

Return to Screening

AMERICAN CANCER SOCIETY – NORTH REGION

Wisconsin Cancer Summit October 20, 2021

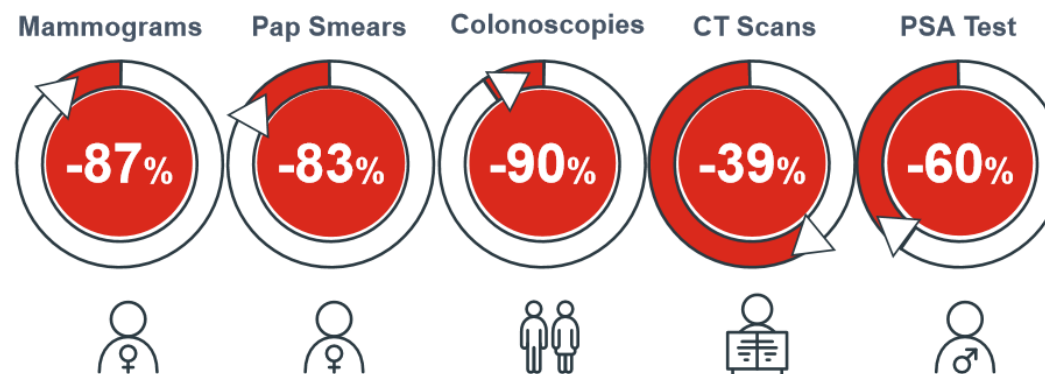


SCREENING RATES DURING COVID-19 PANDEMIC

- ▶ The COVID-19 pandemic has led to unprecedented drops in breast, colorectal, and cervical cancer screenings
 - ▶ Decreases of **83 - 90%** compared to three-year averages

Diagnostics used to screen and monitor cancer have dropped dramatically due to postponement of non-essential visits

Exhibit 14: Reduction in Diagnostic Testing Procedures, Week Ending April 10 Compared to February 2020

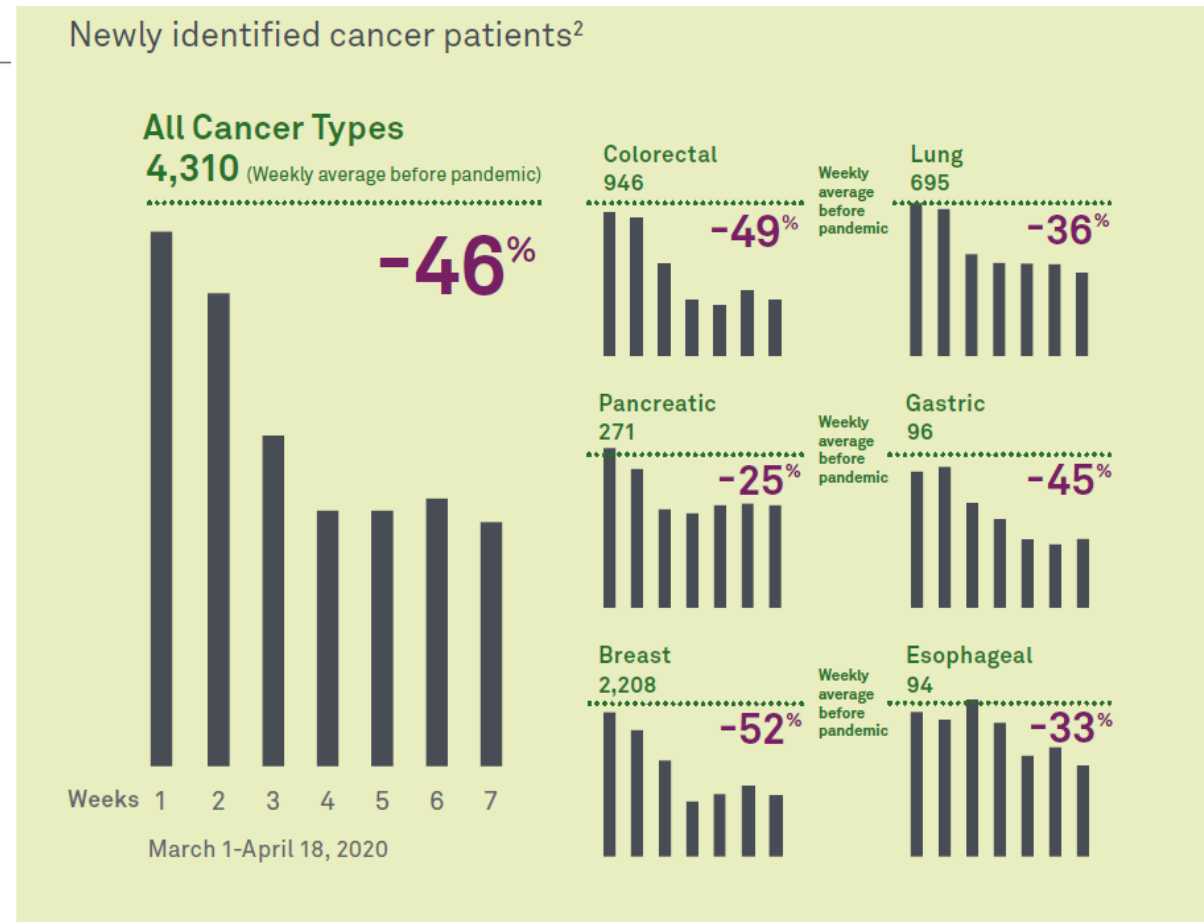


Source: IQVIA Real World Claims, April 17, 2020

<https://www.iqvia.com/insights/the-iqvia-institute/covid-19/shifts-in-healthcare-demand-delivery-and-care-during-the-covid-19-era>

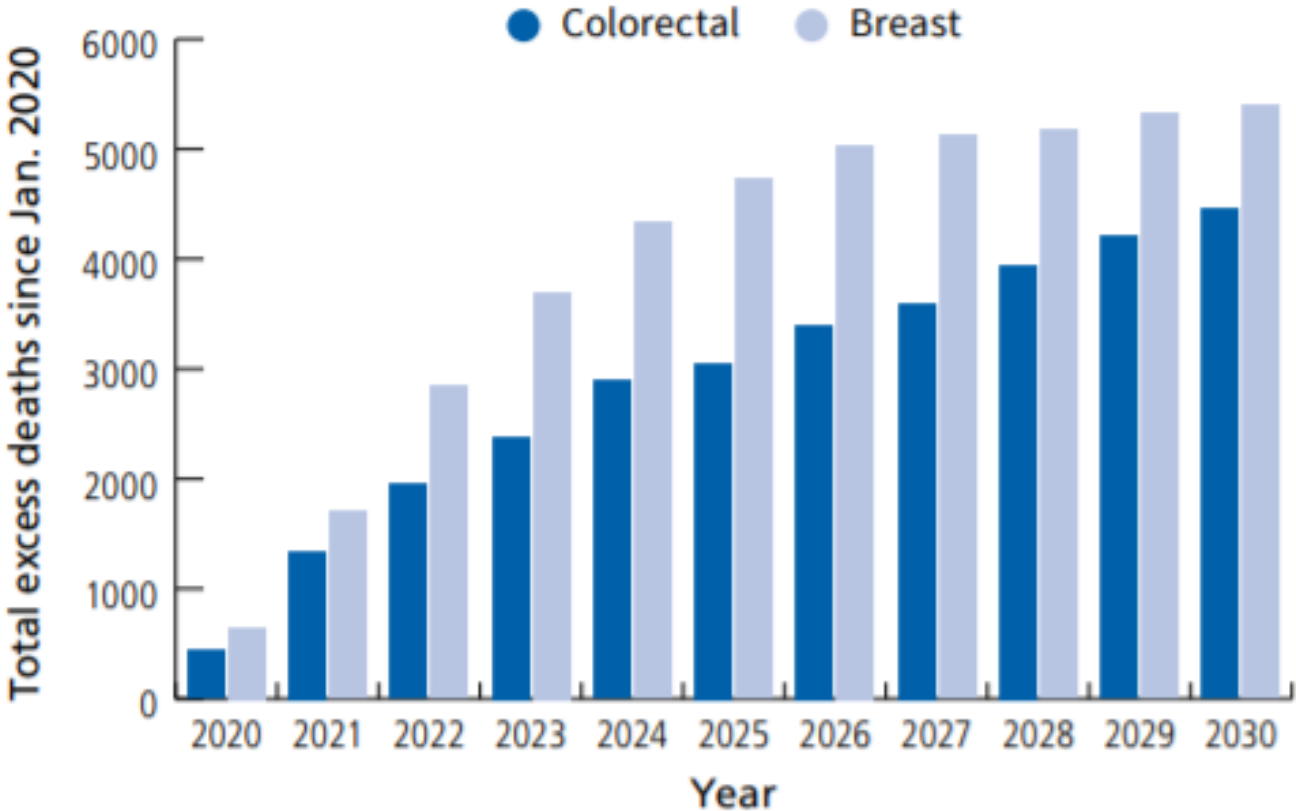
Changes in the Number of US Patients With Newly Identified Cancer Before and During the Coronavirus Disease 2019 (COVID-19) Pandemic

Harvey W. Kaufman, MD; Zhen Chen, MS; Justin Niles, MA; Yuri Fesko, MD



<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768946>

Figure S3. Estimated Cumulative Excess Deaths From Colorectal and Breast Cancers in the US Due to the COVID-19 Pandemic, 2020 to 2030

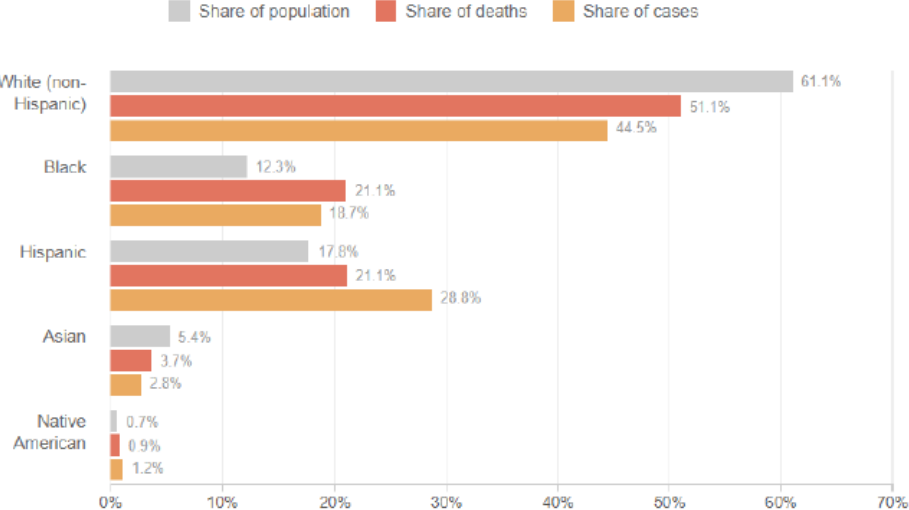


Source: Sharpless NE. COVID-19 and cancer. *Science*. 2020;368(6497): 1290. Reprinted with permission from AAAAS.

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COVID-19 will likely increase cancer screening disparities

Nationally, Black, Hispanic and Native American Cases And Deaths Exceed Their Share Of Population

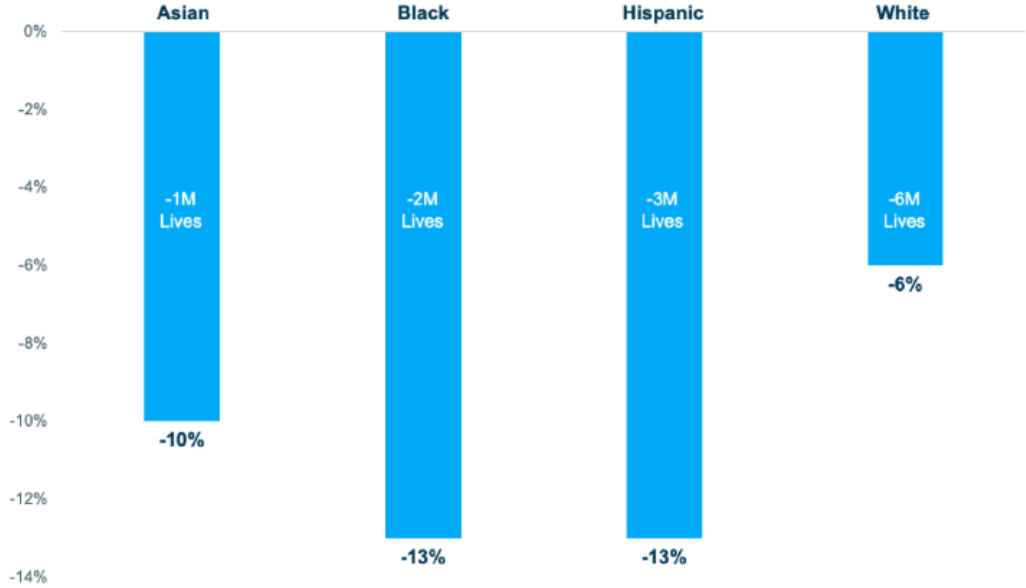


Notes

Data as of September 20. Shares represent the share of cases and deaths with race or ethnicity identified. Hispanic and Latino case and death counts are from states that classify this as an ethnicity, rather than a race, in line with the designation found in the American Community Survey.

Source: COVID Tracking Project; 2018 American Community Survey five-year estimates from the U.S. Census Bureau
 Credit: Daniel Wood/NPR

Figure 2: Estimated Percentage Change in Employer-Sponsored Health Insurance Enrollment Due to Pandemic and Decrease in Enrollment, by Race, 2020



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Figure S4. Disproportionate Burden of COVID-19 Cases, Hospitalizations, and Deaths Among People of Color Compared to Non-Hispanic White Persons

	American Indian or Alaska Native	Asian	Black or African American	Hispanic/Latinx
Cases	2.8x higher	1.1x higher	2.6x higher	2.8x higher
Hospitalizations	5.3x higher	1.3x higher	4.7x higher	4.6x higher
Deaths	1.4x higher	No increase	2.1x higher	1.1x higher

Comparisons are rate ratios, with non-Hispanic White persons as the reference group. Categories for persons of American Indian, Alaska Native, Asian, Black or African American race exclude individuals of Hispanic ethnicity.

Source: Centers for Disease Control and Prevention, 2020. Available from: cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html. Accessed October 30, 2020.

Wisconsin 2021 cancer incidence & mortality

Estimated new cases,
2021

36,520

Estimated deaths, 2021

11,700

Incidence rates, 2013-
2017

464.6

Average annual rate per 100,000,
age adjusted to the 2000 US
standard population.

Death rates, 2014-2018

157.3

Average annual rate per 100,000,
age adjusted to the 2000 US
standard population. Rates for PR
are for 2012-2016.

Wisconsin pre-pandemic screening

Cancer Screening	Wisconsin	National Rank	U.S.
Up-to-date mammography, women 45 years and older, 2018	67%	28	68%
Stool test/endoscopy, 50 years and older, 2018	74%	8	70%
Pap/HPV test, women 21 to 65 years, 2018	88%	7	85%

System and Social Challenges Will Need to Be Addressed to Increase Screening Rates

Exacerbation of long-standing inequities: racial, economic, access to care

Patient fear, reluctance, and confusion

Potential decreased primary care capacity

Loss of employment and employer sponsored health insurance

Challenges with new system, process and protocols

Building Blocks

National Consortium

Convene national influencers to identify strategies to best minimize the effects of the pandemic on cancer screening and care and take action

Public Awareness Campaign

Campaign to mobilize and activate the public, providers and other key stakeholders to cancer screening and care

Research

Understand the impact of the COVID pandemic on cancer screening and outcomes



State and Coalition Leadership

Connect cancer leaders to effective messaging, policy initiatives and opportunities for impact

Health Systems Screening Interventions

Engage priority health systems in evidence-based interventions to increase screening rates

Policy

Pursue public policy solutions to help ensure individuals have access to timely and appropriate cancer screening and follow-up care

Return to Screening efforts

CDC / ACS Return to Screening Initiative announced

Active ACS toolkit to provide guidance on how systems can promote & deliver screening appropriately, safely, and equitably

ACS and NFL's Crucial Catch Program provides grants helping under-resourced communities get screening tests

Partnership with ACS, CoC and NCCN on resuming cancer screening and care during COVID-19 quality improvement

January 29, 2021
Major U.S. Cancer Centers and Organizations Endorse Goal of Resuming COVID-19 Pandemic

The number of people newly diagnosed with cancer has decreased significantly in the United States (U.S.) and other countries across the globe during the pandemic. There is no evidence of a rise in cancer-related deaths. There is no evidence of a decline in cancer screening trends.

SAFELY RESUMING AND PROMOTING CANCER SCREENING DURING THE COVID-19 PANDEMIC

American Cancer Society

Cancer prevention and early detection are central to the American Cancer Society's (ACS) mission to save lives, celebrate lives, and lead the fight for a world without cancer. Early detection of cancer through screening reduces mortality from cancers of the colon and rectum, breast, uterine cervix, and lung (see [ACS screening guidelines](#)). Cancer mortality has declined in recent decades in part due to progress in cancer screening technologies, awareness, research, and the general population's improved uptake in screening services.

Yet, far too many individuals for whom screening is recommended remain unscreened, and this situation has been aggravated by the substantial decline in cancer screening resulting from the COVID-19 pandemic. At the onset of the pandemic, elective medical procedures, including cancer screening, were largely put on hold to prioritize urgent needs and reduce the risk of the spread of COVID-19 in health care settings. Early projections indicate that these extensive screening delays will lead not only to **missed and advanced stage cancer diagnoses**, but also to a **rise in cancer-related deaths**. Adding concern, the pandemic-related disruptions will likely exacerbate existing disparities in cancer screening and survival across groups of people who have systemically experienced social or economic obstacles to screening and care.

In response to these challenges, ACS developed this report to summarize the current state and to provide guidance on how public health agencies, health care providers, and screening advocates across the nation can promote and deliver cancer screening appropriately, safely, and equitably during the COVID-19 pandemic.

A UNITED MESSAGE IN OUR RESPONSE TO THE DISRUPTIONS IN CANCER SCREENING

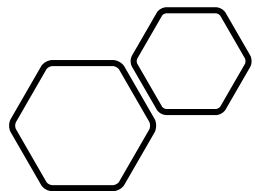
- Despite the challenges we face during the pandemic, cancer screening remains a public health priority**, and we must provide the public with safe opportunities to prevent cancer or detect it early to improve patient outcomes.
- Screening disparities are already evident and, without deliberate focus, are likely to increase as a result of the COVID-19 pandemic.** Efforts to promote screening and overcome barriers for populations with low screening prevalence must be at the forefront of our focus.
- Engaging patients in the resumption of cancer screening will require effective and trustworthy messaging.**
- Implementation of process and policy changes are urgently needed to sustain access to primary care and return screening to pre-pandemic rates.**

Screening refers to testing individuals who have no signs or symptoms of disease. It is critical to ensure that patients with signs or symptoms associated with cancer undergo diagnostic evaluation as soon as possible, yet many people with symptoms – such as breast lumps, abnormal vaginal bleeding, blood in bowel movements, unexplained weight loss, fatigue, or anemia – continue to avoid medical care due to fears of infection with the SARS-CoV-2 virus.

It is important to reassure the public that aggressive infection control measures are being taken in health care facilities throughout the country to ensure that diagnostic procedures can be provided safely for patients with symptoms, and that these evaluations need not and should not be delayed.



Cancer Screening During the COVID-19 Pandemic | October, 2020



Resources

Get Screened campaign:

- cancer.org/get-screened
- cancer.org/revisate-ya

Comp Cancer Control Programs & Coalitions:

- [Cancer Screening and Care During the COVID-19 Pandemic](https://cancerstatisticscenter.cancer.org)
- cancerstatisticscenter.cancer.org

WI Cancer Collaborative

- [Cancer Screening and COVID-19 Toolkit](#)

