

U.S. Cancer Diagnoses Fell by 50% in 2020 Amid the Pandemic, says NCI Director Sharpless

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February 19, 2021

[Peter Wehrwein](#)

NCI Director Norman Sharpless discussed deferred care, missed screening and his future at the institute in an interview with Managed Healthcare Executive.

The number of new cancer diagnoses in the U.S. plummeted by 50% last year during the months after the onset of the COVID-19 pandemic, Norman Sharpless, M.D., director of the National Cancer Institute, said in an interview yesterday with *Managed Healthcare Executive*.

Sharpless said the steep drop-off occurred because of delayed care and decreased screening and that there is no reason that it reflects a true dip in cancer incidence. He noted that the decrease was similar for cancers detected through screening and those that are diagnosed clinically, often after people have symptoms.

“That delayed care that decreased diagnosis — we do believe will translate into excess mortality over the next decade,” said Sharpless, adding, though, that more effective treatment for late-stage cancers may delay any rise in cancer mortality. In the shorter term, Sharpless foresees many more patients getting diagnosed with later-stage cancers.

“Instead of being diagnosed, now, when they have symptoms, it’ll be six months or a year from now, when their symptoms become worse. So that will lead to diagnosis at a later stage and upstaging and presumably cancers that are difficult to treat and less likely to be cured. So that’s really the worry of this delay in detection,” said Sharpless in a wide-ranging interview with *MHE* Senior Editor Peter Wehrwein and Karen Appold, a regular contributor to the publication.

Sharpless said it was surprising how well telehealth had worked for some cancer patients but that it has limitations: “There’s still a lot of things you can’t really do by telehealth and there are patients who don’t have access to telehealth. We’ve seen evidence in certain underserved populations that their ability to see a doctor virtually is not as good.” Those limitations and people’s reluctance to go to the doctor to get evaluated when they have symptoms that might be related to cancer means “they are just sort of living with things that normally would have brought them to medical attention sooner,” said Sharpless.

Sharpless also said that more than 500,000 cancer screenings were “missed” in the U.S. in 2020. In response to a question, Sharpless said the decrease will present researchers an opportunity to study low-value cancer screening: “It is definitely true that screening finds both aggressive malignancies that you want to interdict on and treat, but it also finds indolent cancers that wouldn’t be clinically significant and just lead to overdiagnosis and overtreatment. That’s been a big problem with prostate cancer, that’s been a problem with breast cancer.”

“But to be clear,” he added, “we're seeing delayed diagnoses of cancers like pancreatic cancer and there's no really good version of that.”

Sharpless has been NCI director since 2017, and he said in the interview with *MHE* that he has told Biden administration officials he wants to continue in the job. He said the new administration is “clearly very interested in science” and mentioned that First Lady Jill Biden visited the institute virtually on World Cancer Day on Feb. 4. Sharpless said he worked “only modestly” with Biden on the Cancer Moonshot when Biden was vice president and he was the director of Lineberger Comprehensive Cancer Center at the University of North Carolina.

About the NCI post, Sharpless said, “Well, I'm here now. I think in this role one always serves at the pleasure of the president. And that's the great thing and the not-so-great thing about being a federal employee.” The new administration has asked him to stay over and lead the NCI through this transition, said Sharpless, who described the NCI directorship as “really one of the greatest jobs in government.” Here are some of the other topics Sharpless discussed during the interview:

- **Vaccination.** People with cancer should be vaccinated against COVID-19. “Even when you adjust for other comorbidities and age, cancer is a risk factor for a bad outcome,” Sharpless said. He said it appears that patients with hematologic malignancies may do worse than patients with solid tumors.
 - **Adjustment by caregivers.** “I have been really impressed by the way certain groups of caregivers have sort of Macgyvered this situation. They figured out ways to proceed with care, with testing, and isolating patients and having shifts of caregivers and using telehealth.”
 - **Delays in lung cancer screening.** Clinics catching up on missed screening are finding more patients with nodules and patients with nodules seem to have more advanced cancers, according to Sharpless: “That’s sort of the first sign in our statistics that the upstaging you would rationally predict is actually occurring.”
 - **Delays in clinical trials.** Trials with experimental therapies with “curative intent” were slowed down a bit, he said. Others that involved screening or subtle changes to the standard of care were “sharply disrupted.”
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