



Good morning—The International Association for the Study of Lung Cancer supports its 8,000 international members with a wide spectrum of educational materials to advance medicine’s understanding of lung cancer. In keeping with that mission, the IASLC has created a special section to house current material and research on the coronavirus. You can access it here:

<https://www.iaslc.org/Coronavirus-2019-COVID-19-Fact-Sheet>.

The coronavirus’s epidemic has already caused havoc in travel and financial markets and threatens to become a major public health issue. How much of a threat is SARS-CoV-2 infection to the public at large and to cancer patients who are more susceptible to develop an aggressive course of this disease? And why is the virus confined to specific countries and regions?

The *Journal of Thoracic Oncology* is publishing this week an editorial from Michele Carbone M.D., Ph.D., from the University of Hawaii Cancer Center; Joshua B. Green, M.D., Lieutenant Governor, State of Hawaii; Enrico M. Bucci, Ph.D. Sbarro Institute for Cancer Research and Molecular Medicine at Temple University; and John A. Lednicky, Department of Environmental and Global Health, College of Public Health, University of Florida.

The authors note that the number of individuals reportedly infected with SARS-CoV-2 in different areas of the world is largely influenced by the number of tests performed. This has created a false narrative that some areas of the world are free of infection – for example several states in the U.S., many foreign countries, the south of Italy, etc. However, in these regions tests have not been performed or only few people have been tested, compared to the north of Italy and South Korea for example, where extensive testing has been performed and many were found positive. The authors anticipate that in the coming weeks as testing is performed more extensively we will have to rethink much of what we know now about the spread of this disease.

In their editorial, the authors also point out that several things have plagued the international public health community from arresting the spread of the disease: 1) 5 million of the 14 million residents in Wuhan Province left the area for the Chinese New Year and other reasons before the Chinese government issued its quarantine; 2) Faulty tests have been identified in China and the U.S., hampering doctors’ efforts to properly diagnose SARS-CoV-2 cases, and 3) the dearth of early pathology and understanding of the disease has complicated diagnosis and treatment.

Last week, an international team of clinicians published the first-ever pathological assessment of the coronavirus, biopsied from two patients treated for lung cancer in Wuhan Province, China. Shu-Yuan Xiao, MD, a pathologist from the University of Chicago Medicine published in the *Journal of Thoracic Oncology* “Pulmonary pathology of early phase 2019 novel coronavirus (COVID-19) pneumonia in two patients with lung cancer.” Dr. Xiao worked in Wuhan with a team from Zhongnan Hospital of Wuhan University in Wuhan Province.

This week, Dr. Conghua Xie from Zhongnan Hospital of Wuhan University, Wuhan, submitted a letter to the editor of the *Journal of Thoracic Oncology* titled “Treatment and Outcome of a Lung Cancer Patient Infected with SARS-CoV-2.” This letter details a case a 57-year-old Chinese male patient with lung cancer who was admitted to a hospital on December 30 for cancer treatment and presented on January 18<sup>th</sup> with fever. He had known exposure to SARS-CoV-2 and tested positive for it on January 26<sup>th</sup>. After antiviral treatment, the patient reported improved overall condition and was discharged on February 14. Dr. Xie reports that the patient continued to receive treatment for lung cancer even while undergoing treatment for SARS-CoV-2.

The goal of these communications is to further advance medicine’s understanding of the origin, spread and diagnosis and treatment of the disease. In the end the outcome of the studies will benefit medicine and patients throughout the world, underscoring the value of team-work and international collaborations in medical research.

Taken together, these documents provide an early glimpse into the pathogenesis of the virus and this perspective will help inform our members’ understanding of the disease, which can only lead to better treatment and improved outcomes.

If you are interested in speaking with the authors of any of these publications, please let me know and I will help arrange an interview.

Contacts:

Chris Martin [CMartin@DavidJamesGroup.com](mailto:CMartin@DavidJamesGroup.com) | 630-670-2745

Becky Bunn, MSc [Becky.Bunn@IASLC.org](mailto:Becky.Bunn@IASLC.org) | 720-325-2946