

Reply to “Cancer treatment in the time of COVID-19 pandemics: A new concern”

It is heartening to hear that the findings from our national data are being echoed by an academic practice in another country. We appreciate the efforts of Nasrollahi et al to survey their own data and identify the potential impact of the coronavirus disease 2019 (COVID-19) pandemic on their practice and patients. We would highlight 3 important takeaways that their report and the current trends in the COVID-19 pandemic bring to the forefront:

1. COVID-related disruptions in cancer diagnoses and care, like the COVID-19 pandemic itself, are a worldwide phenomenon.
2. The exact impact of this disruption may vary significantly between and within countries.
3. Despite waning attention to the pandemic as cases and hospitalizations decrease, the impact of the massive health care disruption is far from finished.

Severe acute respiratory syndrome coronavirus 2 has been identified in every country in the world.¹ Although the national response has varied dramatically by country, there have been universal disruptions to normal life and particularly to health care delivery. Reports about the disruption to cancer care have come from numerous countries around the world, and we are yet to find a report that would suggest that the pandemic disruptions will not have significant impacts on patients with cancer in the future.²

The Veterans Affairs Health System, where our study³ was performed, is a unique health system within the United States, and the US health system is unique in the world, with different strengths and challenges. Although the disruption to cancer care may be a worldwide phenomenon, where we can learn from the challenges of neighboring countries or even neighboring regions within a country, each health system and population will also face unique challenges that they will need to identify. Systematic efforts to identify populations at risk for reduced access to cancer care and mitigation strategies targeted at those populations will need to be both widespread and locally focused.

Finally, as the pandemic fades in acuity, recedes from the headlines, and appears less important in our daily lives, health care teams must remember that the pandemic's impact on health care is far from over. The 11% decline in chemotherapy visits that Nasrollahi et al describe represents 2 significant problems for cancer care: 1) worse outcomes caused by patients not getting optimal care and 2) built-up demand for health care utilization that may later stress or overwhelm a system with limited excess capacity. Policymakers, researchers, and health systems all over the world need to stay focused on getting patients back into the health system, whether for cancer screening, diagnostic procedures, chemotherapy visits, or surveillance. In addition, health systems need to take advantage of the lull in acute pandemic activities to understand and implement mitigation strategies to minimize disruptions from the next surge.

Although we all hope that the COVID-19 pandemic will fade permanently to become a more stable health care issue like the seasonal flu, this pandemic has demonstrated an ability to stay at the forefront of health care for more than 2 years. Whether because of a new wave from the next variant or because of an epidemic of late-stage cancers due to 2 years of massive health care disruption, it seems unlikely that COVID-19 will disappear from the headlines or our daily lives. We must stay vigilant to minimize both the consequences of disruptions that we have already faced and potential future disruptions.

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CONFLICT OF INTEREST DISCLOSURES

The authors made no disclosures.

REFERENCES

1. WHO Coronavirus (COVID-19) Dashboard. World Health Organization. Accessed March 23, 2022. <https://covid19.who.int/>
2. Riera R, Bagattini AM, Pacheco RL, Pachito DV, Roitberg F, Ilbawi A. Delays and disruptions in cancer health care due to COVID-19 pandemic: systematic review. *JCO Glob Oncol*. 2021;7:311-323.
3. Englum BR, Prasad NK, Lake RE, et al. Impact of the COVID-19 pandemic on diagnosis of new cancers: a national multicenter study of the Veterans Affairs Healthcare System. *Cancer*. 2022;128:1048-1056.

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