

# Delay in Cancer Screening and Diagnosis During the COVID-19 Pandemic: What Is the Cost?

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**D**uring the height of the coronavirus disease 2019 (COVID-19) pandemic, many health care facilities needed to focus on screening for and treating patients with known or suspected COVID-19. This resulted in the diversion of health care workers and resources. As a result, standard cancer screening such as breast cancer screenings dropped by 89.2% and colorectal cancer screenings dropped by 84.5% through May 2020.<sup>1</sup> These pandemic control efforts translated into a significant decline in the number of new cancer diagnoses, resulting in a decrease of 65.2% incidence of new cancer diagnoses in April 2020.<sup>1</sup> In evaluating specific types of cancer diagnosis, patients with a new diagnosis of melanoma dropped 67.1% in April 2020 compared with 2019 and a diagnosis of a new lung cancer which dropped 46.8% over the same time.<sup>1</sup> This study and others have demonstrated an alarming decrease in the diagnosis of new cancers which will potentially increase the number of patients with later-stage cancers leading to decreased survival for these patients.<sup>2,3</sup> Using National Health Service (NHS) data on cancer diagnosis and hospital administrative datasets, the investigators' modeling study evaluated estimated changes in future death rates. Across different scenarios as compared with prepan-

demographic figures, the investigators estimated a 7.9% to 9.5% increase in deaths from breast cancer up to 5 years from diagnosis.<sup>3</sup> In addition, a 15.5% to 16.6% increase in colorectal cancer deaths and a 4.8% to 5.3% increase in lung cancer deaths were estimated.<sup>3</sup> In addition to health care facilities decreasing routine screening and nonurgent surgeries to increase capacity for patients with COVID-19 complications, patients themselves have in some cases expressed concern about visiting the health care facilities to do routine cancer screenings for fear of COVID-19 exposure. However with current strict measures in place at all health care facilities, this would be a very low risk procedure for the patient.

Prior to the COVID-19 pandemic, the US cancer statistics had continued to improve over the last few decades including a 25% drop in cancer mortality over the past 25 years.<sup>4</sup> However, with less cancer screening comes the potential for malignancies to be diagnosed at a later stage. This could translate into worse outcomes when patients are diagnosed later in the course of the disease making treatment more difficult and the cancer less able to be cured. We do need to encourage patients to continue their standard cancer screenings during these difficult times, so that the progress in cancer diagnosis, treatment,

and survival continues to improve over the next decades to come. As our nation slowly and safely opens up again, cancer screening and diagnosis needs to continue to play an important part in our standard healthcare measures. Without going back to pre-COVID screening numbers, our cancer diagnosis and mortality rates could revert to numbers seen many years ago without the benefit of our current technological advancements. Those of us in the oncology community should join forces with the primary care physicians and health care systems to enhance opportunities for cancer screening to reverse this concerning trend. ■

## REFERENCES

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