





Reflections on a Career:

A Conversation with ASCO's Dr. Richard Schilsky

Richard L. Schilsky, MD, FACP, FSCT, FASCO, the former chief medical officer and executive vice president of the American Society of Clinical Oncology (ASCO), retired this year after a distinguished career in cancer care and research that has spanned more than 40 years. An expert in gastrointestinal cancers and new drug development, Dr. Schilsky's career bridged oncology's early wave of progressive treatments to today's era of precision medicine. Dr. Schilsky came to ASCO as chief medical officer in 2013, after spending nearly 30 years at the University of Chicago Medicine, where he served as the chief of hematology/oncology in the Department of Medicine and the deputy director of the University of Chicago Comprehensive Cancer Center. For 15 years, Dr. Schilsky also led the Cancer and Leukemia Group B, a National Cancer Institute-funded cancer research cooperative group. *Oncology Issues* sat down with Dr. Schilsky to look back on his career and look forward to future research breakthroughs in this era of COVID-19 and beyond.

OI. What are you most proud of when you look back at your career?

Dr. Schilsky. That's a tough question for someone with a 40+ year career. I am most proud of creating opportunities for other people to flourish in clinical research. I spent nearly 30 years on the faculty of the University of Chicago, where I taught scores of

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oncology fellows, many of whom have emerged as leaders in their fields. I take pride in their accomplishments and the contributions I have made to their successes.

Throughout my career, I've been able to create mechanisms that have enabled other people to collaboratively pursue research opportunities. I spent another decade at the University of Chicago as the associate dean for clinical research. During that time, I was able to develop programs and infrastructure that provided the support faculty needed to carry out their work.

I also spent 15 years leading the Cancer and Leukemia Group B—a national cooperative group that is now part of The Alliance for Clinical Trials in Oncology—which brought together

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investigators from hundreds of institutions across the country. I was able to identify and bring together top researchers to work with one another in committees and programs that allowed them to bring their ideas to fruition. From that effort, we completed many clinical trials that have fundamentally changed cancer care by bringing new drugs to market and developing new treatment paradigms.

OI. Has the experience of the pandemic opened your eyes to any aspects of cancer care that you think need more attention?

Dr. Schilsky. ASCO looked into this quite a bit with our recently published report, *Road to Recovery* (see box, right).¹ In this report, we make recommendations about the future of cancer care and research beyond the pandemic. Through the work that went into developing this report, we made a number of recommendations about how some of the changes that were necessary in the wake of the pandemic could be carried forward to make cancer care more efficient and accessible. In clinical medicine and research, a lot of the things we've done by tradition do not have to be done that way. We've been forced to make changes as a result of the pandemic, many of which can be retained going forward.

For example, we can design clinical trials that are simpler and easier on patients. We recognize trials can be conducted in combination with a patient's routine care, so many patients do not need to travel to a research site to participate. This can make clinical trials more available to more people.

The biggest immediate impact of COVID-19 on clinical care has been the shift to telemedicine services. This brought some vulnerable patient populations into contact with the healthcare system out of necessity. Many people feel that telemedicine is here to stay. If that's true, we need to determine where its limitations exist. You can't fully examine someone through a video call—you can miss subtle things that way. Doctors can detect important clues as to how a patient is doing by glancing at that patient's posture, demeanor, and expression.

But there are some real advantages to telemedicine. It has the ability to bring more family members into a patient's treatment. There are lots of other people who may be interested in how a patient is doing, but it has not been practical to bring all those people physically together. It's also easier to bring in translators for non-English speakers, since family members who speak English can be on the call to translate.

Many patients with cancer receive long-term care for follow up on treatments they have finished. For many of them, it is not necessary to be seen in person, so telemedicine might work well. The pandemic has been very disruptive, and we still have much to learn about how that disruption will impact patient treatment and outcomes.

OI. What is the status of the cancer registry that ASCO launched last summer?

Dr. Schilsky. More than 2,500 patients have been enrolled in the ASCO Survey on COVID-19 in Oncology Registry² thus far, and ACCC has been a fantastic partner in recruiting practices to participate. The information is already allowing us to follow the care of patients with cancer whose treatment has been disrupted or otherwise affected by the pandemic. If a patient's treatment regimen has been postponed, will that affect outcomes? If treatments are modified in response to limitations brought on by the pandemic, are there long-term implications? Like all great crises, the pandemic has created many changes and opportunities. How we carry forward the changes that we find to be positive will make a difference in cancer care.

Providers are continuing to enroll their patients into the database, and we intend to keep it open indefinitely. Our immediate goal was to identify the patients who were having their care disrupted by COVID-19. We are able to track those patients longitudinally, and we will follow patients as they are vaccinated and track their long-term symptoms.

Thus far, we've been able to make some preliminary observations about these patients as a group. The majority of the patients in the registry—72 percent—are overweight or obese. There is an over-representation in these patients of B-cell malignancies—such as multiple myeloma, non-Hodgkin's lymphoma, and chronic lymphocytic leukemia—which are not as common as other cancers but represent a high proportion of patients with COVID-19 and a cancer diagnosis. These patients are very susceptible to COVID infection, and they have the highest mortality rates. In looking at the symptoms of COVID-19 these patients present with, we've found that nine percent report a loss of taste or smell.

We are currently collecting these observations and compiling a formal manuscript for publication. I strongly encourage ACCC members who are not yet participating in this registry to enroll their patients today at: redcap.asco.org/surveys/?s=K4RA99XHPF. There are no costs associated with it for participating providers. Registering patients is a simple process.

Thanks to support from Conquer Cancer® and the ASCO Foundation, ASCO is now providing payments (both for start-up and for each patient entered) to help cover expenses involved in participating.

OI. In July 2020, ASCO and ACCC announced another joint initiative designed to identify and implement novel strategies and practical solutions to increase the clinical trial participation of racial and ethnic minority populations who continue to be under-represented in cancer research. What is it about this specific effort that you believe can address this ongoing problem?

Dr. Schilsky. We have really committed leadership to this project with ASCO's president, Dr. Lori Pierce, and ACCC's immediate past president, Dr. Randall Oyer. Both ASCO and ACCC are fully behind this, and we have staff working hard to make this project successful. We have appointed a steering committee composed of leaders who have successfully tackled this problem before.

We have an opportunity through this partnership with ACCC to make a difference. We understand that it is crucial for all patients with cancer to have access to clinical trials. To the extent to which we do not have adequate representation of all people in clinical research, we are limited in how much we can apply the results of our trials to the people who need treatment. This is going to be a long haul—you don't solve a problem like this quickly. But I think that the experts we have assembled with these particular leaders, supported by the dedicated staff of ASCO and ACCC, have as good a chance as anyone to take on this challenge and make meaningful improvements in enrollment of minority populations.

OI. Adequately monitoring and caring for patients who have finished their cancer treatment is getting more difficult as new therapies continue to lengthen patients' lives. Why is providing survivorship care proving to be so difficult?

Dr. Schilsky. There is a significant lack of information exchange between oncologists and primary care physicians (PCPs) when a patient is transferred to a primary care provider after completing cancer treatment. Many patients with cancer want to retain ties with their oncologists; it is important to their emotional and physical well-being to do so. Oncologists want that as well. The problem is that there are too many patients and too few physicians. Oncologists have limited time available, and they need to devote their time and effort to their patients in active treatment. So there needs to be an effective handoff of these patients to their PCPs, and several survivorship care plans³ have been created for that purpose.

Primary care doctors know that patients who have completed cancer therapy regimens are at risk and in danger of relapse; that they may develop long-term side effects. Monitoring for these things is a lot to put on the shoulders of PCPs with high patient loads.

So ASCO invited leaders representing primary care physicians to talk through these issues. The message we heard was, "Just tell us what to do, and we'll do it." Survivorship care plans have not been as successful as we had hoped; they have incorporated too much detail and not enough direction. We want to improve current care plans so we can get to the point at which we clearly communicate to PCPs what they can do for patients and then enable them to do it. This is what happens when there is good information exchange, but our fragmented healthcare system does not always allow for that. **OI**

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References

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2. American Society of Clinical Oncology. ASCO Survey on COVID-19 in *Oncology Registry*. Available online at: [asco.org/asco-coronavirus-information/coronavirus-registry](https://www.asco.org/asco-coronavirus-information/coronavirus-registry). Last accessed February 24, 2021.
3. American Society of Clinical Oncology. Survivorship care planning tools. Available online at: [asco.org/practice-policy/cancer-care-initiatives/prevention-survivorship/survivorship-compendium](https://www.asco.org/practice-policy/cancer-care-initiatives/prevention-survivorship/survivorship-compendium). Last accessed February 24, 2021.

Road to Recovery Report

In January 2021, ASCO published its report, *Road to Recovery: Learning from the COVID-19 Experience to Improve Clinical Research and Cancer Care*, with the aim of learning from the experiences of the pandemic to make patient care and research more accessible and equitable. The report presents ASCO's evaluation of the adaptations in care delivery, research operations, and regulatory oversight made in response to the coronavirus pandemic and presents recommendations for moving forward as the pandemic recedes. ASCO organized its recommendations for clinical research around five goals to ensure that lessons learned from the COVID-19 experience are used to craft a more equitable, accessible, and efficient clinical research system that protects patient safety, ensures scientific integrity, and maintains data quality. The specific goals are to:

- Ensure that clinical research is accessible, affordable, and equitable.
- Design more pragmatic and efficient clinical trials.
- Minimize administrative and regulatory burdens on research sites.
- Recruit, retain, and support a well-trained clinical research workforce.
- Promote appropriate oversight and review of clinical trial conduct and results.

ASCO Registry

Last year, Dr. Schilsky led the creation of the ASCO Survey on COVID-19 and Oncology Registry (ASCO Registry), which aims to help the cancer care community learn more about the patterns of symptoms and the severity of COVID-19 among patients with cancer. The ASCO Registry is designed to collect both baseline and follow-up data on how the virus impacts cancer care and oncology patient outcomes during the COVID-19 pandemic. The registry data are updated weekly to help inform treatment approaches for patients with cancer who have a confirmed COVID-19 infection.