

Emergency Preparedness: Pandemics

The 2020-2021 COVID-19 pandemic revealed challenges to cancer control across the continuum. Policies designed to protect the public at large from infection proved especially difficult for those with underlying conditions such as cancer. Disruptions of the health care system; fear of contagion; employment, food, and housing insecurity; and decreases in employment, insurance coverage, and income have been among the factors leading to cancellations, delays, or avoidance of cancer control interventions. Cancer patients, often among the older population, as well as those at higher risk of cancer, were also among the most vulnerable for poor outcomes from COVID-19. Caregivers were frequently barred from oncology consultations and from hospital visits to ensure a safe environment for patients. Some creative solutions to the problem such as telemedicine by computer or telephone are not available to those lacking resources to utilize this technology. Access to COVID-19 vaccinations, even in Connecticut, which was relatively successful in the rollout of vaccines, revealed disturbing disparities among Connecticut residents in different geographic locations and in different racial, ethnic, and socioeconomic status demographics. Cancer patients were not initially granted early access to vaccination, often increasing their isolation and distress. Difficulties in making online vaccination appointments highlighted how unanticipated types of barriers can disproportionately affect certain populations.^{11 12}



Effects of COVID-19 on Screening

Screening and treatment rates fell¹³ during the COVID-19 pandemic according to the lead author of a study of 2020 SEER data in two states. Robin Yobruuff said, “The findings suggest substantial delays in diagnosis and treatment services for cancers during the pandemic and that ongoing evaluation can inform public health efforts to minimize any lasting adverse effects of the pandemic on cancer diagnosis, stage, treatment, and survival. As data become available, evaluation of the effects of the pandemic on cancer stage at diagnosis and survival will be important, as will evaluation of racial/ethnic, socioeconomic, and geographic disparities in access to care and outcomes.”

According to another study, published in *Frontiers in Oncology*, “Cancer screening programs have been clearly interrupted since the onset of the COVID-19 disease. The anticipated outcomes include delayed diagnosis and marked increases in the numbers of avoidable cancer deaths. Urgent policy interventions are needed to handle the backlog of routine diagnostic services and minimize the harmful effects of the COVID-19 pandemic on cancer patients.”¹⁴

Studies using sophisticated modeling techniques (Cancer Intervention and Surveillance Modeling Network CISNET) are ongoing to evaluate the efficacy of policy interventions that can address the backlog of delayed screening services to minimize the increase in avoidable deaths over the next decades.^{15 16}

STRATEGIES

The American Cancer Society recommends that cancer control communities implement the following strategies to resume cancer screenings.¹⁷

1. Implement focused efforts to screen people who historically have had low screening prevalence and are most affected by COVID-19
2. Include in decision-making people who historically have had low screening prevalence and are most affected by COVID-19
3. Make investments to address the underlying causes of low screening prevalence in communities and foster resilience
4. Identify existing policy gaps contributing to screening disparities and advocate for high-impact policy changes