COVID-19: IMPACT ON CANCER SCREENING AND PREVENTION

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CANCER SCREENING RECOMMENDATIONS: MARCH 2020

- March 13, 2020 – U.S. national emergency was declared due to COVID-19.
- March 14 - Surgeon General advised hospitals to postpone all elective surgeries
- March 15 – joint GI societies recommendation to all GI endoscopy and clinical practices “Strongly consider rescheduling elective non-urgent endoscopic procedures”
- Mid-March – ACS recommends “No one should go to a healthcare facility for routine cancer screening until further notification”
- These recommendations apply only to people at average risk of cancer who do not have any signs or symptoms of cancer.
Cancer Screenings in the U.S.

Figure 2. Weekly cancer screening volume vs. week in year for each kind of cancer screening.
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.

The resulting backlog of cancer screenings will pose significant challenges for health systems as they adopt new processes and protocols necessary to safely restart screening.

ESTIMATES OF DELAYED/MISSED CANCER DIAGNOSES

Over 22 million screening tests for five common tumors may be disrupted, risking delayed or missed diagnoses for 80,000 patients

Exhibit 15: Modeled Impact of Reduced Screening Tests Three Months Ending June 5, 2020

<table>
<thead>
<tr>
<th>Tumor</th>
<th># annually</th>
<th>% fewer due to COVID</th>
<th># fewer tests over 3 months</th>
<th>Rate of positive cancer diagnosis per test</th>
<th>Delayed cancer diagnosis due to COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>42 Mn</td>
<td>-69%</td>
<td>7.2 Mn mammograms</td>
<td>1.200</td>
<td>36,000 patients</td>
</tr>
<tr>
<td>Cervical</td>
<td>79 Mn</td>
<td>-67%</td>
<td>13.2 Mn pap tests</td>
<td>1:5,274</td>
<td>2,500 patients</td>
</tr>
<tr>
<td>Colorectal</td>
<td>9.5 Mn</td>
<td>-72%</td>
<td>1.7 Mn colonoscopies</td>
<td>1.91</td>
<td>18,800 patients</td>
</tr>
<tr>
<td>Lung</td>
<td>700K</td>
<td>-30%</td>
<td>~52K CT scans</td>
<td>1:112</td>
<td>450 patients</td>
</tr>
<tr>
<td>Prostate</td>
<td>4.3 Mn</td>
<td>-48%</td>
<td>-520K PSA tests</td>
<td>1.23</td>
<td>22,600 patients</td>
</tr>
</tbody>
</table>

Source: IQVIA Institute, Apr 2020

EXCESS CRC AND BREAST CANCER DEATHS DUE TO COVID-19

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

- Colorectal
- Breast

-5,500 excess Breast Ca deaths
-~4,500 CRC deaths by 2030

https://science.sciencemag.org/content/368/6497/1290
RESUMING CANCER SCREENING
The exacerbation of screening inequities.

Staggering loss of employment and health insurance nationwide.

Complexities of moving to telemedicine and other changes to health system processes.

Patient fear, reluctance, and confusion.

Varied local policies and ordinances due to fluctuating COVID-19 hotspots.
As rates of infection and life-threatening illness have been averted or significantly diminished, various areas around the country have eased restrictions on “elective” medical care.

Most “return to screening” recommendations target facilities and specialty care audiences

NCCRT developed guidance for primary care providers and public health

Key Points

- **CRC screening remains an important public health priority**
  - We must this point to patients and provide safe opportunities to prevent and detect polyps and cancer.

- **Colonoscopy access has improved in many places, but must be prioritized**
  - Capacity limitations may be lower due to new requirements
  - Identifying patients who should receive higher priority for colonoscopy is critical

- **CRC screening can be safely offered through at-home stool-based tests**
  - Presents a unique opportunity to limit pandemic-related excess mortality and address health care inequities

- **Reigniting screening is highly dependent on local caseloads, regulatory requirements and policy change.**
Inspired by strong positive response to the NCCRT Playbook
Will address resumption of screening for breast, cervical and lung cancer
Target audience: Primary care, FQHCs, public health stakeholders and professionals
Links to research and guidance from professional societies, as well as:
  - Data and statistics
  - Universal messaging and guidance on resumption of screening
  - “one pagers” for each cancer that will include talking points and key strategies for activating screening

Coming Soon: ACS GUIDANCE ON CANCER SCREENING AND COVID-19
COVID-19 AND HPV VACCINATION
HUMAN PAPILLOMA VIRUS AND CANCER

• **VERY common virus**
  - Nearly everyone is infected at some point in their lives
  - Usually no symptoms and resolves on its own over time

• **>150 sub-types**
  - About 15 of these cause cancer

• **6 different kinds of cancer**
  - Nearly 35,000 cancers annually
  - Cervical most common for women (10,900 cases in 2019)
  - Oropharyngeal for men (11,300 cases in 2019)
HPV VACCINATION RATES DURING COVID-19 PANDEMIC

Adolescents remain behind on HPV vaccination

Weekly Vaccines for Children program provider orders for pediatric vaccines – United States, December 23, 2019-June 14, 2020

HPV vaccine

Notable Dates:
1. 1/20/2020: First US case reported (Washington state)
2. 3/13/2020: US national emergency declared

Source: CDC
ACS recommends routine HPV vaccination at age 9-12 years.

Benefits of starting at age 9:
- Earlier initiation of HPV vaccination
- Offers more time for completion of the series
- Increases the likelihood of vaccinating prior to first HPV exposure
- Decreases the need to discuss sexual activity for both providers and parents
- Decreases requests for only vaccines that are “required”
- Decreases the number of shots given in a single visit
- Shown by several systems to increase vaccination rates
- Shown to be acceptable to systems, providers, and parents
ACS does not recommend Shared Clinical Decision Making (SCDM) for Adults Aged 27-45 years

- HPV vaccine has been cleared by FDA for use in this age group
- Advisory Committee on Immunization Practices (ACIP) does recommend SCDM for this age group.
- There are a number of reasons ACS differs
Reasons ACS does not recommend Shared Clinical Decision Making (SCDM) for Adults Aged 27-45 years:

- Minimal benefit
  - Only prevents an additional 1% of cancers, precancers, and warts
- Evidence of low effectiveness after age 20
- No guidance for SCDM
- No evidence on who in this age group should get vaccinated (or be interested in doing so)
- Sex vs cancer prevention as a message
- Focus resources (time, $$, vaccine supply) on pre-adolescents and adolescents, particularly during global shortage and with rates much lower because of COVID
ACS HPV VACCINATION RESOURCES

**Health Systems Playlist:** A suite of 6 new videos to message to population health and quality improvement leaders and immunizers the importance of prioritizing an adolescent vaccination plan.

**Health System Infographic:** an interactive handout linking to new CDC resources and a custom playlist of supporting videos

**Vaccination During COVID-19:** Curated webpage with resources from national organizations to help guide decision making and processes during the pandemic.

**Parent Playlist:** a suite of 4 new videos messaging to parents of adolescents why it’s important to vaccinate their child, how to access the Vaccines for Children Program, and how to find or access care.

**Parent Infographic:** an interactive handout for practices and systems to share with parents to build their confidence in bringing their adolescents in for well-child visits.

[https://hpvroundtable.org/get-involved/health-systems](https://hpvroundtable.org/get-involved/health-systems)
Coming Soon: UPDATED ACS CERVICAL CANCER SCREENING GUIDELINE

The updated recommendations will address:

- Screening Strategies/Tests
- Screening Interval
- When to Start Screening
- When to Stop Screening
LATEST INFORMATION ON COVID-19 AND CANCER

American Cancer Society’s COVID-19 Hub

Coronavirus, COVID-19, and Cancer

If you’re having trouble finding the information you need about coronavirus and COVID-19, the illness caused by the current strain of coronavirus, we’re here to help with current and reliable information. We are available via live chat or our 24-hour helpline at 800-227-2345.

WHAT YOU NEED TO KNOW

- Common questions about coronavirus and cancer
  How cancer patients, care, and treatment might be affected.

- What to ask your health care team about COVID-19
  Questions to ask so you can get the answers you need.

- Infections in people with cancer
  Why people with cancer can be more at risk and what to watch for.

THANK YOU!