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## Study of the Veterans Affairs Health Care System highlights the impact of COVID-19 on cancer diagnoses in the USA



As health-care professionals and researchers worldwide continue to warn of the complications of COVID-19 on cancer, a new US-based study has now further highlighted the link between the pandemic and worsening cancer care. The time-frame study published on Dec 6, 2021, included the pre-pandemic phase and the primary surge of COVID-19 infections.

The USA was hit hard by the pandemic: thousands of hospitals, medical institutions, and health-care services came to a halt in March, 2020, and organisations had to direct all their resources to care for patients with COVID-19. The consequences of this abrupt change in health-care priorities are reflected in the data collected: the study team found strong signals of cancer services being impacted by the pandemic.

Co-author of the study, Brajesh K Lal (University of Maryland School of Medicine, Baltimore, MD, USA) told *The Lancet Oncology*: “[During] the primary surge, the curtailment of non-emergency services was intentional, and it was obvious that a lot of—in fact, all of—the non-emergency services that we delivered to our patients was essentially going to go away. What was unknown was how that curtailment, as short as it might be—2 weeks, 3 weeks, depending on the part of the country—and the subsequent outcome [was] going to affect patients with non-emergency disease, (...) and to what extent that curtailment was going to continue.”

Data on the patient population for Lal’s study, mostly consisting of male veterans, were gathered through the Veterans Affairs Health Administration—the largest

integrated health-care system in the USA. Lal and colleagues selected the veteran database for its ease of access and uniqueness. As Lal explained, “you can actually measure how much the reduction in the screening and diagnostic activities are impacting the result [because] this is a closed system”.

Lal and colleagues broke down the timeline into years of concern. Between 2018 and 2020, 4.1 million cancer-related visits and 3.9 million relevant procedures were reported, with around a quarter of a million new cancers diagnosed. Despite these large numbers, when this 2-year time period was compared with 2020, evidence of disruptions to services appeared. For example, colonoscopies decreased by 45% compared with pre-pandemic numbers. Other decreases included prostate biopsies (by 29%) and new cancer diagnoses (by 13–23%); findings that reflect those of a previous report in Medicare beneficiaries.

Lal and his team also developed a visual diagram that can help health-care institutions and authorities to eliminate the backlog of missed procedures by increasing the average number of patients they are serving. Using the formula highlighted in the study could help to increase the monthly volume of patient traffic, looking at case deficit as a percentage of a monthly baseline, to calculate the time frame needed to clear the backlog.

The study assessed four cancers: prostate, lung, bladder, and colorectal cancer. Prostate cancer is the leading cause of cancer death in men in the USA; lung and colorectal cancers are in the top ten. Although predominantly female cancers such as breast and ovarian cancers were not mentioned,

Lal stressed that the same can be said about other cancers; regardless of cancer type, the number of new cancers diagnosed has gone down and that deficit continues to accumulate—translating to increasing numbers of patients with cancer being missed by the health-care system.

Older people are a growing population reliant on government aid, such as Medicaid and Medicare. 18.2 million veterans in the USA are older than 65 years of age and are categorised as seniors. In November, 2021, the US Government launched the widely publicised Build Back Better Act, focused on US veterans and middle class. The Act is being negotiated in the US senate, but questions remain on how the bill and the increased medical costs attached to it will eventually help veterans with cancer in the post-COVID-19 scenario.

Commenting on the study by Lal and colleagues, Umut Surpel (Mount Sinai Hospital, New York, NY, USA) told *Lancet Oncology* that, “I was actually looking forward to studies like this coming out and I heard some murmurings of people trying to capture [the decline of cancer care]. (...) We were all waiting for this wave... essentially of cancer cases to hit us. In New York, where we saw this big surge, everything shut down.”

However, Matthew Rettig (VA Greater Los Angeles Healthcare System, Los Angeles, CA, USA) had a different pandemic experience. He said, “I had no shutdown in delivery of care” and did not experience a reduction in patient treatment, but agrees that certain cancers have been greatly affected by COVID-19-related screening delays.

Stephanie Parker



Published Online  
December 13, 2021  
[https://doi.org/10.1016/S1470-2045\(21\)00713-0](https://doi.org/10.1016/S1470-2045(21)00713-0)

For the **study by Englum and colleagues** see *Cancer* 2021; published online Dec 6. <https://doi.org/10.1002/cnrc.34011>

For **COVID-19 data in the USA** see <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/usa/>

For a **timeline of COVID-19 developments in 2020 in the USA** see <https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020>

For the **Veterans Health Administration** see <https://www.va.gov/health/findcare.asp>

For the **previous study on Medicare beneficiaries** see *JCO Clin Cancer Inform* 2020; 4: 1059–71

For the **top 10 cancers causing deaths in men in the USA** see <https://www.verywellhealth.com/top-cancers-causing-death-in-men-2248874>

For more on **Medicare and Medicaid enrollees** see <https://www.medicare.gov/medicaid/eligibility/seniors-medicare-and-medicare-enrollees/index.html>

For the **analysis of the Build Back Better Act** see <https://avalere.com/insights/part-bb-drug-negotiation-under-bbba-would-reduce-payments-to-providers>