responding effectively to COVID-19.

- F** = Focus on what's in your control
- A** = Acknowledge, don't try to change, your thoughts & feelings
- C** = Come back into & connect with your body
- E** = Engage in what you're doing

- C** = Committed action, guided by your core values
- O** = Opening up, making room for hard feelings, self-kindness
- V** = Values – how do you want to be through this crisis
- I** = Identify resources for assistance, support, & advice
- D** = Disinfect & *physical* distance, remain emotionally close

It is imperative to acknowledge whatever thoughts & feelings are showing up. Take the stance of a curious scientist, observing what is going on in your inner world. Or watching these thoughts & feelings like passing clouds. While continuing to acknowledge your thoughts and feelings, come back into and connect with your physical body. Examples include slowly pushing your feet hard into the floor, straightening up your back spine, slowly breathing, etc. Once connected to your physical body, get a sense of where you are and refocus your attention on the activity you are doing. You can do this by grounding yourself, for example noticing 5 things you can see in the room, 4 things you can hear, what you can taste/smell, and what you are doing in the room.

Developed by Dr. Russ Harris, author of *Happiness Trap*

Take Breaks at Home and Work

It is not selfish to take breaks. The needs of survivors are not more important than your own needs and wellbeing. Working all the time does not mean you will make the best contribution – it is vital to take mini breaks and step away. Plan time at home to play games with your family.

Be Flexible

Increased demand for care, social distancing and other unique stressors will test our flexibility and adaptability. We will all have to practice outside of the box – especially when things go wrong and are chaotic. It's ok – ask for support, evaluate, modify and move forward.

Maintain a Healthy Lifestyle

Eat healthy, exercise (e.g., walk, run, yoga), and get regular sleep. Exercise is a powerful medicine for depression and anxiety. Avoid excessive amounts of caffeine or alcohol. Stay away from tobacco and illicit drugs.

Practice Self-Compassion

Recognize that you're stressed about COVID – **it is normal** – and you are not alone.

- Be compassionate with yourself when you are experiencing emotions.
- Practice mindfulness and notice subtle ways you talk to yourself.
- Talk to yourself the way you would talk to a close friend.

Stay connected with others

Reach out to family, friends, colleagues, and your favorite community groups. Call, Facetime, Zoom, Skype, or Google Hangouts. Continued meaningful and fun connections are vital to your wellbeing.