

**Medical Society of the State of New York
Committee on Heart, Lung Cancer
May 6, 2020
Draft Minutes**

Present

Robert Dracker, MD, Chair
Clauden Louis, MD, Co-Vice Chair
Clare Bradley, MD
Donna D'Alessio, MD
Amy Early, MD
David Fishman, MD
Alan K. Klitze, MD
Raymond, Lorenzoni, MD

Excused

Brian Strizik, MD, Vice-Chair
Janine Fogarty, MD, Commissioner
Joshua Cohen, MD, Commissioner

Invited Guests

Art Fougner, MD, Past President
Bonnie Litvack, MD, President

Absent

Bonnie Liebers, Alliance
Marco Lawandy, Student

Staff

Patricia Clancy, Sr. Vice-
President/Managing Director
Public Health and Education
Maureen Ramirez, Administrative
Asst.

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- 1) **Welcome**
 - 2) **Minutes of January 22, 2020 Meeting-** approved
 - 3) **Update on MSSNY Policy 125.996** – MSSNY Council approved Policy 125.996 at their meeting on March 5, 2020
 - 4) **COVID19 Pandemic in NY and how the Heart, Lung Cancer Committee addresses issues related to patients--Ray Lorenzoni, MD – Dr. Draker opened this discussion with a comment** – “Things have not changed to a point where we are going to change our process with regard to the handling of the practice or our patients. We are very concerned with this virus. We are seeing reports as recently as yesterday regarding the contagion and mutation of this virus, most especially in the pediatric population. If children go back to school, there will be a three-fold increase in exposure rate as opposed to adults. Children are easily capable of transmitting it and carry a higher viral load than you see in adults. We are now starting to see the vasculitic and thrombotic manifestations that you see in adults occur in children. Whether it is a Kawasaki like syndrome or an inflammatory diffused process that affects children in general it is completely unpredictable.”

Dr Lorenzoni indicated that the recent findings of systemic inflammatory disease that are Kawasaki like are concerning. There will be discussion regarding children, vasculitis, Covid toes and other things that are showing up. There were comments that people are delaying their care. People have symptoms with heart disease and are delaying seeing a doctor for that, therefore we are seeing some morbidity with that. There are cancer

26 screenings, but these can't be put off indefinitely. The AAP has come out very strongly
27 that immunizations should not be delayed. They haven't yet made a statement about
28 this systemic inflammatory syndrome that's now occurring at a delayed point in children.
29 There is a good amount of evidence in Europe and have been about 100 cases
30 reported. We are only just starting to see it. There are around 14 or 15 cases in the
31 New York City area. Dr. Fougner agreed that because New York is the epicenter of
32 Covid for the nation, our experiences both good and bad should be the framework for
33 the model going forward. As far as heart disease, this virus hits it in two ways. The
34 acute phase with the multisystem disorder and then looking back, some post viral
35 myopathy. Probably being very similar to post-partum cardio myopathy. No group will be
36 spared. The committee indicated that it would be necessary to interfaced with other
37 MSSNY Committees to come up with a unified presentation of what needs to be done.
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39 The media has been asking what the doctors think the fall will be like. There was
40 discussion about mandatory influenza vaccine for everyone, especially school age
41 children . It is going to be extremely difficult for physicians to distinguish between early
42 flu vs early Covid. There are a number of manufacturers that are looking into multiplex
43 testing of antibodies looking for both to distinguish between flu and Covid. Whether
44 there will be any of those treatments, let alone vaccines, especially for children by the
45 fall remains to be seen. None of the treatments or vaccine efforts are directed at
46 children. It typically always follows the adult studies. MSSNY's Infectious Disease
47 Committee is extremely concerned about the impact of influenza on the health of
48 children and adults especially the ones that are immune compromised. The committee
49 indicated that it would seek a mandate that everyone be vaccinated against the flu and
50 that MSSNY should consider making the flu vaccine mandatory for school-based entry in
51 the fall.
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53 Co-infectivity rates are going to be problematic. It has already been determined that
54 patients with respiratory issues that have been diagnosed with the flu have tested
55 positive for Covid. Patients with heart and lung disease already have higher morbidity
56 and mortality. Adding Covid on top of this is only going to create greater problems. How
57 this information is disseminated to the public will be important.
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59 The efficacy of the flu shot needs to be looked at as well. Studies have shown that even
60 though the influenza vaccine only has an efficacy rate of 40 – 60%, studies show that if a
61 patient receives the flu vaccine on an annual basis, it decreases the severity of the flu
62 symptoms if you get the flu and also lowers the morbidity and mortality rate as well. Flu
63 vaccines have cumulative beneficial effects. There was mention that Mount Sinai was
64 working on a universal flu shot, but that was also a few years away.
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66 This committee has asked Ms. Clancy to convey to the Emergency Preparedness
67 Committee that if feels very strongly in favor of mandatory influenza vaccination. The
68 Emergency Preparedness Committee is gathering recommendations and comments
69 from all MSSNY's committees and will forward them to the Department of Health.
70 Medical Matters would be the vehicle to get this educational information out most
71 especially prior to school starting.
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73 Dr. Strizik also mentioned that a public statement urging everyone to wear masks might
74 also be appropriate. Dr. Dracker mentioned an organization names The Immunization
75 Action Committee. They sent out 3 handouts that he feels are worth looking at. They

76 are titled “Vaccinations for Adults with Heart Disease” “Vaccinations for Adults with Lung
77 Disease” and “Vaccinations for Adults without a Spleen”. Ms. Clancy will send them out.
78 Most agreed that general precautions like vaccinations and masks should be statewide
79 precautions. Mention of maintaining and supporting these precautions in the face of a
80 second wave of Covid in the fall was stressed. Dr. Dracker also reminded people when
81 talking about the 2nd wave in the fall, to be mindful that with influenza, it is easy to target
82 those that are vulnerable. Dr Litvack commented “this why is why it is so important for
83 us to support the precautions that we do have to prevent further infection – social
84 distancing – wearing masks – keeping vaccinations up to date.”
85

86 The question was raised about antibody testing that has no clinical value. The FDA is
87 coming down hard on these tests and scrutinizing what’s out there. The New York State
88 Department of Health issued a clarification on these tests last week and MSSNY has
89 posted it on the website. There needs to be information given to the private practice
90 physicians offering concise information of these tests, what are acceptable results, etc.
91 Even with these tests there are no guarantees that because a person is antibody
92 positive they won’t get Covid again. There are so many unknowns that antibody testing
93 will have to be performed, information collected and then antibody testing done again so
94 that those antibodies can be tested, evidence of possible reinfection looked at.
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96 Dr. Litvack requested a discussion on screening – a lot of screening that is normally
97 done – colon cancer screening, breast cancer screening is not being done. Should we
98 be following national recommendations or because things are different here in the State
99 of New York, is there a different message that we need to get out? Routine health care
100 surveillance should not stop during this pandemic otherwise there could be another
101 health care crisis because of lack of screening. While this may be a good idea, it is not
102 the same situation in the entire state. It would be more dangerous to encourage people
103 to go to the doctors for screening in some areas of the state that are just reaching the
104 peak. While reminding physicians not to ignore patient screening, we need to consider
105 how not to put patients and risk vs the benefits of the screening itself. Protocols will
106 need to be put into place to the risk of exposure to the patient is less. Waiting in the car
107 and being called in, fewer patients properly spaced in the waiting room. These are all
108 things that need to be considered in order to maintain the patient screening process. Dr.
109 Litvack asks that as these recommendations come in from other societies, please pass
110 them on to Pat Clancy so that the information can be made available to our colleagues.
111

- 112 **5) HPV vaccination as an adjunctive consideration for HPV-related malignancies--**
113 **Robert Dracker, MD** – there have been studies that have used the HPV vaccine in the
114 treatment of squamous cell carcinoma. There was a woman who was treated for
115 squamous cell carcinoma that cleared after three administrations of the HPV vaccine.
116 There has been a dramatic decrease in cervical dysplasia and carcinoma since the
117 institution of the vaccine. At the same time there is an increase in oral pharyngeal
118 carcinoma in men and this vaccine has seen positive result. There is enough data now
119 to know that the HPV vaccine clearly prevents cancer and two the HPV vaccine may be
120 used as an adjunct to the protocol used in the treatment of neoplasm. While caution is
121 urged for more scientific based evidence, it was agreed that because of these findings, it
122 is a strong message to encourage girls and boys be vaccinated with the HPV vaccine.
123 There are also a number of studies indicating that HPV vaccine has helped with viral
124 wart disease. Getting this information out there and getting the HPV vaccine
125 considered one the mandated vaccines is important.

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6) **2020 Meetings** – The next meeting is October 14, 2020

It was noted that there may be the need for additional meetings before October due to Covid 19.

Adjourned