Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Declines in Cancer Screening During COVID-19 Pandemic

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COVID-19 is a disease caused by the coronavirus SARS-COV-2 that was first described in Wuhan China in December 2019. Early in the COVID-19 pandemic many cancer screening centers and outpatient offices in the United States (US) closed due to the rapid spread, severity, and mortality of disease. Elective medical procedures were suspended and put on hold to prioritize urgent care requirements and reduce the risk of exposure and dissemination of coronavirus to patients, employees and other individuals in the healthcare setting. As greater information about preventive and protective strategies became available, healthcare institutions restarted offering elective procedures and outpatient facility utilization. Moreover, telemedicine allowed for greater opportunities and options for discussion of cancer risks, consents for procedures and follow-up after screening procedures. Multiple studies and reports demonstrate that routine mammograms for breast cancer screening, colonoscopies and other stool-based tests for colorectal cancer screening, Pap or HPV tests for cervical cancer screening, low-dose computerized tomography for lung cancer screening, as well as diagnostic biopsies and surgical procedures have been delayed or not performed since the pandemic.

Fewer adults are undergoing routine preventive healthcare and cancer screening during the COVID-19 pandemic. More than one third of adults have not received recommended screenings for associated age and risks during the pandemic. Moreover, forty-three percent of patients missed routine preventive appointments because of COVID-19.[1]

In an article published in May in the journal Epic Health Research Network (EHRN) data revealed that screening appointments for breast cervical and colon cancers in March 2020 decreased by eighty-six to ninety-four percent compared with average volumes in previous years and comparable times. In a follow-up report published in July 2020, EHRN reported that while the number of breast, cervical and colorectal cancer screenings had increased, the numbers were still twenty-nine to thirty-six percent below previous averages.[2]

In a study of patients who received testing by Quest Diagnostics across the United States, whose ordering physicians assigned an *International Statistical Classification of Diseases and Health Problems Tenth Revision* (ICD-10) codes associated with six cancer types, including breast, colorectal, esophageal, gastric, lung and pancreas from January 1, 2018 to April 18, 2020 with each patient counted once. Results of this study indicate a significant decline in newly identified patients with six common cancers. Based on these data and results, the authors determined that the delay in diagnoses will likely lead to cancer presentations at more advanced stages and poorer clinical outcomes.[3]

In a study conducted by Aveter Health for the Community Oncology Alliance, analyzing billing trends for common cancer procedures from March to July 2020 data were collected from medical claims clearinghouse database. Screenings for breast, colon, lung, and prostate dropped by 85%, 75%, 56%, and 74% respectively. Additionally, declines in chemotherapy billings were also identified.[4]

Cancer screening for following adherence to published guidelines is a most important aspect of patient care and contributes significantly to improvement in overall survival rates. Physicians and their collaborative team must ensure that patients be provided correct information and provide recommendations based a number of factors, including risk stratification, as this may vary considerably among individuals. There will likely be community, local and state guidelines as the pandemic continues. However, cancer does not stop for the pandemic.

Delays and avoidance of screening procedures puts patients at higher risk for later stages in cancer, potentially different therapeutic interventions and other serious complications. Early detection of cancer and in some cases,

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prevention of disease, through screening is the best modality effective method of diagnosing, treating and curing cancer.

REFERENCES

1. https://www.preventcancer.org/2020/08/prevent-cancer-foundation-announces-back-on-the-books-a-lifesaving-initiative-in-the-face-of-covid-19/.
2. Epic Health Research Network. Preventive cancer screenings during COVID-19 pandemic. Available at: www.ehrn.org/wp-content/uploads/Preventive-Cancer-Screenings-during-COVID-19-Pandemic.pdf.
3. Kaufman, H. W., Chen, Z., Niles, J., & Fesko, Y. (2020). Changes in the Number of US Patients With Newly Identified Cancer Before and During the Coronavirus Disease 2019 (COVID-19). *Pandemic AMA Network Open, 3*(8), e2017267. https://doi.org/10.1001/jamanetworkopen.2020.17267.
4. Patt D, Gordan L, Diaz M, et al: The Impact of COVID-19 on Cancer Care: How the pandemic is delaying cancer diagnosis and treatment for American Seniors JCO Clinical Cancer Informatics. https://doi.org/10.1200/CCI.20.00134.