

Advanced Practitioners and the COVID-19 Pandemic

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This is an incredibly strange time to be practicing in health care. Although predictions for a pandemic in the world have been talked and written about for decades, the COVID-19 pandemic has hit us with a vengeance, requiring health-care practitioners to step up and practice under a variety of difficult situations. From the lack of personal protective equipment to the call for retired and barely graduated new professionals to join the fight, this virus has changed how we practice medicine. Without standard treatment plans for this novel virus, practitioners are struggling to treat our patients effectively.

MULTI-SYSTEM EFFECTS

The National Institutes of Health (NIH) note that individuals of all ages are at risk for infection and significant illness (NIH, 2020). Those aged 65 and older are at highest risk for fatal disease. Comorbid conditions such as hypertension, cardiovascular disease, diabetes, chronic respiratory disease, cancer, renal disease, and obesity are also factors for increased risk of disease.

The estimated incubation period for the virus is up to 14 days after exposure, and the spectrum of illness

varies. Individuals may present with asymptomatic infection to severe pneumonia and acute respiratory distress syndrome (NIH, 2020).

Although a COVID-19 infection can begin as a local upper respiratory tract infection, it can spread to other organs, causing a multi-system syndrome. This manifestation of infection is associated with inflammatory activity and microvascular involvement with coagulopathy (leading to strokes); the response can lead to multiple organ dysfunction affecting the brain, lungs, heart, kidneys, nerves, muscles, and gastrointestinal tract (Roberts et al., 2020).

TREATMENT GUIDELINES

The Centers for Disease Control and Prevention (CDC) state that there are no treatments currently approved to treat COVID-19 (2020). The guidelines for current clinical management include infection prevention and control measures and supportive care with supplemental oxygen and mechanical ventilatory support if indicated (CDC, 2020).

Treatment guidelines developed to assist clinicians caring for patients with COVID-19 are available from the NIH (2020). Clinical management recommendations note that a

number of agents are being studied, but no drug has been proven to be a safe and effective therapy for the treatment of COVID-19.

Of note, Gilead Pharmaceuticals announced that remdesivir has been issued an Emergency Use Authorization for the treatment of COVID-19. Remdesivir is an investigational drug that previously was not approved by the FDA for any use, and the distribution of this agent is authorized only for the treatment of hospitalized patients with severe COVID-19 (Gilead, 2020).

APs IN ONCOLOGY

Those of you in active practices caring for oncology patients may be struggling with how to manage your patients during this pandemic. A recent article noted that cancer patients appear to have an estimated two-fold increased risk of contracting the virus, which has implications in how you care for your patients and manage resources (Al-Shamsi et al., 2020). The authors note that the main management strategies for our demographic should contain clear communication and education about proper hygiene, infection control, high-risk exposure, and the signs and symptoms of COVID-19 (Al-Shamsi, et al. 2020).

To support advanced practitioners, our professional society, the Advanced Practitioner Society for Hematology and Oncology (APSHO), has organized resources and interviewed clinicians about how they are continuing to treat their patients with cancer while safeguarding against COVID-19. You can view these at APSHO.org.

IN THIS ISSUE

We've got a full issue for you this month, including two Research & Scholarship articles: one on perceptions of health-care workers on cost and safety of oral oncolytics, and the other on barriers to oral therapy adherence. Our Review article highlights risk factors for ifosfamide-related encephalopathy. For those of you thinking of leading a fellowship program or enrolling in one, our articles on the Mayo Clinic Hematology Fellowship for APPs and the Levine Cancer Institute hematology-oncology APP fellowship program

detail the development of these comprehensive post-graduate programs. Our Prescriber's Corners dive into larotrectinib and entrectinib for patients with *NTRK* gene fusion and enfortumab vedotin for bladder cancer. Don't miss our Grand Rounds feature on an evidence-based approach to monitoring and managing a patient with Waldenström macroglobulinemia.

10 YEARS OF JADPRO

As I write this editorial, JADPRO is celebrating a milestone. It was 10 years ago this month that the inaugural issue of JADPRO was published. Since that time, we've grown into a journal with a subscriber base of over 10,000, launched an advanced practitioner society, APSHO, and developed an annual live meeting, JADPRO Live, focused on the best content we can deliver to educate and support the advanced practitioner. It's been quite a decade, and I'm very proud of what we've accomplished.

I am hopeful that this pandemic will eventually wind down as we possibly develop herd immunity or discover an effective vaccine. Until then, stay safe and support each other. ●

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