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Editorial

Pearls to Pivoting a Multidisciplinary Prostate Cancer Survivorship Program During the COVID-19 Pandemic

Ryan Flannigan ^{a,b,*}, Monita Sundar ^a, Sarah Weller ^a, Nikita Ivanov ^{a,c}, Monica Hu ^a, Marcy Dayan ^a, Charlene Chen ^a, Eugenia Wu ^a, Larry Goldenberg ^{a,b}, Celestia S. Higano ^{a,d}

^a Prostate Cancer Supportive Care Program, Vancouver, Canada; ^b Department of Urological Sciences, University of British Columbia, Vancouver, Canada; ^c BC Cancer, Vancouver, Canada; ^d Department of Medicine, Division of Oncology, University of Washington, Seattle, WA, USA

1. Introduction

The Prostate Cancer Supportive Care (PCSC) program was established in January 2013 in order to provide education and multidisciplinary care for prostate cancer (PCa) patients and their partners and family from the time of diagnosis onward. The program is staffed by experts in sexual health, nutrition, exercise, pelvic floor physiotherapy, psychology, and medical oncology. PCSC has registered 2119 patients over the last 6 yr and has recently expanded to five sites across British Columbia.

PCSC is organized into optional modules including: introduction to PCa and treatment options; sexual rehabilitation; exercise; nutrition; androgen deprivation therapy (ADT); pelvic floor physiotherapy; counseling; and advanced PCa treatment. Most modules consist of an in-person group or WebEx education session followed by individual clinic visits. In Vancouver, 2456 patients have attended the education sessions and more than 7000 in-person clinic visits have occurred. In clinic, patients fill out paper or iPad-based questionnaires at baseline and at various time points, depending on the module.

2. PCSC response to social distancing for COVID-19

The World Health Organization recommends social distancing to reduce the spread of the Sars-CoV-2 virus responsible for the COVID-19 pandemic [1]. These measures have had a dramatic impact on health care delivery that has required us to pivot quickly to virtual platforms to resume the PCSC program.

3. Virtual health care implementation

3.1. Education sessions

All education sessions are now delivered via live virtual platforms (WebEx, Zoom, or Skype) whereby patients can ask questions in real time. Attendance at virtual sessions is not limited by space constraints. Prerecorded videos of the sessions are also published on the PCSC webpage (www.pcscprogram.ca).

3.2. Clinic interactions

All clinical interactions have transformed from in-person visits to Zoom virtual health visits. This platform has audio, visual, and screen sharing options. Using Checkbox Survey software, we developed electronic versions of our questionnaires to be completed before virtual health visits. PCSC staff provide questionnaire links and meeting invitations to patients via e-mail. Patients complete the questionnaire and it is then uploaded into our electronic medical record before their visit.

4. Module-specific clinic operations before and after COVID-19

4.1. Introduction to prostate cancer and primary treatment options

This module provides group education sessions for up to eight patients with newly diagnosed PCa and their partners. A urologist and a radiation oncologist discuss diagnosis and

* Corresponding author. Prostate Cancer Supportive Care Program, 2775 Laurel Street, Vancouver, BC, V5Z 1M9 Canada. Tel. +1 604 8755003, Fax: +1 604 8755604.
 E-mail address: ryan.flannigan@ubc.ca (R. Flannigan).



primary treatment options. In Vancouver, 5–7-min one-on-one consultations with the physicians are offered to those who wish to ask questions specific to their case.

4.2. COVID-19 accommodations

Live group sessions are delivered monthly via WebEx, for which attendance is not limited. Alternatively, a prerecorded version can be accessed on the PCSC website [2]. In-person brief consultations are no longer available, although patients can ask questions via WebEx and are also encouraged to follow up with their own urologist or radiation oncologist.

4.3. Sexual rehabilitation clinic

A biopsychosocial sexual medicine approach is offered to PCa patients and partners. Patients must attend the group education session providing an overview of normal sexual functioning, potential changes to sexual function following PCa treatment, and management strategies available. Patients and their partners attend individual clinic appointments every 3–6 mo for 2 yr. Patients may also engage in SHAReClinic [3], which offers patient-tailored educational content and electronic interaction with a sexual health clinician. Patients and their partners fill out questionnaires that are repeated at specified time points.

4.4. COVID-19 accommodations

Individual consultations are offered using Zoom or alternatively through the SHAReClinic. In-person intracavernosal injection therapy (ICI) teaching is temporarily suspended. Instead, patients are provided with written information surrounding ICI and directed to the instructional video on the PCSC website [4].

4.5. Exercise

The exercise module incorporates a group education session [5] to teach the clinical benefits of exercise for PCa survivors. Over 12 mo, four in-person, individualized clinic visits and one telephone appointment focused on exercise counseling and behavioral change are offered. Validated questionnaires establish baseline activity, fitness, barriers and facilitators to exercise, and task self-efficacy related to moderate- and vigorous-intensity exercise. Resting blood pressure, heart rate, waist circumference, height, weight, body mass index, 30-s sit-to-stand performance, short physical performance battery, and grip strength are measured at baseline and at 3, 6, and 12 mo.

4.6. COVID-19 accommodations

Adaptations to virtual clinic visits include answering the questionnaires on-line and patient-reported blood pressure, waist circumference, height, and weight. The clinical exercise physiologist guides the patient in measuring resting heart rate, 30-s sit-to-stand performance, and the short physical performance battery. Grip strength was removed because of the need for specialized equipment.

4.7. Nutrition

Monthly education sessions are delivered covering nutrition strategies for healthy living. Individual consultations are arranged with patients for specific recommendations. Dietary and medical histories are reviewed, and abdominal girth, height, and weight are obtained.

4.8. COVID-19 accommodations

Individual visits are carried out using Zoom. Patient resources and handouts are now available electronically. Limitations exist for precise physical measurements.

4.9. ADT

Monthly group education sessions covering ADT-related side effects are offered to patients and families in person or via WebEx. Patients also receive in-person consultations with an oncology nurse practitioner to address side effects related to ADT.

4.10. COVID-19 accommodations

Individual consultations are performed via Zoom or telephone. Patient resources and a summary of the clinical session are available to patients via e-mail after their appointments [6].

4.11. Pelvic floor physiotherapy

After the group education session, a dedicated pelvic floor physiotherapist performs assessments and treatments during three appointments. Patients requiring surgical intervention are referred to a subspecialty urologist.

4.12. COVID-19 accommodations

Clinic visits are carried out on Zoom. Use of pelvic floor models is helpful in discussing concepts and anatomy. Follow-up requiring pelvic examination or electromyographic biofeedback is currently postponed until in-office visits are permitted.

4.13. Counseling services

This module involves individual counseling sessions to navigate patient and caregiver emotional distress related to PCa diagnosis, treatments, and associated side effects.

4.14. COVID-19 accommodations

Counseling appointments are performed via Zoom. Strategies are implemented to create a comfortable virtual space for patients. At the outset, the counselor solicits the patient's location and emergency contact information. The clinician must pay closer attention to body language and other cues during virtual visits. Attention towards worsening symptoms of depression or cognitive im-

pairment are especially important during times of social isolation [7]. Additional resources are e-mailed to the patient as appropriate.

4.15. *Advanced PCa treatment*

Monthly education sessions reviewing the biology of metastatic disease, distinguishing metastatic hormone-sensitive from castration-resistant PCa, and treatment options and their related side effects are offered via WebEx by a medical oncologist at one site.

4.16. *COVID-19 accommodations*

The only change for this module is that the sessions are now delivered by an oncology nurse practitioner as the physicians are not available.

4.17. *Challenges in extending virtual health care*

In British Columbia, different governing health care authorities have unique virtual health platform subscriptions and regulatory requirements. The Virtual Health Department at Vancouver Coastal Health advised the PCSC on platforms meeting the Information Privacy Office requirements. Many patients need additional assistance from PCSC staff to initiate virtual sessions, but most seem to learn quickly. In the beginning, calls to remind patients to fill out questionnaires were required, but patients are now developing this habit. Only a small proportion have declined virtual appointments, although this may change as more people become conversant with Zoom.

5. **Conclusions**

In order to provide services to patients in remote areas, the PCSC program had already initiated some virtual health

options. These ongoing efforts allowed us to pivot quickly to provide the entire program in the socially distanced manner required during the COVID-19 pandemic. Patients have adapted well to virtual visits and appreciate the fact they do not have the expenses associated with in-person clinic visits. Our clinicians have been very creative in developing new skills and insights into the delivery of virtual care and these will contribute to a new paradigm for the future delivery of virtual health care after the pandemic has passed.

Conflicts of interest: The authors have nothing to disclose.

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