



Podcast Transcript "New Normal, Same Cancer"

Recorded: December 17, 2020

Moderator: Massachusetts State Representative Kim Ferguson

Panelist: Camille Hertzka, Vice President, Head of Medical, US Oncology at AstraZeneca

Voiceover: Welcome to the Women In Government Podcast. Whether discussing important issues or policies of the day, this is the place where lawmakers and decision-makers unite to get the conversation started.

Representative Kim Ferguson: This year has been one of uncertainty and change for all of us as we navigate a new normal – wearing face masks, connecting via digital platforms, and remaining 6 feet apart, even from loved ones and friends.

COVID-19 has also brought with it a challenge to those facing a cancer diagnosis. Within less than 2 months following the start of the pandemic, average weekly new cancer cases dropped by about 46% across six major types of cancers, including breast, colorectal, lung, pancreatic, gastric and esophageal cancer combined.

Hello, I'm Massachusetts Representative Kim Ferguson. Thank you for listening to the Women In Government podcast. On this episode, we're talking about the ways we can work to identify cancer earlier through improving screening and testing capabilities, ensuring equitable care, while leveraging digital platforms and prioritizing personalized medicine.

Joining the conversation is Camille Hertzka. Camille is Vice President, Head of Medical, US Oncology at AstraZeneca. She is a scientist by training with 15 years of industry experience within Oncology in both Medical Affairs and R&D. Camille leads the teams that are responsible for the development and delivery of the medical strategy across each of the oncology medicines and across all tumor types.

Camille Hertzka: Thank you, Kim. I'm thrilled to be joining you today to discuss this important topic.

Representative Kim Ferguson: Before we get started, I'd like to thank everyone for listening. Don't forget to subscribe to, like, or share our podcast. You can also email us by visiting womeningovernment.org.

The COVID-19 pandemic has disrupted cancer care in countless ways and brought to light challenges within the healthcare system. Camille, can you share a few of the biggest hurdles you're facing since this past spring?

Camille Hertzka: Sure. At AstraZeneca we have a bold ambition which is to redefine cancer care to one day eliminate cancer as a cause of death, and we know that as a pharmaceutical company, we are only one piece of the puzzle in making this ambition a reality. We must come together as an oncology community to identify areas where more change is needed and amplify those efforts that will truly



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impact cancer for all patients, and this is especially true in today's environment where the impact of the COVID-19 pandemic continues to affect us all.

We've seen a lot of our normal day-to-day being stopped or postponed because of COVID-19, but unfortunately, we also know that cancer has not stopped. And yet, we are seeing sometimes drastic changes in the oncology treatment landscape. In recent months, we have seen alarming declines in the rate of cancer diagnosis across many common tumor types, and this is not because fewer people are getting cancer. Rather, people are delaying their routine healthcare that would help to identify potential health risks or symptoms.

In fact, as you mentioned, within less than 2 months following the start of the pandemic, average weekly new cancer diagnosis dropped by about 46% across six major types of cancer combined. We can't let this be our new reality. We must prioritize our health and check in with our doctors to ensure we can identify cancer early when patients may have better outcomes and sometimes still have a chance to be cured.

Representative Kim Ferguson: Thank you, Camille. Although the average weekly new cancer cases have dropped, it doesn't mean fewer people are getting cancer. Instead, they may be going undiagnosed until it reaches a later stage. What does this mean for those people who are going undiagnosed?

Camille Hertzka: Well, if we continue to see delays in healthcare visits, experts worry that we will see more patients being diagnosed later, and we know that a later diagnosis is often associated with a more advanced disease. When cancer has progressed or spread so much, the treatment options become more limited, and outcomes are poor.

Every day we hear terrible stories about the impact of delayed diagnosis. For example, we were told the story of a woman in her 40's with two children who started to have pain in her abdomen. She thought it would go away. She was healthy otherwise, but the pain wouldn't stop. It was at the beginning of the pandemic, and she thought it could wait a little bit longer. She was worried about going to see a doctor, worried about potentially being exposed to COVID-19, or to maybe take the precious time a doctor could have used instead to take care of COVID-19 patients. So, she waited until the pain became too much, and when she finally went to the hospital, she was diagnosed with a very advanced ovarian cancer. Usually, patients with ovarian cancer can have surgery, but her disease was too advanced, so her doctor decided to prescribe chemotherapy, hoping she could have a good response to chemotherapy and then have surgery after. But the disease was so advanced that this woman died even before having time to receive her first cycle of chemotherapy, leaving behind her family and her two young children.

These are the stories we hear so often. We don't want to hear them again, and we want to fight against them. We have learned a lot over the past months about how to safeguard people while receiving healthcare. With these processes in place, we are coming together with the oncology community and encouraging people to stop delaying wellness visits, including vital preventative cancer screenings such as mammograms, pap tests, or colonoscopies.



Podcast Transcript "New Normal, Same Cancer"

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To help reinsure the public that it is safe to resume this type of care, it is more important than ever that our healthcare community comes together to encourage people to check in with their doctors.

Representative Kim Ferguson: The number of cancer diagnoses needs to improve because cancer patients are disproportionately impacted by COVID-19. They are 2x more likely to become infected than the general population.

What can cancer patients do to reduce their risk during the pandemic?

Camille Hertzka: We know that no two patient experiences are the same. It's important for them to comply with their local CDC guidelines, wear a face mask, and social distance as much as possible. If they are experiencing any symptoms of COVID-19 or feeling unwell, they must check in with their doctor to discuss appropriate next steps for their unique case. Each case is unique.

Representative Kim Ferguson: Thank you. We've seen organizations small and large band together to support patients and caregivers, loved ones, and friends during these difficult times.

Camille, what type of work is being done to ensure those living with and affected by cancer have quality care?

Camille Hertzka: We've pivoted and adapted, moving quickly to launch a range of strategies to mitigate the impact of COVID-19 by focusing on a number of priority areas, and I'm going to mention four of them.

First of all, remote care. From the onset of the pandemic, at a time when few people could leave their homes, we focused our efforts on providing access to testing and treatments at home when it was possible. The Centers for Medicare and Medicaid Services have revised guidelines during the COVID-19 public health emergency to allow healthcare providers to treat Medicare patients in the home setting and to be reimbursed for infusions and more medically complex treatments that are typically administered at a health center. This will pave the way for more point-of-care flexibility, such as home infusions for services and less hospital visits.

Secondly, we've also seen adjustments in infusion administration. Some of our medicines require patients to visit hospitals or medical clinics to receive their treatments through an IV or an infusion. Recently, the FDA has taken action to allow certain patients to come to the hospital less frequently for their treatments while maintaining a similar efficacy and quality of treatment.

A third really important aspect to mention is how we are adjusting our ways of working to be able to continue to bring innovation to patients through clinical trials. The impact of the pandemic on AstraZeneca's clinical trials in oncology has been very limited. To maintain our clinical trials, we had to become more flexible and adaptable, making it easier for patients to participate through telehealth, delivering medication directly to their homes, and fast tracking the implementation of digital



Podcast Transcript "New Normal, Same Cancer"

Recorded: December 17, 2020

technologies to closely monitor trials in real time. From a research and development perspective, these changes are making us more efficient.

Our control tower includes COVID-19 reporting accessible to 6,000 research and development colleagues, providing automated daily updates on the impact from COVID-19 across every internal clinical study, recruitment by country, supply, missed visits, etc. Interestingly, this could be an important way for us rethink the way we do clinical trials and apply some of our recent learnings to future trials to make them more efficient.

The fourth aspect that I'd like to highlight is the importance of what we call precision medicine. As a company, and in alignment with the scientific community, we are committed to transforming cancer care by developing targeted therapies for patients most likely to benefit. Precision medicine approaches are critical to achieving our ambition of redefining cancer care and provides an innovative way to treat cancer using a person's specific cancer genetic profile or proteins to prevent, to diagnose, or to treat a disease in a personalized way. This approach helps us identify patients with a higher risk for cancer, prevent certain cancers, detect cancers early, diagnose a specific type of cancer correctly, choose what treatment options are the most optimal for a specific cancer, and overall help to select the right patient for the right treatment.

For patients with certain later stage cancer, precision medicines and innovative cancer therapies have helped extend survival rates and improve quality of life. This is evidenced now by sharp decreases in cancer deaths by more than 272,000 from 2016 to 2017 - in just one year the largest single-year decrease on record.

Despite immense scientific advancement in recent years, the precision medicine approach still is not the standard of care for all patients. As an example, recent studies report that up to 70% of lung cancer patients in the community setting in the U.S. do not receive biomarker testing, as is recommended by the [National Comprehensive Cancer Network Clinical Practice Guidelines](#). And more than 50% might not receive appropriate precision medicines based on these results.

We can change these outcomes by focusing on scientific innovation and evolving with the current healthcare environment to ensure that innovation doesn't stop. We've already begun this important work and have been lucky to work alongside groups like [Personalized Medicine Coalition](#), [American Cancer Society](#), [LUNGevery](#), [Texas Oncology](#), and so many others to help priority innovative treatment approaches.

And as we look ahead, we hope to continue to work alongside those in the cancer community to address access to diagnostics and treatments for all patients.

Representative Kim Ferguson: Thank you, Camille. That was really interesting. It's not surprising to learn that declines have been more acutely felt by many ethnic groups, especially Black people, who have historically had to bear a disproportionate burden of cancer deaths due to missed or late diagnoses for



Podcast Transcript "New Normal, Same Cancer"

Recorded: December 17, 2020

many common cancers which might otherwise be treatable when detected earlier – even before the onset of the pandemic.

How is the healthcare community ensuring underserved communities have equitable access to quality care?

Camille Hertzka: That's an excellent question. In partnership with the oncology and broader public health community, we recognize how serious this issue is. From a U.S. oncology perspective, our goal is to catalyze change and navigate solutions by looking at both diversity in research and health equity in cancer care.

We know that members of minority ethnic groups in the U.S. are more likely to be medically underserved, meaning that they are less likely to undergo cancer screening, they might delay or skip their routine visits to their doctor's office, and they are less likely to receive the most optimal treatments for their disease.

As you noted, this is compounded by the fact that many of these populations are already disproportionately impacted by cancer. For example, Black patients suffer the highest mortality and shortest survival or any racial groups in the U.S. for most cancers. Hispanics, the largest and youngest minority group in the U.S., generally have lower cancer rates but are still more likely than White Americans to die from cancers of the breast, cervix, and liver. The same is true of Pacific Islanders and American Indians.

To address this, we recognize that we need to look at the whole patient journey from screening and diagnosis to testing, treatment, and survivorship, including their access to clinical trials. From a clinical trial perspective, we started developing plans to ensure that we're including diverse patient populations by reviewing trial designs and ensuring equitable access to clinical trials across the country.

Beyond trials, we are working with the oncology community to better understand disparities and to develop educational programs to reach minorities and identify new opportunities to ensure equitable care. A great example of this is the work we've done with the Asian American population, who are more frequently diagnosed with [EGFR mutative lung cancer](#), a subgroup of lung cancer. This data pushed us to work with Asian American media to provide education about the statistics of lung cancer in this population.

We are also working for opportunities to partner across the oncology and healthcare community to ensure we are harnessing the power of our collective efforts to deliver the best possible care for people with cancer.

Representative Kim Ferguson: In 2020, an estimated 1.8 million new cases of cancer will be diagnosed in the United States, and more than 600,000 people will die from the disease.



Podcast Transcript "New Normal, Same Cancer"

Recorded: December 17, 2020

The world is navigating a "new normal." But cancer is not waiting for things to go back to normal. Every day, the same cancer threat remains. If you or someone you know has symptoms, has paused treatment, or has canceled a screening, it's time to contact your doctor or healthcare provider to get checked.

Camille, can you tell us about "New Normal, Same Cancer?"

Camille Hertzka: Understanding the impact of the COVID-19 pandemic, we know that navigating this new normal comes with a unique set of challenges for those living with cancer or not yet diagnosed. And it's with this in mind that we launched a campaign called "New Normal, Same Cancer." This initiative is aiming to encourage all of us, from patients to caregivers to families and friends, to take care of ourselves and prioritize our health.

Over the last several months, we've demonstrated the power of coming together as a community to prioritize our health. We've heard from medical professionals and healthcare experts on the importance of prioritizing health and shared their perspective across the country through television, radio, and print media. We've partnered with countless organizations and are very proud to support [Black Health Matters](#) to help raise awareness of this issue among the Black community, with the goal of addressing urgent health equity issues facing this community.

The message has spread across social and digital platforms as well as the cancer community. Activates to share how they are returning to their doctor's offices and learning more at [NewNormalSameCancer.com](#). These efforts demonstrate how we are prioritizing health equity as we look to redefine cancer care and address the impact of COVID-19.

Representative Kim Ferguson: By 2040, the number of new cancer cases per year is expected to rise to almost 30 million and the number of cancer-related deaths to 16.4 million. That's why getting screened is so important.

How can we come together across our communities to support your effort and improve screenings and testing capabilities?

Camille Hertzka: It's our belief that success can only be reached by coming together, and it is through partnerships and with the support of patient advocacy groups, professional societies, healthcare professionals, healthcare systems, and anyone who can play a role or who wants to play a role in improving healthcare that we can collectively rise to the challenge for all cancer patients.

By leveraging the expertise of our partners and bolstering the science in areas like precision medicine, disease prevention, and understanding and addressing resistance mechanisms that the disease can develop over time, we can all better deliver outcomes to patients.



Podcast Transcript "New Normal, Same Cancer"

Recorded: December 17, 2020

Representative Kim Ferguson: Thank you, Camille. You note that through your work your team is focusing on a few key areas of cancer care where meaningful change is needed most and are partnering with the community in addressing the new realities of COVID for those living with cancer, contributing to meaningful solutions around systemic issues such as health disparities and identifying the real change that is needed in cancer care long-term.

Can you tell us about how AstraZeneca is working on these issues?

Camille Hertzka: At AstraZeneca, we have thoughts about how we can work with the community in a few ways, taking into consideration a few aspects including how we can address the new realities that COVID-19 has brought for those being affected by cancer, how we can contribute to meaningful solutions around systemic issues such as health disparities or inequities in healthcare, and how we can identify the real change that is needed in cancer care and come together to set a path that would redefine cancer care.

We've taken a few actions over the past months to encourage our loved ones, our friends, and our personal and professional networks to check in with doctors as a reminder to all of us that cancer has not stopped, and neither should we. I've shared some of our efforts around our "New Normal, Same Cancer" campaign and encourage you to learn more online at NewNormalSameCancer.com

We also know that identifying risk is just one piece of the effort. As we've all seen, COVID-19 has shone a light on some of the barriers that exist within our healthcare system that urgently need to be addressed. For example, healthcare for underserved patient populations has been significantly impacted by the pandemic, and a delay in cancer diagnosis is even greater for those populations. We are committed to finding solutions to those challenges that the pandemic amplified and ensure that all patients have equitable and quality care.

Representative Kim Ferguson: During these uncertain times, we're seeing biopharmaceutical companies working together, sharing research and technologies in an effort to combat a deadly virus. As they work hard on developing a COVID-19 vaccine and treatment, we're also seeing connection and collaboration take shape in new and innovative ways with regards to cancer care.

Camille, how is the healthcare industry staying connected, sharing information and uncovering solutions to key issues like access to care and treatments?

Camille Hertzka: Together, we can address challenges and identify solutions to address healthcare disparities. We're also proud to provide a platform for these types of conversations and act as a convener among community groups and professionals to discuss these issues.

Through a program called "Your Cancer," we hope to gather experts in cancer care to discuss topics like precision medicine, access to care, medical innovation, the importance of early diagnosis, and bring this



Podcast Transcript "New Normal, Same Cancer"

Recorded: December 17, 2020

conversation to the main stage to ultimately address and remove barriers to care, transform healthcare systems, and therefore redefine patient outcomes.

We have some great examples of successes with the "Your Cancer" program. For example, we've convened state-level policy roundtable discussions in California, New York, Illinois, and Texas, which included multiple cancer advocacy organizations, oncologists, legislators, researchers, patients, advocates, biotechnology experts, and science officers to consider whether advances in precision medicine are supported by current policies.

Following one roundtable discussion in California, AstraZeneca had the opportunity to testify at the California State Assembly's Biotechnology Precision Medicine informational hearing, highlighting some of the ways we're fostering greater collaboration among California's oncology community and helping them realize the important policy changes that improve cancer treatment care. Based on this, legislation was introduced in California to prohibit Prior Authorization for biomarker testing for advanced or metastatic stage 3 and 4 cancer, eliminating unnecessary delays for patients trying to access appropriate treatments.

We've also supported bringing the cancer conversation to the main stage to drive awareness and action where change is needed the most. Just a few weeks ago, we joined oncology experts to host a discussion as part of *the Washington Post* "Chasing Cancer" summit to discuss the role of precision medicine in oncology, access to diagnostics and treatments, and the impact of COVID-19.

We've also convened a roundtable discussion as part of *the Economist's* "War on Cancer" series to continue to bring the conversation of cancer care to the forefront, convening stakeholders on the barriers in delivering precision medicine to better inform and identify new solutions.

Our hope is that these conversations spotlight perspectives that are inclusive and stronger by the cross-collaborative approach in using media and speaking opportunities to broaden this ability and awareness. You can learn more if you want at YourCancer.org

Representative Kim Ferguson: Thank you for sharing the work the healthcare industry is doing to strive toward a future without cancer. As we begin to wrap up, how are you ensuring that all patients across demographics, geographic regions and socioeconomic statuses have access to screenings and testing options to ensure they are identified as soon as possible and have access to the innovative medicines that are available today?

Camille Hertzka: Building upon much of our conversation today, our U.S. oncology team looks to partner with those at the forefront of cancer care in a variety of ways. We partner with non-profits and patient advocacy groups like the American Cancer Society or some tumor-specific groups to support programming that directly addresses healthcare disparities.



Podcast Transcript "New Normal, Same Cancer"

Recorded: December 17, 2020

We also work with professional associations like the [American Society of Clinical Oncology](#), the [Association of Community Cancer Centers](#), and the [American Association for Cancer Research](#) and support healthcare professionals who are working with minority health organizations.

As an organization, we realize that it's a long road ahead, but we must find ways to better address disparities in cancer care and in healthcare more generally.

Representative Kim Ferguson: In the remaining time, I'd like to hear some of your key takeaways. Any closing remarks?

Camille Hertzka: Our vision is to redefine cancer care to one day eliminate cancer as a cause of death, and to achieve this ambition, we must all come together to address and overcome today's healthcare barriers.

While we've made great progress over the past several years, we can't let COVID-19 stop or slow down innovation. Within less than two months following the start of the pandemic, average weekly new diagnoses dropped by about 46% across six major cancer types, including breast, colorectal, lung, pancreatic, gastric, esophageal cancers combined.

We can't let this be our new reality. Cancer hasn't stopped, and neither will we. It's conversation like today that can help ensure that we address health disparities, prioritize innovation and discovery of novel therapies, and increase access to personalized medicines so all patients receive the right treatment at the right time.

Thank you for having me join you today to discuss this important topic. I really look forward to continuing the conversation and seeing what we can achieve together.

Representative Kim Ferguson: Thank you, Camille, for sharing that important information. Navigating this new normal comes with a unique set of challenges, especially for those diagnosed and living with a cancer diagnosis.

We must come together as a community to prioritize our health – to check-in with our doctors for routine healthcare visits, prioritize screenings, ask questions about unusual symptoms, and encourage our loved ones to do the same.

Our hospitals and healthcare settings have made great progress in establishing important safety protocols during the COVID-19 pandemic, so it's time to safely resume care.

Once again, I'd like to thank Camille Hertzka, Head of Medical, US Oncology at AstraZeneca. I'm inspired by your work and those of the full oncology community as we come together to support cancer patients and work to prioritize our health.



Podcast Transcript "New Normal, Same Cancer"

Recorded: December 17, 2020

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