

Cancer diagnosis and treatment in the COVID-19 era

Screening and early symptom-based detection of cancer offer the prospect of diagnosing cancers at a stage where treatment can lead to either prolonged survival or cure. While screening programmes for breast, colorectal and cervical cancer are established in most developed countries, other programmes such as lung cancer screening are also beginning to emerge. We frequently publish papers in EJCC on uptake in cancer screening programmes—if such programmes cannot achieve acceptable levels of uptake in the community, their population health benefits diminish significantly. We also regularly publish papers on promoting early diagnosis—for example through public awareness campaigns and strategies to improve recognition and referral of cancers in primary care.

In this issue of the journal, Karakuş Selçuk and Yanikkerem (2019) describe a web-based intervention to improve participation in cervical cancer screening. Like many such interventions, they demonstrate a benefit in this mixed methods study. Cervical cancer is a good example of the ongoing effort that needs to be invested in cancer screening programmes. In recent years, there have been concerns for example in falling rates of cervical screening in the UK (Castanon & Sasieni, 2018). Increasingly, novel methods, such as those described by Karakus et al (2020), are required to maintain participation. This is particularly so, in the case of cervical screening, with the advent of HPV vaccination and testing, which has perceptions about the importance of cervical screening (Patel, Moss, & Sherman, 2018).

Also in this issue, Murchie et al. (2020) report on an audit of cancer referrals from primary care in Scotland. This is clearly an important ongoing initiative to monitor such referrals and look for lessons about how primary care can more effectively recognise cancer symptoms and make appropriate referrals. The authors present data on key indicators including cancer referral rates and characteristics of cancers detected. There has, over the last decade, been a great deal of research which has shone a light on the cancer diagnostic process in primary care; we now know a great deal more about how symptoms are assessed and referrals made in primary care (Rubin et al., 2015). For example that cancers with vague symptoms typically have longer intervals (Lyratzopoulos, Neal, Barbiere, Rubin, & Abel, 2012). The data from the National Cancer Diagnosis Audit will be an important ongoing source of cancer intelligence in Scotland.

It would be difficult, however, to talk about screening and early diagnosis without acknowledging the profound impact of the COVID-19 epidemic. In the UK and in many other countries, cancer screening has been put on hold—this is likely to have very significant

downstream implications. Also, we know that cancer referrals for primary care have dropped very dramatically as both primary and secondary care reorient their focus towards the COVID-19 epidemic. Clearly, there are difficult decisions to be made over COVID-19 and ongoing cancer control efforts; it has transformed every aspect of cancer care and has impacted profoundly on the cancer workforce (Mayor, 2020). It has caused many health planners to think carefully about how they can manage cancer through an epidemic such as this; cancer treatments are profoundly impacted and we know that cancer patients, particularly those receiving chemotherapy, are especially vulnerable to COVID-19—so difficult decisions are needing to be made about treatment decisions for many cancer patients (Al-Shamsi et al., 2020; Vrdoljak, Sullivan, & Lawler, 2020). Modelling studies suggest that there are likely to be excess deaths from cancer based on the current reconfiguration of health service activity; two UK studies which are yet to be published have provided estimates of excess cancer mortality and highlight the need for urgent attention from health planners and policy makers (Alvina et al, 2020; Sud et al., 2020).

We urgently need a joined up dialogue about maintaining cancer diagnostic and treatment services whilst addressing the worst aspects of the COVID-19 epidemic. We are at the beginning of a rather steep learning curve, but there can be no doubt that research examining the impact on cancer outcomes is urgently needed if we are to limit the collateral damage from this epidemic. The journal is beginning to receive an increasing number of papers examining these issues, and we urge researchers in this field to keep sending in their submissions.

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