



COVID-19 AND CANCER SCREENINGS

DECEMBER 2020

THE IMPORTANCE OF SCREENING

Early detection of cancer through screening can improve survival and reduce mortality by detecting cancer at an early stage when treatment is more effective. Effective screening tests are available for cancers of the colon and rectum, breast, uterine cervix, and lung. In addition to early detection of cancer, screening for colorectal or cervical cancers can identify and result in the removal of precancerous abnormalities, preventing cancer altogether.

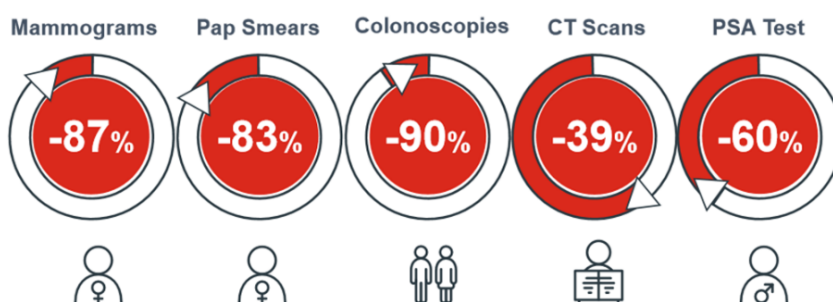
In March 2020, a national emergency was declared in the U.S., which put a halt to all elective care – including cancer screenings because most require patients to go in-person to be screened. The result was immediate and dramatic declines in cancer screenings and diagnoses. Such delays in cancer preventive care and treatment can lead to unnecessary loss of life.

Impact of COVID-19 on Cancer Screenings

While data are still emerging, there are clear trends of the decline in cancer screenings following the national emergency declaration. An analysis found substantial drops in cancer screenings.[1] From February 2020 to mid-April 2020, mammography fell by 87 percent, cervical cancer screening by 83 percent, and colon cancer screening by 90 percent. These delays in screening have the potential to cause a backlog in screening that can be difficult to make up.

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

When comparing early 2020 screening rates to previous years, the declines become even more apparent. A second analysis compared colorectal cancer screening rates in the first quarter of 2020 to the previous year and found an almost 90 percent difference, with a similar drop in biopsies performed.[2] The decline in screening and biopsies can lead to delayed diagnosis and treatment and potentially worse outcomes for patients.

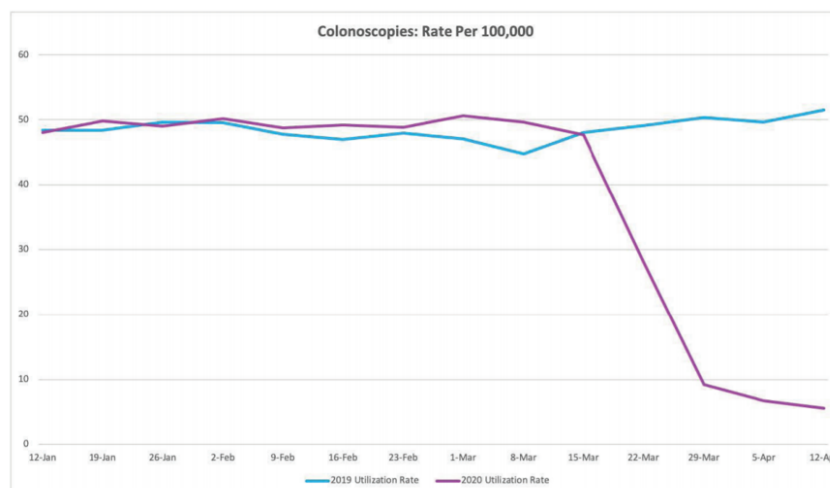
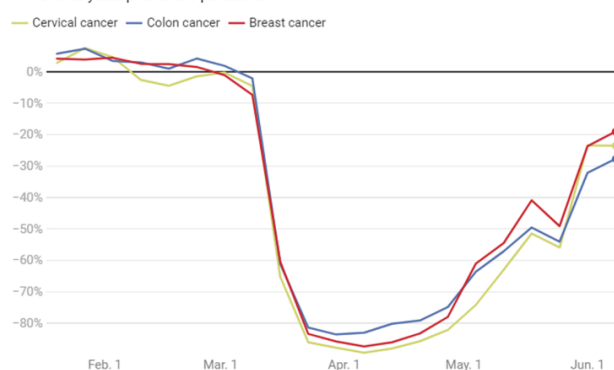


Figure 2: Comparing trends in colonoscopy rates reveals a dramatic drop in 2020 rates relative to 2019 rates beginning in mid-March

A third analysis looked further ahead into mid-June of 2020.[3] The analysis found the same initial drop in screenings in March, followed by the start of a rebound in May. The rebound is still well short of where screening rates were in previous years. Breast cancer screening rates in June 2020 were 29 percent lower than previous years, 36 percent lower for cervical cancer screening, and 35 percent lower for colorectal cancer screening.

Percentage change in cancer screenings during COVID-19

The lines show how the volume of cancer screenings this year compares to the weekly average in the three years prior to the pandemic.



Data are pooled from 60 health care organizations representing 306 hospitals that span 28 states and cover 9.8 million patients.

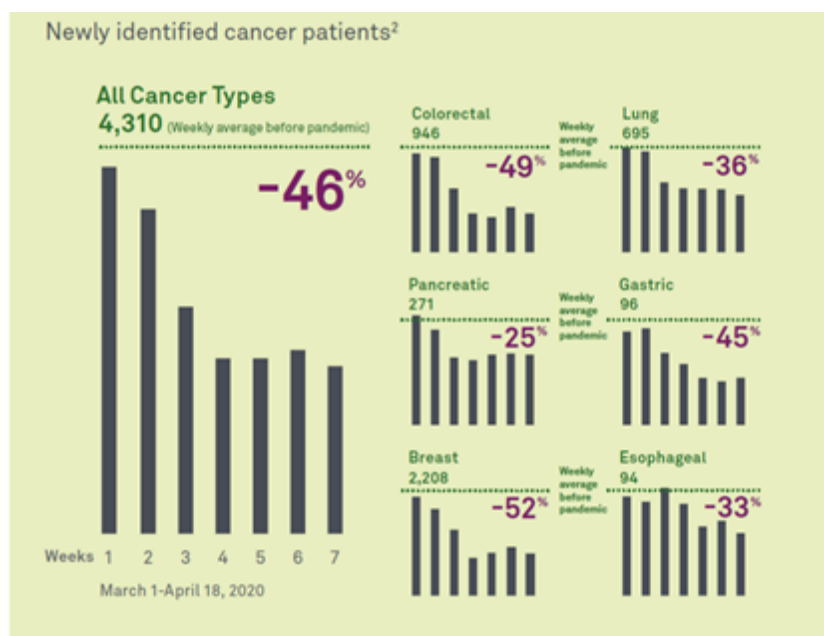
Chart: Emily Barone for TIME • Source: Epic Health Research Network • Get the data • Created with Datawrapper

Not captured in these data are screening rates by age, sex or gender, race or ethnicity, insurance status, or geography. Disparities in cancer screening rates existed prior to the pandemic, and it is still unknown, although anticipated, that they have widened this year.

Impact of COVID-19 on Cancer Diagnoses

Delays in cancer screening can mean delays in cancer diagnoses. One study, using cross-sectional data from Quest Diagnostics in the US, found a 46 percent decline in the identification of new cancer patients for six types of cancer during the beginning of the COVID-19 pandemic.[4]

Breast cancer experienced a 52 percent decline and colorectal cancer a 49 percent decline in identification of new cancers in patients. Importantly, these declines are not evidence of a decline in the number of cancer cases, just of those being diagnosed. This means there are individuals in the U.S. that likely have cancer but are not yet aware.

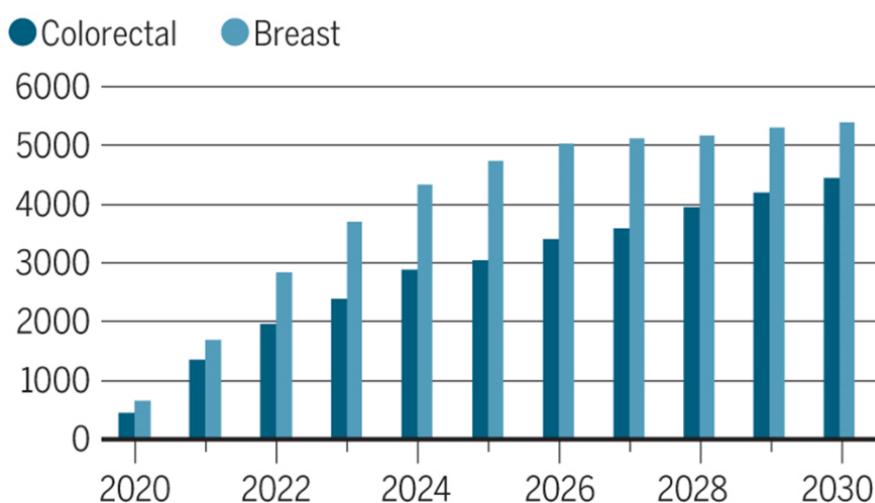


Impact of COVID-19 on Cancer Mortality

The impact on cancer mortality due to delays in and missed screening, diagnosis, and treatment from the COVID-19 pandemic may not be fully known for years. In one model, the National Cancer Institute predicts an excess of 10,000 breast and colorectal cancer deaths alone over the next 10 years due to a 6-month disruption of care.[5] This model is conservative. For example,

it does not account for nonlethal suffering that may occur from breast or colorectal cancers being diagnosed at a later stage because of delays in care. It also does not include other types of cancer, and it only accounts for a modest disruption in care. In addition, like other analyses to date, data are not available to predict the impact of cancer disparities.

Modeled cumulative excess deaths from colorectal and breast cancers, 2020 to 2030*



Challenges Ahead

The COVID-19 pandemic has created new and worsened existing challenges to getting individuals screened for cancer. These challenges include the fact that COVID-19 rules for businesses vary by locality, so it is difficult to say whether an individual will have an easy or more difficult time accessing screening. Health care providers and facilities have limited capacity because of the stress on resources caused by the pandemic. The implementation of new safety protocols in health care facilities can further reduce capacity. In addition, there is very real fear, reluctance, and confusion among both patients and providers as to whether it is safe to access cancer screenings. Action will be needed to ensure health care providers and facilities to have the capacity and processes in place to address the unprecedented backlog of cancer screenings and address patients' concerns.

Individuals who do not have health insurance are less likely to be screened for cancer.[6] The COVID-19 pandemic has caused a staggering loss of employment and an associated loss in employer-sponsored health insurance. According to an Urban Institute study, 3.3 million non-elderly adults in the United States lost employer-sponsored health insurance over the summer of 2020, and researchers estimate 1.9 million adults became newly uninsured from late April through mid-July.[7] In addition, a recent Avalere study found that the COVID-19 pandemic is exacerbating existing economic and health care inequalities between racial groups in the U.S., and that millions of Black, Asian, and Hispanic workers are likely to lose their employer-sponsored health insurance in 2020.[8] Efforts to insure these individuals and increase cancer screenings must reduce, not worsen, these inequities.

ACS CAN Position

ACS CAN advocates for proven policies that can increase access to cancer screening, including:

Adequate federal and state funding for cancer screening programs. The Centers for Disease Control and Prevention's cancer programs provide a critical, lifesaving safety net and are an under-resourced opportunity for lower income, uninsured and underinsured individuals to access cancer screening and early detection services. Federal and state budgets are under unprecedented pressure due to the COVID-10 pandemic – at a time when these programs are needed most.

No cost coverage of colonoscopy following a positive blood stool test for colorectal cancer. According to the American Cancer Society colorectal cancer screening guidelines, all positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy. The follow-up colonoscopy should be not “diagnostic” colonoscopy, but rather an integral part of the preventive screening process, which is not complete until the colonoscopy is performed, and therefore covered with no cost sharing for individuals.



Passage of the Removing Barriers to

Colorectal Cancer Screening Act: Eliminating the surprise bill associated with polyp removal during screening colonoscopy could increase the number of Medicare beneficiaries screened for this devastating disease.

Medicaid expansion in states that have not

already done so. Expanding access to Medicaid will provide state residents access to primary care and preventive services, including cancer screenings, that will improve the likelihood that cancer will be prevented or detected earlier at a more curable and less expensive stage.



Increased federal funding for Medicaid

programs in response to the pandemic. State Medicaid programs provide a vital safety net during this national crisis, covering traditionally underserved populations and helping to stem the spread of the virus. ACS CAN supports increasing the federal medical assistance percentage (FMAP) to at least 14 percent for states to provide these critical health services.

Federal coverage of premiums for individuals who access COBRA after a job loss in response to the pandemic.

As more individuals lose coverage as a result of job loss, it will be critical to assist them in retaining their employer coverage through COBRA and reducing costs by providing subsidies for premiums. Keeping an employer plan will allow for continuity of provider networks and medications, which is critical for maintaining care.

References

1. IQVIA Institute for Human Data Science. Shifts in Healthcare Demand, Delivery, and Care During COVID-19 Era. April 2020. https://www.iqvia.com/-/media/iqvia/pdfs/institute-reports/shifts-in-healthcare-demand-delivery-and-care-during-the-covid-19-era/iqvia-institute-reportcovid-19-impact-on-us-healthcare4292020.pdf?_=1607013452029
2. Komodo Health and Fight Colorectal Cancer. Research Brief: New Colorectal Cancer Diagnoses Falls by One-Third as Colonoscopy Screenings and Biopsies Grid to the Halt During Height of COVID-19. May 2020. https://knowledge.komodohealth.com/hubfs/_RESEARCH_BRIEFS/COVID19_Impact_on_CRC_Patients_Research_Brief_Komodo_Health_Fight_CRC.pdf
3. Epic Health Research Network. Delayed Cancer Screening – A Second Look. July 2020. <https://ehrn.org/articles/delayed-cancer-screenings-a-second-look/>. Chart Emily Barone from Time: <https://time.com/5884236/coronavirus-pandemic-cancer-care/>
4. Kaufman HW, Chen Z, Niles J, Fesko Y. Changes in the Number of US Patients With Newly Identified Cancer Before and During the Coronavirus Disease 2019 (COVID-19) Pandemic. JAMA Netw Open. 2020;3(8):e2017267.doi:10.1001/jamanetworkopen.2020.17267
5. Sharpless NE. COVID-19 and Cancer. Science. Jun 2020: Vol. 368, Issue 6497, pp. 1290. DOI: 10.1126/science.abd3377
6. American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2019-2020. Atlanta: American Cancer Society; 2019.
7. The Urban Institute. As COVID-19 Recession Extended Into Summer 2020, More Than 3 Million Lost Employer-Sponsored Health Insurance Coverage and 2 Million Became Uninsured Evidence from the Household Pulse Survey, April 23,2020–July 21, 2020. September 2020. <https://www.rwjf.org/en/library/research/2020/09/as-covid-19-recession-extended-into-summer-2020-more-than-3-million-lost-employer-sponsored-health-insurance.html>
8. Avalere. COVID-19 Projected to Worsen Racial Disparities in Health Coverage. September 2020. <https://avalere.com/press-releases/covid-19-projected-to-worsen-racial-disparities-in-health-coverage>