

# 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.

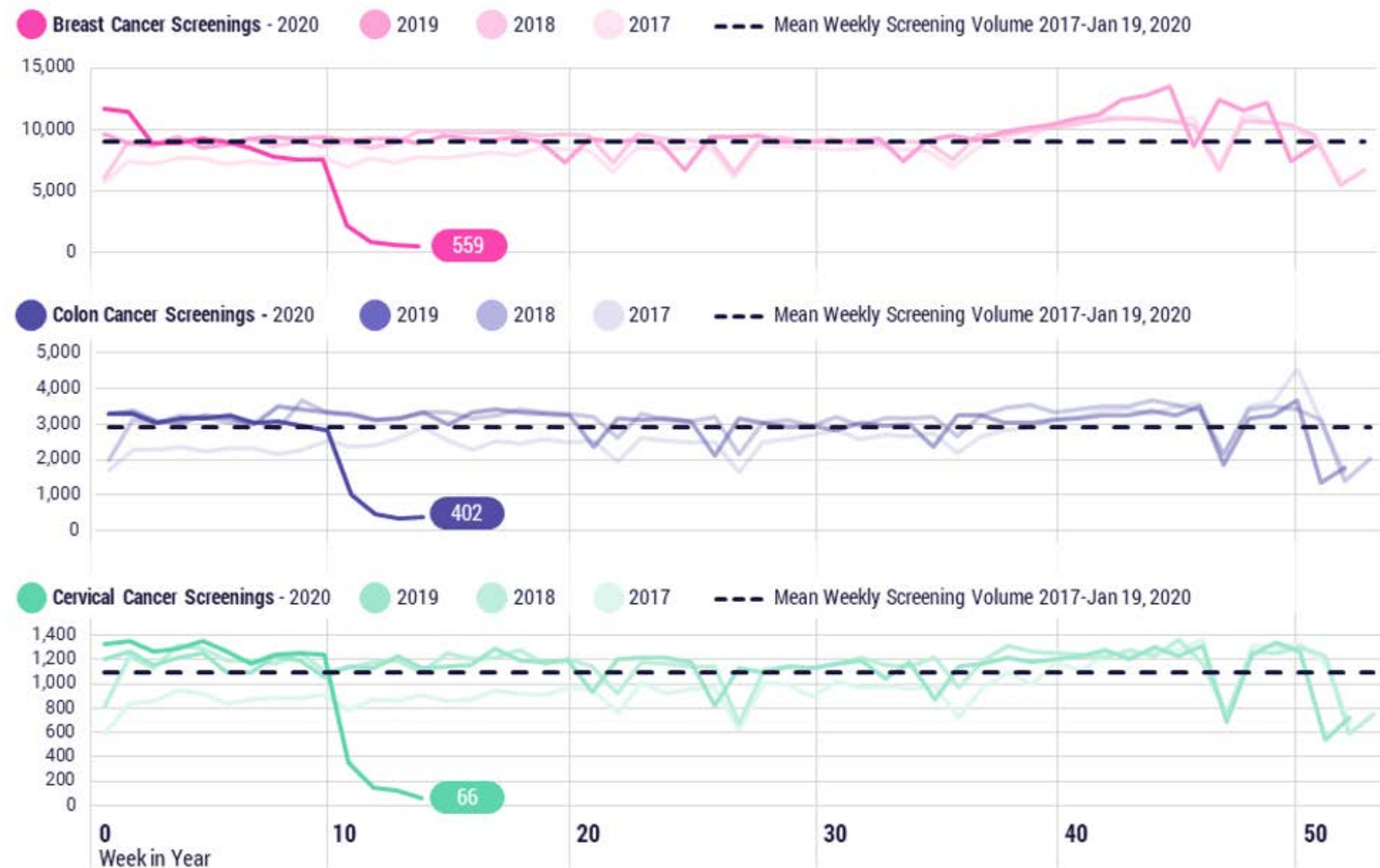


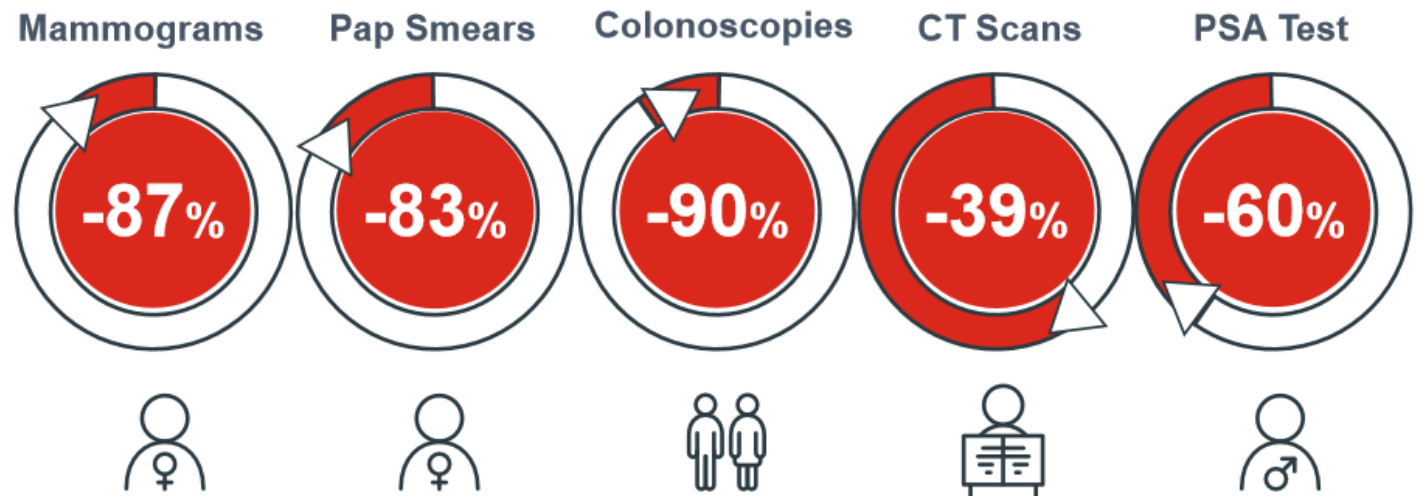
Figure 2. Weekly cancer screening volume vs. week in year for each kind of cancer screening.

# 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
- ▶ 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.

## 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

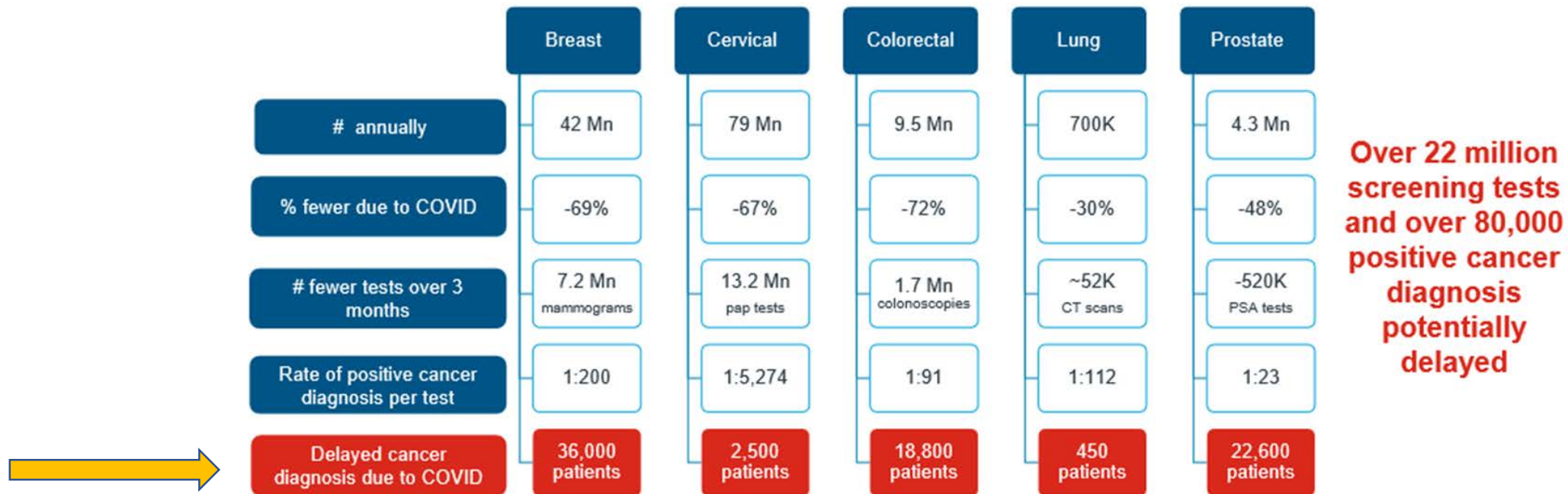


Source: IQVIA Real World Claims, April 17, 2020

# 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

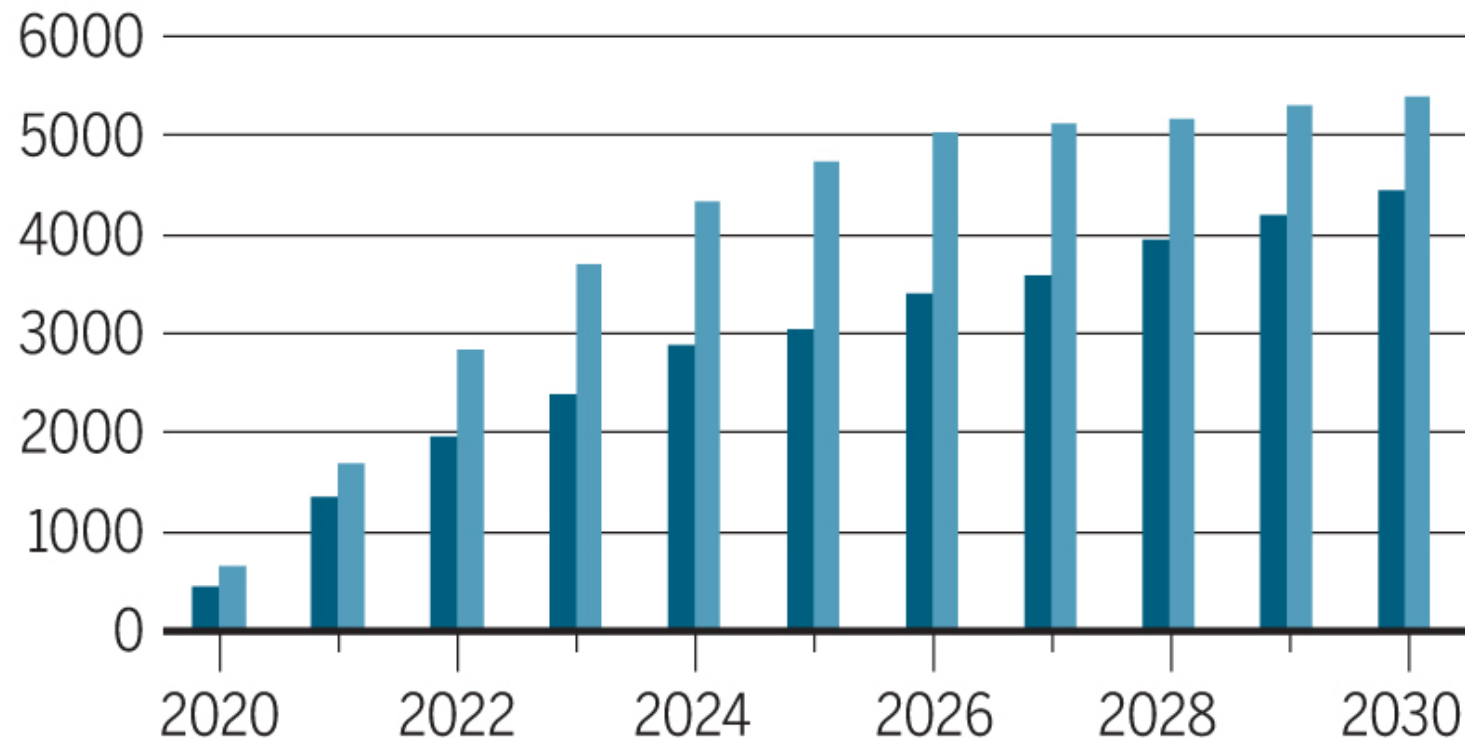


Source: IQVIA Institute, Apr 2020

# 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  
and **~4,500** CRC  
deaths by 2030

# **RESUMING CANCER SCREENING**

# RESUMING CANCER SCREENING: CHALLENGES

- ▶ 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.



# RESUMING CRC SCREENING: GUIDANCE FROM NCCRT

- ▶ 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

## REIGNITING COLORECTAL CANCER SCREENING AS COMMUNITIES FACE AND RESPOND TO THE COVID-19 PANDEMIC



### Introduction

Since 1997, the members of the National Colorectal Cancer Roundtable (NCCRT) have united to increase the use of evidence-based colorectal cancer screening tests among the entire population for whom screening is appropriate. As part of this mission, the NCCRT along with its 150 member organizations launched the [80% in Every Community](#) initiative, which aims to ensure that colorectal cancer screening rates reach or exceed 80% in communities and organizations across the nation. From 2012 to 2018, due to improved screening rates, [9.3 million more individuals](#) were up to date with screening.

Yet, many communities lag behind, and the COVID-19 pandemic has challenged efforts to address inadequate screening and inequities in colorectal cancer outcomes, hindering the progress toward our [80% in Every Community](#) goals. In the early stages of the COVID-19 pandemic, leading agencies, such as the [Centers for Medicare & Medicaid Services](#) (CMS) and the [American Cancer Society](#), made recommendations to delay all non-urgent procedures. Colonoscopies to detect colorectal cancer have been delayed or cancelled and patient fears about contracting COVID-19 have led to further [reductions in screening](#). This drop has raised concern that COVID-19 related screening delays will lead to missed and advanced stage colorectal cancer diagnoses and to [excess deaths from colorectal cancer](#). Moreover, this burden will likely not be evenly distributed as screening disparities may be exacerbated in communities and populations that are disadvantaged by both old and new challenges in the COVID-19 era.

The colorectal cancer fighting community stands prepared and well-positioned to respond to and overcome the difficult task ahead. This document provides an action-oriented playbook for how NCCRT members, 80% pledged partners, and colorectal cancer screening advocates across the nation can work together to reignite our screening efforts appropriately, safely, and equally for all communities.

### Overarching Messages to Guide Our Response to Delays in Screening:

<https://nccrt.org/resource/a-playbook-for-reigniting-colorectal-cancer-screening-as-communities-respond-to-the-covid-19-pandemic/>

# RESUMING CRC SCREENING: GUIDANCE FROM NCCRT

## 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.*

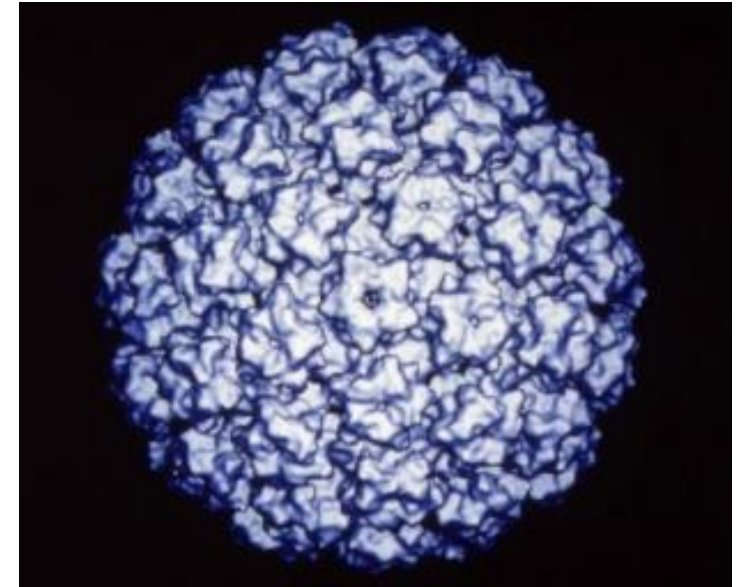
## Coming Soon: ACS GUIDANCE ON CANCER SCREENING AND COVID-19

- ▶ 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

# **COVID-19 AND HPV VACCINATION**

# HUMAN PAPILLOMA VIRUS AND CANCER

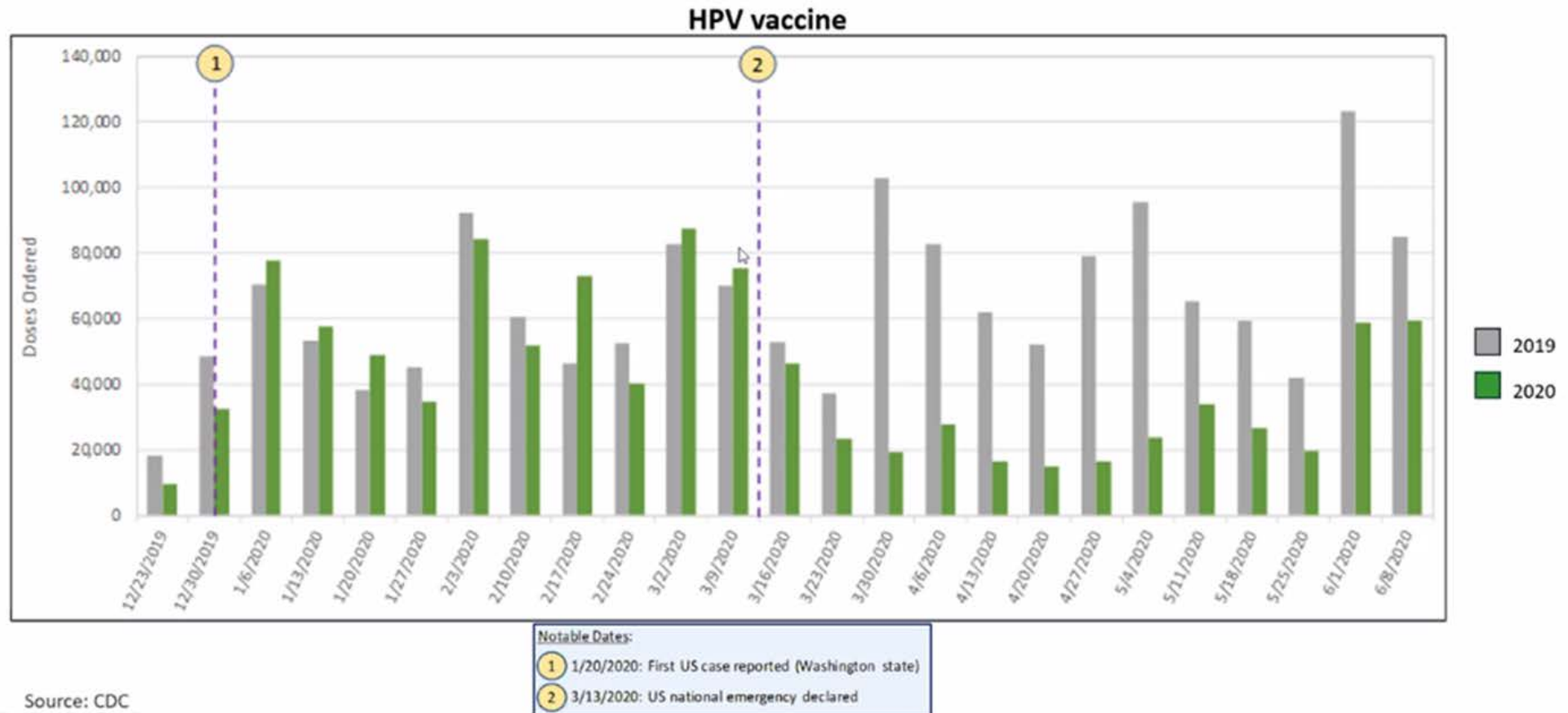
- **VERY common virus**
  - Nearly everyone is infected at some point in their lives
  - Usually no symptoms and resolves on its own over time
- **>150 sub-types**
  - About 15 of these cause cancer
- **6 different kinds of cancer**
  - Nearly 35,000 cancers annually
  - Cervical most common for women (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





# ACS HPV VACCINATION RECOMMENDATIONS: UPDATED JULY 2020

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 HPV VACCINATION RECOMMENDATIONS: UPDATED JULY 2020

## 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



# ACS HPV VACCINATION RECOMMENDATIONS: UPDATED JULY 2020

## 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>

## 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

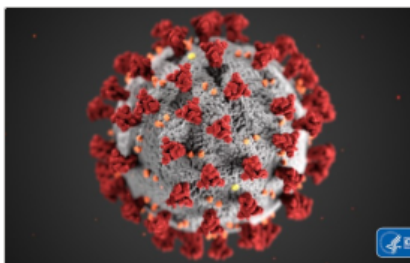
# LATEST INFORMATION ON COVID-19 AND CANCER

## 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](tel: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.

<https://www.cancer.org/about-us/what-we-do/coronavirus-covid-19-and-cancer.html>

# THANK YOU!



[cancer.org](https://cancer.org) | 1.800.227.2345