

The impact of the COVID-19 pandemic on impending cancer deaths due to delays in diagnosis in the UK

Dear Editor,

According to the World Health Organization report up till June 2021, a total of 174 million of the world's population has been affected by the Coronavirus disease 2019 (COVID-19), which started back in 2019 and disrupted all the aspects of society and adversely affected healthcare services globally. Public health organizations advised social distancing protocols to limit the spread of the virus. In the United Kingdom, the first lockdown was imposed on March 23, 2020, and people were ordered to stay at home until mid of July when the lockdown was eased.¹ However, the lockdown was reimposed in September 2020 as there was a rise in cases and it continued until April 2021 when they gradually started to ease it up again.² Due to the social distancing protocols, the delivery of routine health care across the UK National Health Service (NHS) was hampered. During the COVID-19 pandemic, the United Kingdom re-allocated resources within the health and social care systems to handle the coronavirus cases. NHS trusts redesigned their services by discharging hundreds of patients to accommodate COVID-19 patients and by postponing planned treatments and elective procedures.³ This negatively affected their ability to meet medical requirements due to other health conditions, illnesses, or emergencies. This led to exposing vulnerable patients to significant risks of malignancies as cancer screening programs were suspended, routine diagnostic work deferred, and only urgent symptomatic cases were prioritized for diagnostic intervention.⁴

In the United Kingdom, patients present to primary healthcare centers and are urgently referred to their 2-week-wait pathway based on their risk and stage of cancer. Selection for the 2-week-wait pathway follows guidance from the National Institute for Health and Care Excellence.⁵ Patients with low-risk symptoms will generally see a specialist routinely and undergo primary care investigations with those testing positive, are then offered a 2-week-wait referral. The third main route to diagnosis is by an emergency admission.⁶ But due to the public health emergency last year, this hybrid healthcare system was suspended⁷ and left its effect on all the high-risk patients and no one was screened for cancer during this period. Even when routine diagnostic services are re-initiated, substantial delays in routine and 2-week-wait referral pathways are to be expected due to backlogs currently building up across all benign and malignant medical and surgical subspecialties.⁴

A recent study published in 2020 by Gathani et al.⁸ had an objective to estimate the outcome of breast cancer and its survival rate in regard to COVID-19 lockdown in the United Kingdom. The author concluded that delays in the screening of breast cancer stage I to stage IV have significantly decreased the number of new cases diagnosed and treated by 46%.⁸ Another study, published by Maringe

et al.⁴ in July 2020, stated the correlation of COVID-19 pandemic and outcomes of colorectal, esophageal, breast, and lung cancers due to delay in diagnosis and its survival outcomes because of the national lockdown implemented in the United Kingdom. It was estimated that the increase in deaths due to cancer up to 5 years after diagnosis ranged from 4% to 8% for lung cancer to 16.6% for colorectal cancer. Furthermore, they estimate a 7.9%–9.6% increase in the number of deaths due to breast cancer up to year 5 after diagnosis and for esophageal cancer, 5.8%–6.0% increase up to 5 years after diagnosis. For these four tumor types, these data correspond with more than 3600 additional deaths within 5 years.⁴

To conclude, assuredly cancer is one of the conditions which usually have a poor prognosis and it should be diagnosed and treated as early as possible. Timely diagnosis might allow the malignancies to be identified at a treatable stage, prevent complications and fatality. The United Kingdom should set up more person-to-person appointments for susceptible and vulnerable individuals as online appointments are less effective as compared to in-person consultations. Telemedicine physicians are much more likely to miss out on early diagnostic features of malignancies during online appointments. Online consultations can only be arranged for follow-up patients.^{9,10} Awareness programs should be organized related to cancer education so that people having symptoms can report at the earliest to their respective clinics.^{11,12} The United Kingdom has already had a long-term shortage of diagnostic capacity, although this shortage is not simply of equipment, but also of personnel, for which many measures should be taken immediately so that liable patients can be intervened at the appropriate time.¹³ The NHS should devise cancer screening and oncology programs that are applicable to high-risk individuals according to the regional and local burden of the disease. Timely interventions are required to improve diagnosis and reduce cancer-related fatality rates. Such measures, if not taken appropriately, could result in the next big health crisis within the next 5 years and would be devastating for the already crumbling health system in the United Kingdom.






CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

AUTHOR CONTRIBUTIONS

Irfan Ullah, Umaima Wasim, and Muhammad J. Tahir conceived the idea, Umaima Wasim, Ahsun R. Siddiqi, Muhammad J. Tahir, and Abdul Jabbar retrieved the data, wrote up the letter, and finally, Irfan

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