

IMPACT OF THE COVID-19 PANDEMIC ON CANCER SCREENING: WHAT WE KNOW (SO FAR) AND WHAT TO DO



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Up to a 90%

decline in screening-related procedures was experienced this past year, disrupting more than 22 million screening tests.

Months of limited screening tests resulted in nearly 80,000 potential missed or delayed diagnoses, which limit treatment options and increase risk of death in the future. An estimated 10,000 more deaths are estimated from breast and colorectal cancer alone.

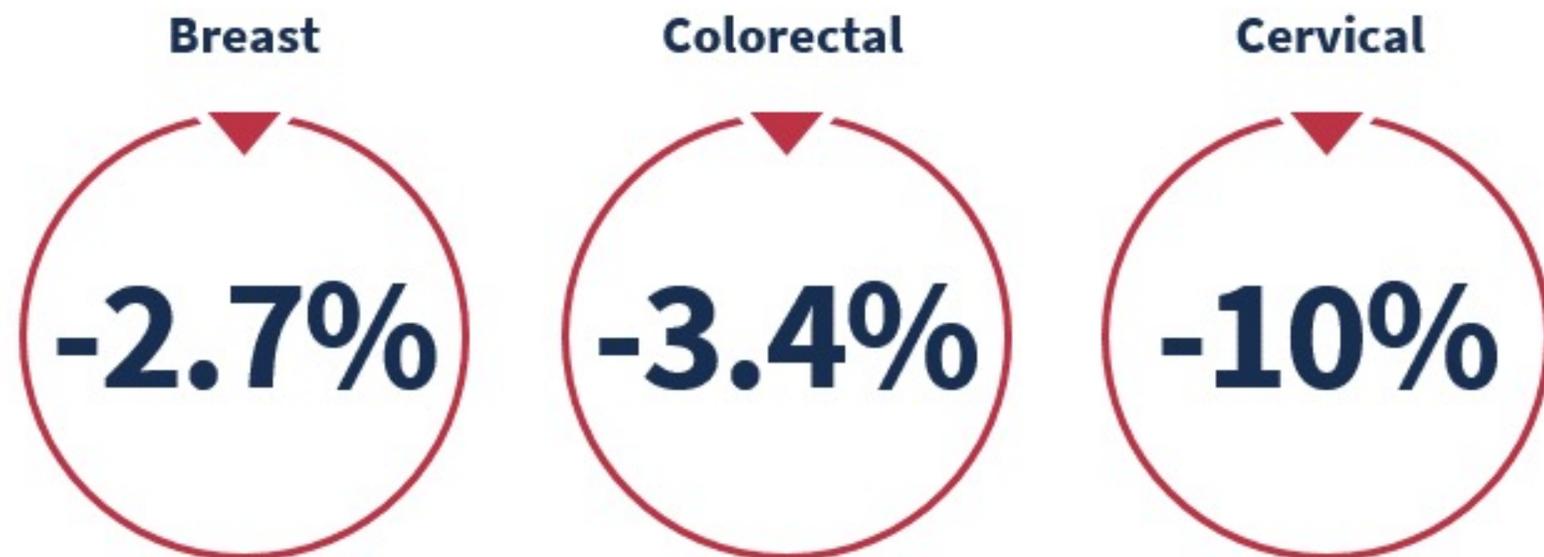
Source: IQVIA Institute, April 2020.

Source: National Cancer Institute, 2020.

Cancer Screening Amidst the Pandemic: Early Timeline

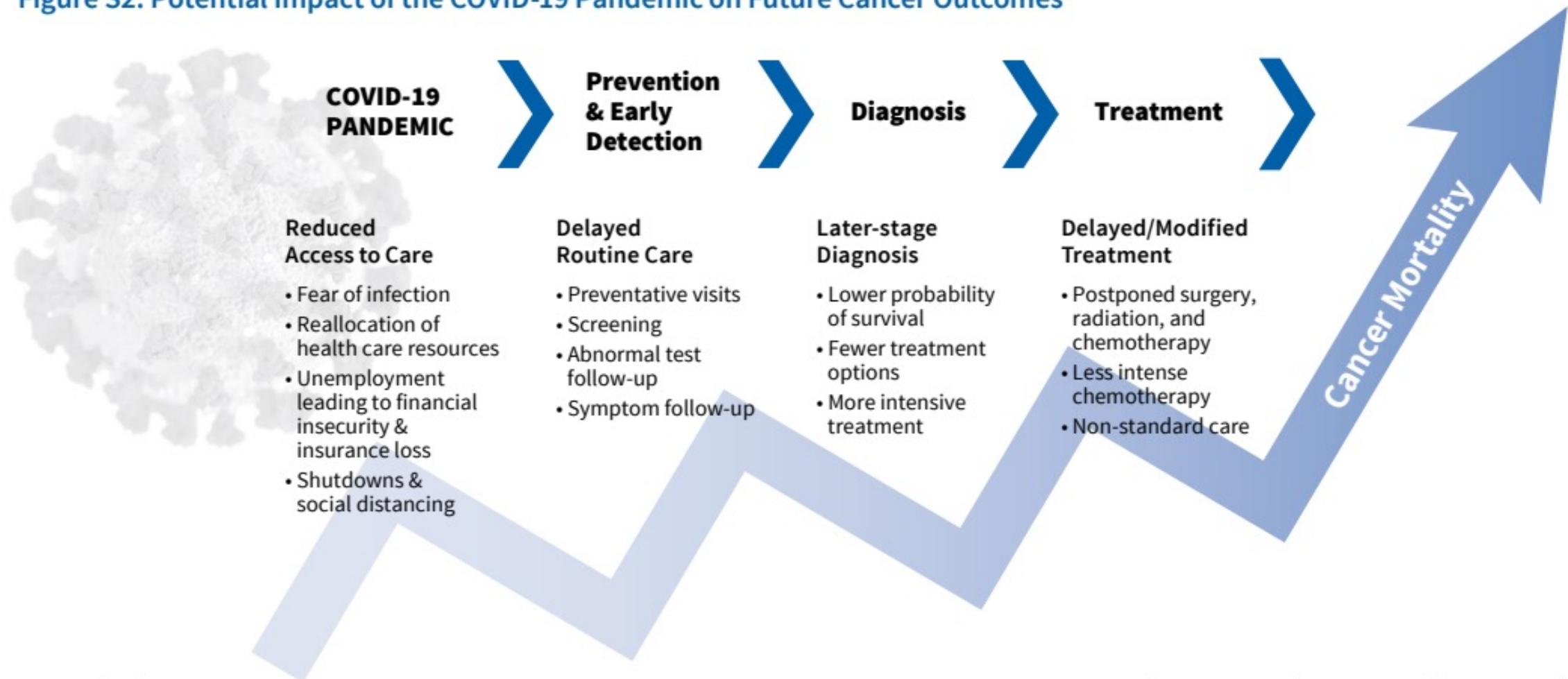
- ▶ On March 13, 2020, a U.S. national emergency was declared due to COVID-19.
- ▶ The American Cancer Society, along with other specialty organizations, advised patients to postpone elective care – including cancer screening – and plan to reschedule screening tests when healthcare facilities resume screening.
- ▶ July 2020 and ongoing – ACS updated information on cancer.org emphasizing that cancer screening is still a priority.
- ▶ Ongoing COVID surges are taxing the healthcare system
- ▶ Vaccination is helping and many places have returned to pre-pandemic levels of screening, but lots of variability across the nation

Now two years into the pandemic, some reports raise concerns that we still have not reached historical baselines.



To catch up for missed screenings in 2020-2021, 3800+ colorectal cancer additional screenings and 230+ additional cervical cancer screenings need to take place each week in 2022.

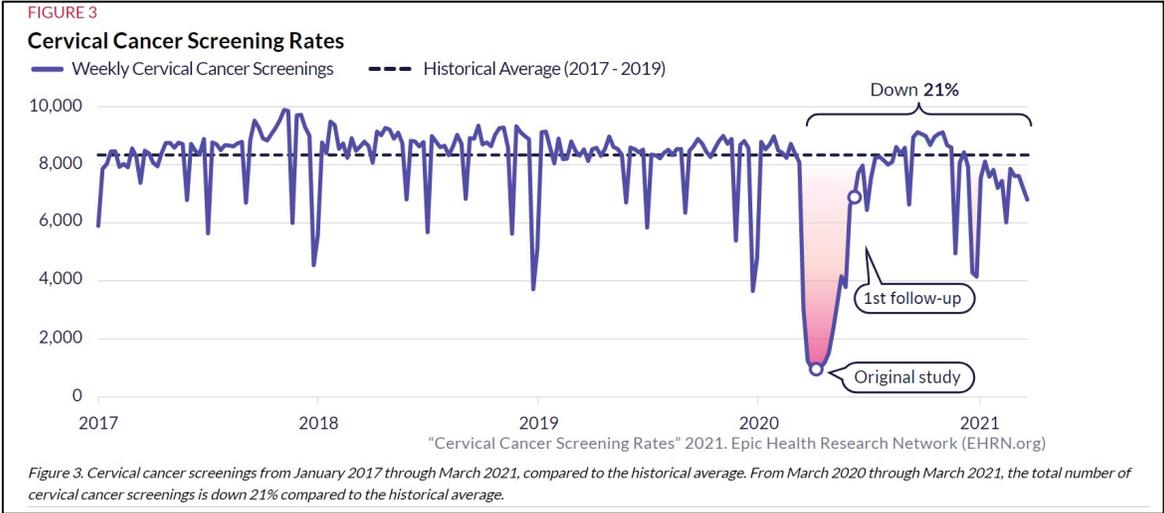
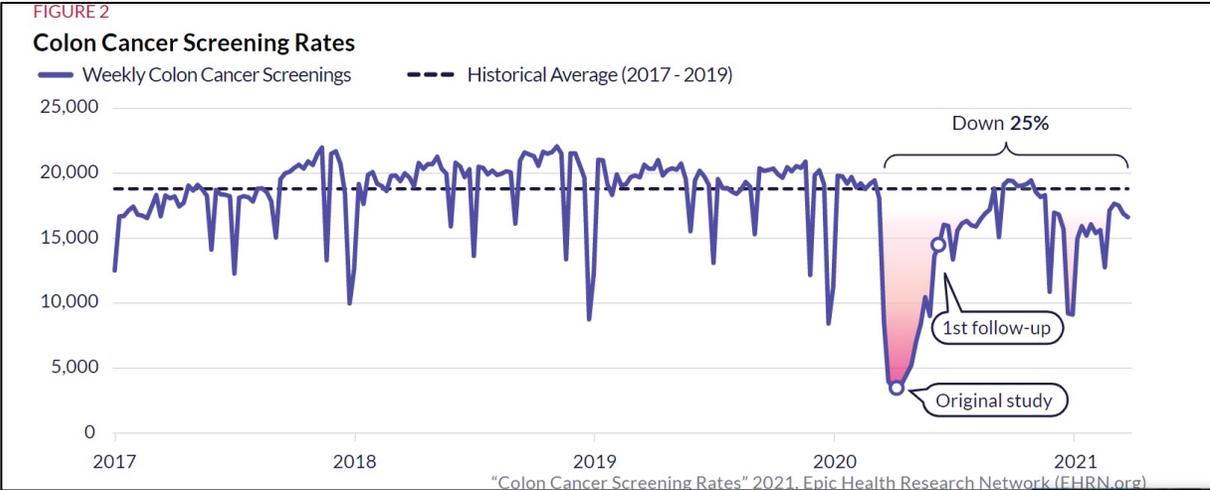
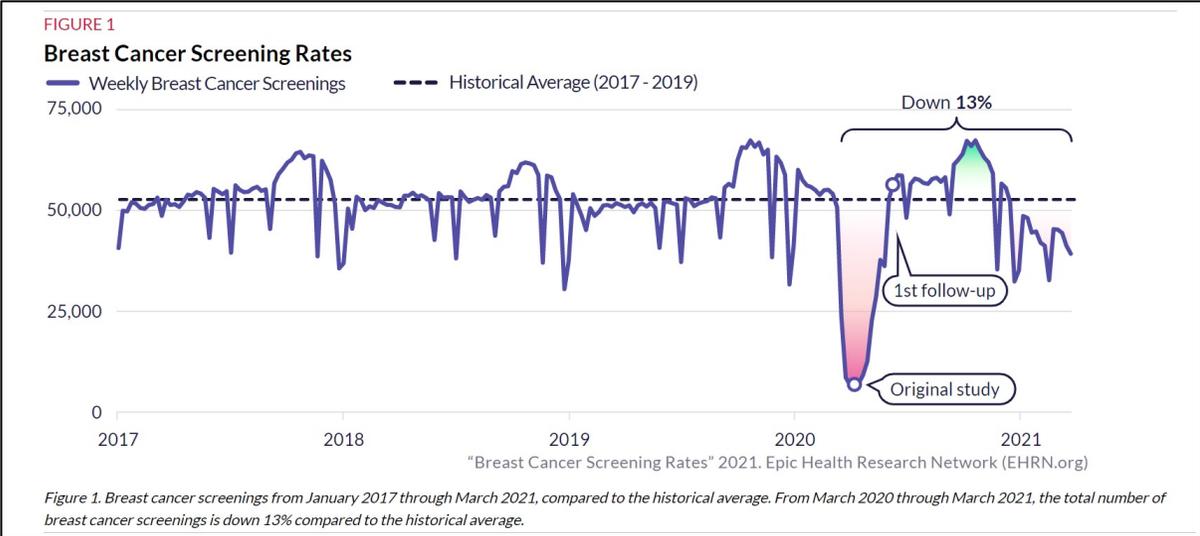
Figure S2. Potential Impact of the COVID-19 Pandemic on Future Cancer Outcomes



Coronavirus image courtesy of CDC.

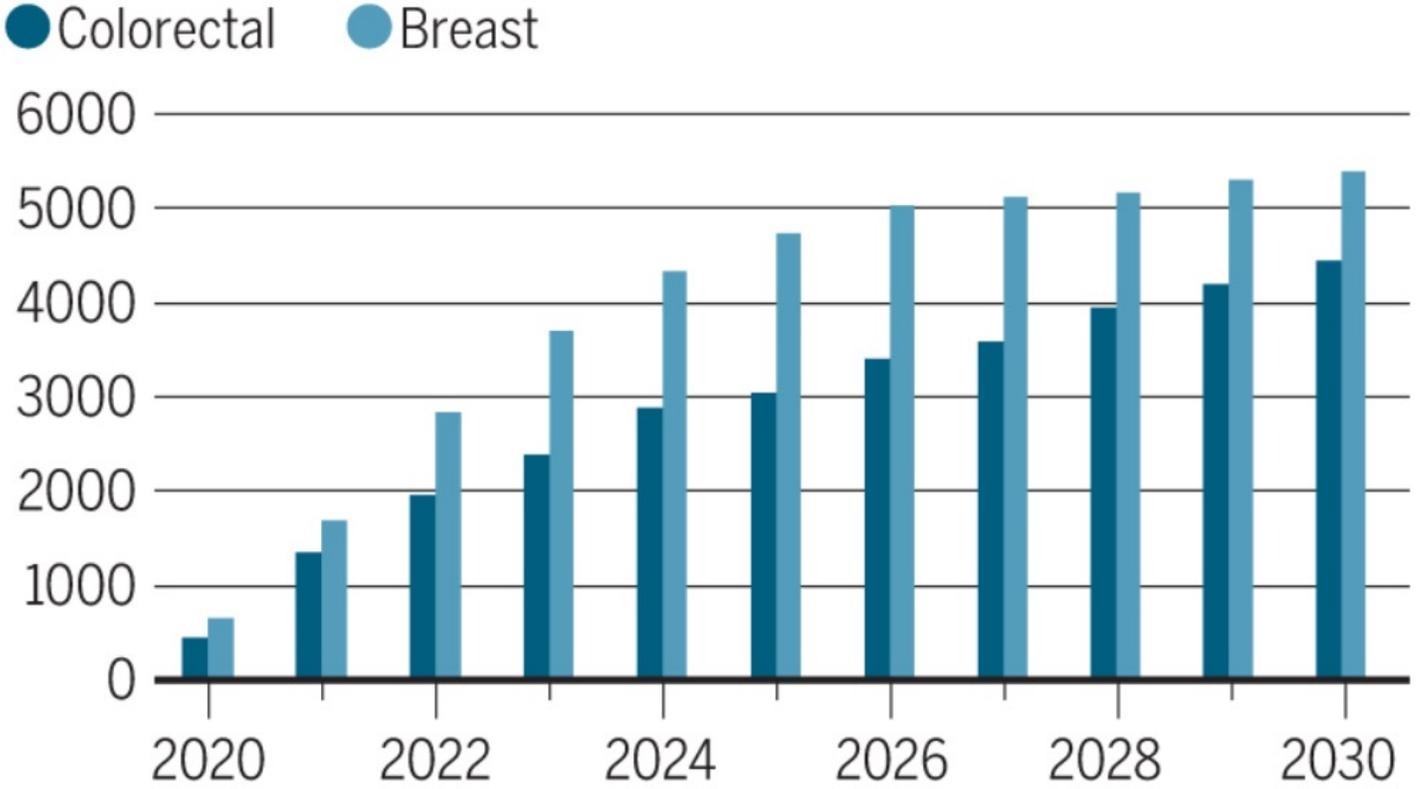
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UPDATED EPIC health research network update-through March 2021-screening rates are down 13-25% (from March 2020 through March 2021)



Modeling the effect of COVID-19 on Cancer Screening and Treatment

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



<https://science.sciencemag.org/content/368/6497/1290>



Screening disparities have increased for people with greater social or economic barriers.

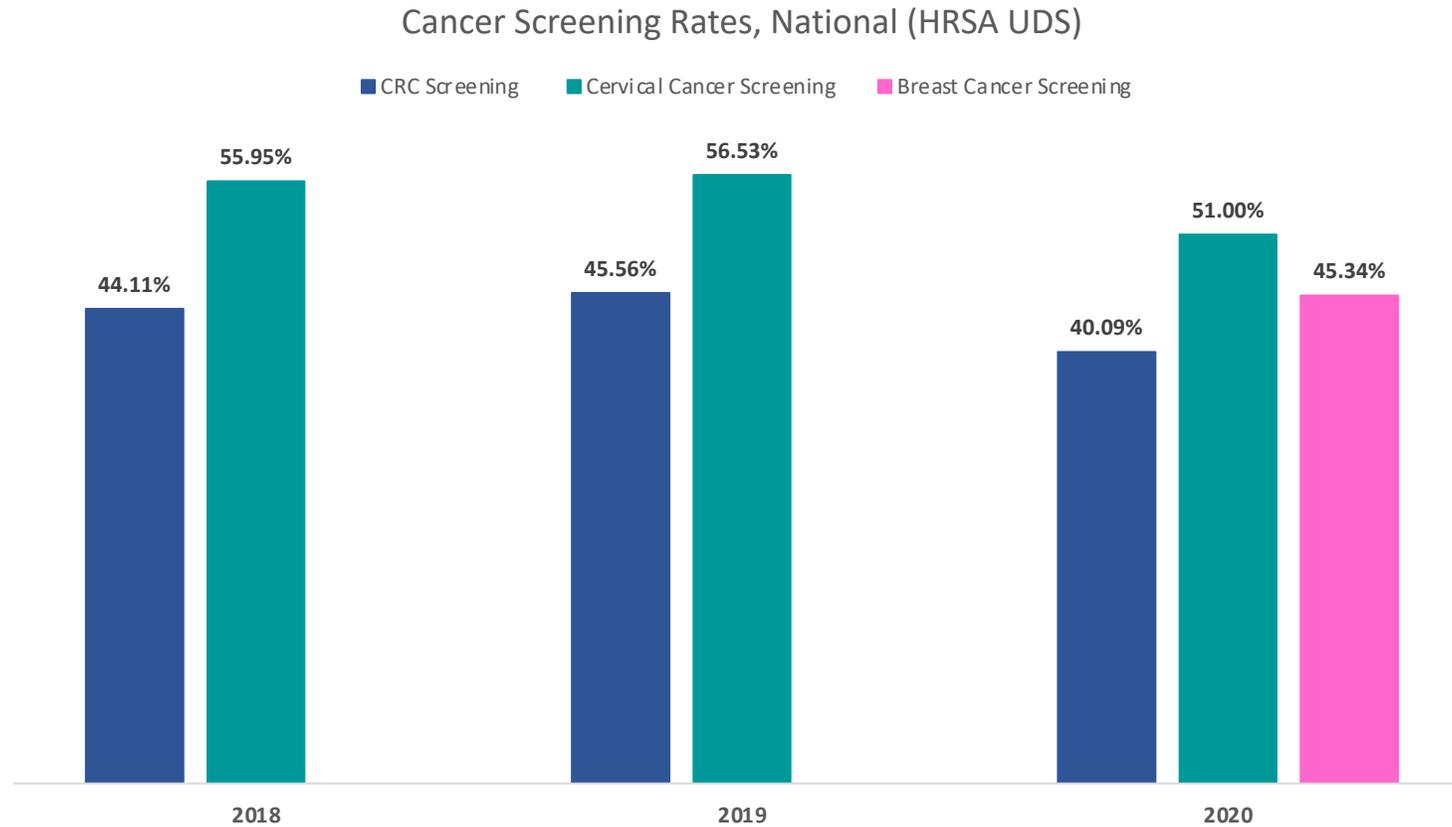
It is estimated 5 million Black and Hispanic Americans have lost their healthcare due to the pandemic. Screening rates are typically 40-50% lower for the uninsured. Additional barriers such as medical mistrust, access to care, financial security, and housing and food security impact the likelihood of being screened.

Source: Avalere Health LLC, September 2020

Source: American Cancer Society Cancer Detection and Early Prevention 2019-2020



National Data: Cancer Screening in HRSA-funded health centers



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

Return to Screening Initiative

The American Cancer Society, with partners, is leading a comprehensive and multi-sector, national movement to dramatically and swiftly change screening rates through local and regional stakeholder engagement and action.

National Consortium

For Cancer Screening and Care



OVERVIEW

The ACS National Consortium is dedicated to organizing a national response to the COVID-19 pandemic in relation to its detrimental impact on our collective progress in cancer screening and care across the U.S.

[Visit \[consortium.acs4ccc.org\]\(https://www.consortium.acs4ccc.org\) to learn more >>>](https://www.consortium.acs4ccc.org)

- Multisectoral partnership of 34 thought leaders representing 28 national organizations
- Collaborates to define national priorities, unify resources and commitments, and catalyze action for wide-scale impact

GOALS

Accelerate Our responses to long-standing and emerging barriers to cancer screening and care.



Strengthen Our preparedness, infrastructure, and partnerships to minimize disruptions and address inequities.



Mobilize Around sustained, coordinated commitments to promote cancer screening and care as a public health priority and improve the long-term effectiveness of screening programs.



ACCELERATING WHAT WORKS

The pandemic brings new challenges, but the activities that prevent, detect, and control cancer do not require drastic change. The National Consortium has collaborated to identify recommendations that aim to accelerate what works in cancer screening and care. If adopted widely, these recommendations will directly impact our immediate and long-term recovery from the pandemic.

- **National Partnerships:** Accelerate the collective action of partnerships, coalitions, and roundtables to influence the adoption of evidence-based cancer screening interventions, policies, and strategies.
- **Coordinated Messaging:** Accelerate a coordinated, innovative campaign to promote cancer screening as a national public health priority.
- **Proven Programs:** Accelerate screening efforts by supporting and expanding proven programs that already reach underrepresented and underserved communities.
- **Quality Measures:** Accelerate the adoption of improved quality measures, accountability measures, and institutional goal-setting.
- **Pandemic-related Innovations:** Accelerate innovations and interventions that better expand our capacity in cancer screening and care.

National Consortium Issue Hub #1 - Evaluation Highlights



Overall Satisfaction

99% of attendees rated the session as excellent or good.



Added Value

91% of attendees learned something new and valuable during the session.

WHY IT MATTERS

Consortiums are required where single organizations are incapable of influencing system change alone. Our early efforts have built trust among leading cancer organizations, identified common barriers, and established shared goals to advance cancer screening and care across the nation.

COLLABORATING TO CONQUER CANCER

Consortium Participation

To ensure our response is both effective and innovative, consortium members represent a **diverse, multi-sectored, and influential** cohort of voices relentlessly dedicated to the **safe and equitable recovery** of cancer screening and treatment services.

The 28 organizational members of the consortium include:

- ✓ Government agencies
- ✓ Leading cancer advocacy organizations
- ✓ Professional societies and associations
- ✓ Research institutions
- ✓ National roundtables and collaboratives
- ✓ Industry leaders
- ✓ Other leading health organizations

CONSENSUS RECOMMENDATIONS - ACCELERATE



National Partnerships

Accelerate the collective action of partnerships, coalitions, and roundtables to influence the adoption of evidence-based cancer screening interventions and policies.



Coordinated Messaging

Accelerate a coordinated, innovative campaign to promote cancer screening as a public health priority.



Proven Programs

Accelerate screening efforts by supporting and expanding proven programs that effectively reach communities that are historically excluded and underserved.



Quality Measures

Accelerate the adoption of improved quality measures, accountability measures, and institutional goal-setting that prioritize equitable outcomes.



Pandemic-related Innovations

Accelerate innovations and interventions that better expand equitable access to cancer screening and care.

CONSENSUS RECOMMENDATIONS - STRENGTHEN



Public Trust: Strengthen trust in public health and health care systems by using a forward-looking, whole-person approach.



Comprehensive Preparedness Plans
Strengthen health system and community preparedness plans for health disruptions by including cancer and other chronic disease care in the plans.



Document & Understand Cancer Disparities
Strengthen the understanding of outcomes in cancer screening and care by collecting and utilizing demographic and social determinants of health data.



Transdisciplinary Teamwork
Strengthen transdisciplinary teamwork in support of health care delivery.

State and Coalition Leadership



OVERVIEW

Across the US we are helping key state-level coalitions and partners drive action, leverage resources, and catalyze proven strategies to improve screening outcomes. ACS staff support partnerships in all 50 states and leverage data, communication strategies, national resources, and expertise from the ACS National Consortium to ensure success.

GOALS



Drive Action through partnerships at the state level

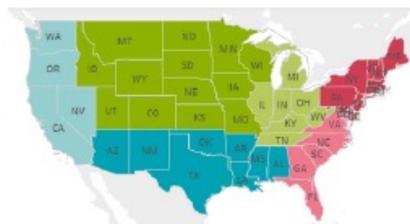


Leverage Resources through opportunities for individual states with high need



Catalyze Proven Strategies by convening states to share successful approaches

Drive Action



We are supporting state coalition efforts to accelerate cancer screening in all states.

Leverage Resources



In 14 states we are providing financial resources to catalyze and support the work with critical stakeholders to address the highest needs in the state including health equity and cancer disparities.

Catalyze Proven Strategies



We have set forward recommended strategies for all states including tailored public messaging campaigns, policy recommendations, data strategies, and subject matter expertise to support efforts.

WHY IT MATTERS

State and local coalitions engage individuals and organizations with a common interest in solving complex problems through collective action. Through this initiative, we are providing state and local coalitions tangible opportunities to ensure equitable access to high quality cancer screening and care.

Health Systems Screening Interventions



OVERVIEW

ACS is partnering with **80 healthcare systems** across the country to provide evidence-based interventions and **\$2.2 million in grant funding** to rapidly increase cancer screening rates and reduce screening barriers exacerbated by the pandemic.

GOALS



Partner with healthcare systems including Federally Qualified Health Centers (FQHCs) and safety net hospitals to implement screening interventions through quality improvement



Minimize the effects of the pandemic on breast, cervical, colorectal, and lung cancer screening



Address disparities and **reduce** screening barriers exacerbated by the pandemic



Create learning communities to foster sharing of best practices and project results

Working Nationwide



View the [interactive map](#) of intervention locations across the US.

Addressing Screening Disparities



"Resuming mobile mammography services has increased the overall capacity for screening mammography for our patients."

- Interventions partner

Impact



1.3 million individuals of screening age served within participating health systems

WHY IT MATTERS

Supporting healthcare systems now in resuming care is paramount, particularly providing screening to those with historically low rates and those most affected by COVID-19.

RESOURCES



PROMOTING COLORECTAL CANCER SCREENING DURING THE COVID-19 PANDEMIC



The American Cancer Society (ACS) recommends that people at average risk of colorectal cancer start regular screening at age 45. This can be done either with a sensitive test that looks for signs of cancer in a person's stool (a stool-based test), or with an exam that looks at the colon and rectum (a visual exam). [To learn more, access the ACS guidelines for colorectal cancer screening.](#)

WHY COLORECTAL CANCER SCREENING?

- Colorectal cancer is the second leading cause of cancer death among men and women diagnosed in 2019.
- Colorectal cancer is the second leading cause of cancer death among men and women diagnosed in 2019.
- Screening can find precancerous polyps, which usually lead to colorectal cancer, before they become cancer.
- There are several stool-based tests that look for blood in stool, or a structural endoscopy, such as a colonoscopy, and CT colonography.

PROMOTING BREAST CANCER SCREENING DURING THE COVID-19 PANDEMIC



The American Cancer Society (ACS) recommends that women at average risk for breast cancer undergo annual mammography screening starting at age 45 years, and women ages 40-44 years should also have the opportunity to begin annual screening. At age 55, women may transition to screening every 2 years, or if they prefer, may continue receiving annual mammograms. As long as a woman is in good health and is expected to live 10 or more years, she should continue screening mammograms. Annual screening with MRI is recommended for some women at higher than average risk for breast cancer, starting at age 30 years. [To learn more, access the ACS guidelines for breast cancer screening.](#)

IMPLICATIONS OF COVID-19 ON BREAST CANCER SCREENING

- An estimated 1.7 million mammograms were missed or delayed from early March to early June.
- 18,000 missed or delayed diagnoses of breast cancer from early March to early June.
- 4,500+ excess deaths from breast cancer from early March to early June.

WHY IS BREAST CANCER SCREENING IMPORTANT?



- Breast cancer is the most common cause of cancer death among women in the U.S., and 42,170 deaths from breast cancer were expected in 2019.
- Deaths from breast cancer have declined since 1988, due to the progress made in screening and treatment.
- Screening with regular mammograms can find precancerous changes in the breast before they become cancer, and have better treatment outcomes.

WHAT TO KNOW ABOUT WOMEN AT HIGHER RISK FOR BREAST CANCER



- For those at high risk for breast cancer, screening should be prioritized and considered essential.
- High-risk women who had a cancer diagnosis or are due for screening should be prioritized for screening.

WHAT ARE THE IMPLICATIONS OF COVID-19 ON BREAST CANCER SCREENING



- An estimated 87% drop in mammograms from early April 2020.
- Estimated missed or delayed diagnoses of breast cancer from early March to early June 2020.

PROMOTING LUNG CANCER SCREENING DURING THE COVID-19 PANDEMIC



The American Cancer Society (ACS) recommends that people who currently smoke, or once smoked but have quit within the past 15 years, ages 55-74 in good health, and with at least a 30 pack-year history of smoking should undergo annual screening with low-dose computed tomography (LDCT). [To learn more, access the ACS guidelines for lung cancer screening.](#)

WHY IS LUNG CANCER SCREENING IMPORTANT?



- Lung cancer screening with LDCT, when done in high-risk individuals, is covered by Medicare, Medicaid, and most private insurance plans.
- In adults at high risk for lung cancer, LDCT can save lives, but only if individuals get tested.
- Lung cancer screening rates still are low, and many people are diagnosed when their cancer is advanced.

WHAT ARE THE IMPLICATIONS OF COVID-19 ON LUNG CANCER SCREENING



- Although declines in lung cancer screening rates have declined since early April 2020, they remain low.
- Further, a recent study of the decline in lung cancer screening rates had declined by 47% in April 2020.
- Missed opportunities for early detection of lung cancer means more patients are diagnosed with advanced disease, which is less successful.

SCREENING FOR LUNG CANCER DURING COVID-19



- Despite the challenges we face during the pandemic, lung cancer remains a public health priority, and we must provide the public with safe opportunities to prevent and detect lung cancer early.
- Individuals who have undergone surveillance for nodules, or individual with a history of lung cancer, should be prioritized during the pandemic.
- Continued on next page.

PROMOTING CERVICAL CANCER SCREENING DURING THE COVID-19 PANDEMIC



The American Cancer Society (ACS) recommends that people at average risk of cervical cancer start regular screening at age 25. Screening should take place every 5 years with an HPV test (called primary HPV testing), which looks for the virus that causes almost all cervical cancer. If this test is not available, screening may be done every 5 years with a cotest (an HPV test with a Pap test) or every 3 years with the Pap test alone, which looks for changes in cells in the cervix. For most people, screening should stop after age 65. [To learn more, access the ACS guidelines for cervical cancer screening.](#)

WHY IS CERVICAL CANCER SCREENING IMPORTANT?



- Cervical cancer screening can save lives, but only if individuals get tested.
- Screening can find HPV (the virus that causes almost all cervical cancers) and cell changes called pre-cancers years before they become cancer.
- The removal of precancerous tissue that was detected by screening can prevent cancer from developing. Screening can also detect cervical cancer at an early stage, when treatment is usually less extensive and more successful.

WHAT ARE THE IMPLICATIONS OF COVID-19 ON CERVICAL CANCER SCREENING?



- An estimated 94% drop in weekly cervical cancer screening appointments in March compared to appointments made from 2017 to 2019.
- 2,500 missed or delayed diagnoses of cervical cancer from early March through early June.

SCREENING FOR CERVICAL CANCER DURING COVID-19



- Despite the challenges we face during the pandemic, cervical cancer remains a public health priority, and we must provide the public with safe opportunities to prevent and detect cervical pre-cancer and cancer.
- Prioritize individuals in surveillance for a previous abnormal screening test result, those who were scheduled for follow-up exams, colposcopy, or excisional treatment.
- Continued on next page.

ACS Guide on Safely Resuming and Promoting Cancer Screening During the COVID-19 Pandemic

Universal Messages:

- Despite the challenges we face during the pandemic, cancer screening remains a public health priority.
- Screening disparities are already evident and, without deliberate focus, are likely to increase as a result of the COVID-19 pandemic.
- 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.

<https://www.acs4ccc.org/acs-guidance-on-cancer-screening-during-covid-19/>

Effectively Messaging Cancer Screening During COVID-19

- ACS recently conducted a public opinion survey to assess the most effective messages for encouraging people to return for routine cancer screening.
- Includes information on both old and new barriers to cancer screening, delivers updated findings on how the pandemic has impacted cancer care, and shares tested messages that will resonate throughout the pandemic.
- A companion report summarizes the findings in a short, visually compelling brief.



Download @ ACS4CCC.org: <https://www.acs4ccc.org/effectively-messaging-cancer-screening-during-the-covid-19-pandemic/>

Messaging Guidebook: Key Findings

- Of the six tested messages, the three cancer screening messages were comparable in overall preference.
- Tested messages focusing on COVID-19 ranked notably lower, perhaps indicating pandemic fatigue.
- Most trusted source to deliver cancer screening information is the health care provider.
- More than 50% of individuals in almost every demographic group reported that their medical care was affected by the COVID-19 pandemic.
- Top barriers to screening include **being asymptomatic** (27%), **procrastination** (22%), **lack of recommendation** from a health care provider (20%), **prohibitive cost** (18%), **reluctance to visit a medical facility** during the pandemic (14%).

Preferred Cancer Screening Messages

CATCH CANCER EARLY

Catch cancer early when it's easier to treat. Regular screening tests can improve and save your life.

Why It Resonates

This message is straightforward and reflects a more helpful tone, which encourages more patients to talk to their doctor. The highest scoring attributes for this message were “easy to understand,” “believable,” and “compelling.”

LEADS WITH DATA

1 in 3 Americans will get cancer in their lifetime, but finding cancer early means it may be easier to treat.

Why It Resonates

The statistic is effective in catching the audience's attention, while the second half of the statement shows that harm can be mitigated if patients take action. The highest scoring attributes for this message were: “easy to understand,” “believable,” “creates urgency,” and “compelling.”

Preferred Cancer Screening Messages

CLEAR AND OPTIMISTIC

Screening tests increase the chance of detecting some cancers early, when they may be easier to treat.

Why It Resonates

This message is simple and optimistic, and its positive tone reflects the benefits of cancer screening. The highest scoring attributes for this message were “easy to understand,” “believable,” and “motivates individuals to act.”

RESUME SCREENING

An estimated 41% of US adults have delayed or avoided medical care because of the pandemic. This may result in advanced disease and early deaths. Talk to your doctor about safely resuming care and next steps

Why It Resonates

While not as effective as previous messages, it did rate highest among all COVID-19- focused messages. The message clearly explains the risks of postponing screening and emphasizes the importance of resuming care. The highest scoring attributes were “easy to understand,” “believable,” and “creates urgency.”

Public Awareness Campaign “Get Screened”

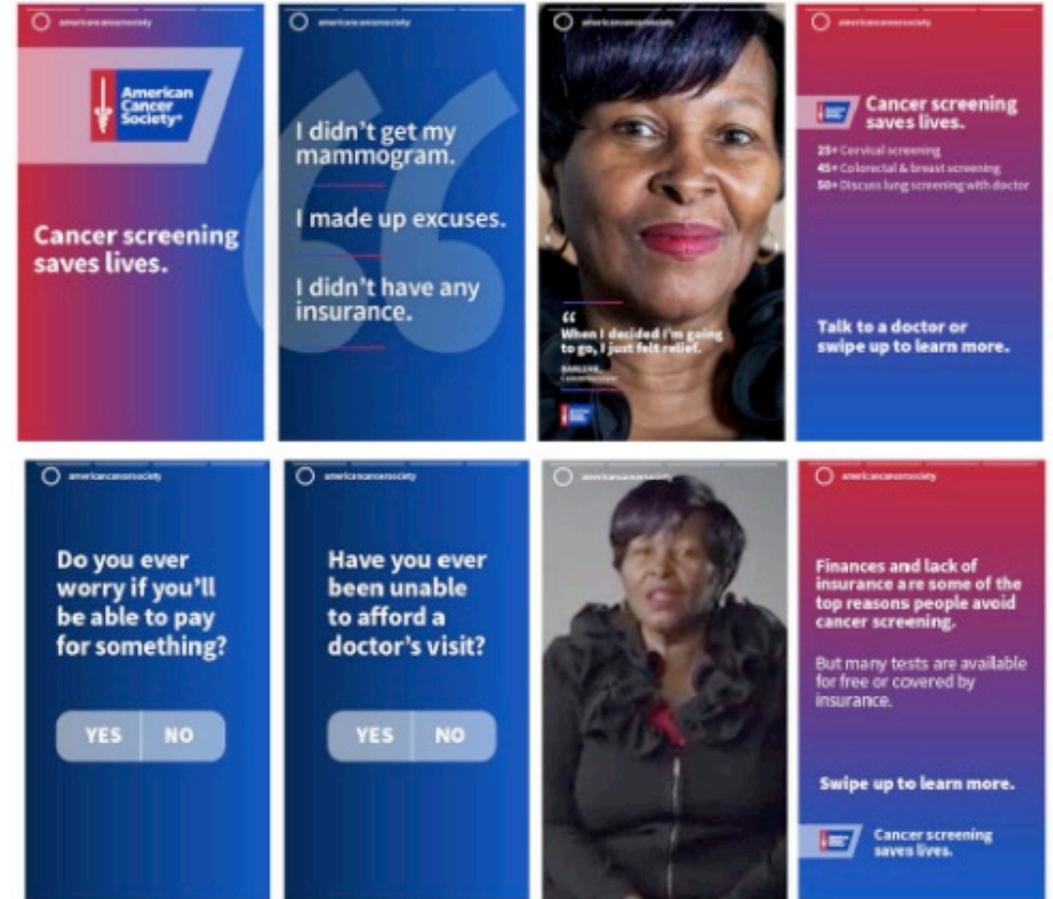
A public campaign to drive routine cancer screening and care

Goal: Raise awareness and encourage action with to increase cancer screening rates

- Utilizes stories of cancer patients and survivors to address barriers to screening: **fear, procrastination, lack of insurance, and lack of symptoms**
- [Cancer.org/get-screened](https://www.cancer.org/get-screened)

Companion Spanish language campaign in partnership with Hispanic Communications Network

- [Cancer.org/revisate-ya](https://www.cancer.org/revisate-ya)



Get Screened Landing Page

[cancer.org/get-screened](https://www.cancer.org/get-screened)

Screening Recommendations

These recommendations are for people at average risk for certain cancers. Talk to a doctor about which tests you might need and the screening schedule that's right for you. It's a good idea to also talk about risk factors, such as lifestyle behaviors and family history that may put you or your loved one at higher risk.

Age 25-39

- **Cervical cancer screening** recommended for people with a cervix beginning at age 25.

Age 40-49

- **Breast cancer screening** recommended beginning at age 45, with the option to begin at age 40.
- **Cervical cancer screening** recommended for people with a cervix.
- **Colorectal cancer screening** recommended for everyone beginning at age 45.
- At age 45, African-Americans should discuss **prostate cancer screening** with a doctor.

Age 50+

- **Breast cancer screening** recommended.
- **Cervical cancer screening** recommended.
- **Colorectal cancer screening** recommended.
- People who currently smoke or formerly smoked should discuss **lung cancer screening** with a doctor.
- Discussing **prostate cancer screening** with a doctor recommended.

Together We Can Make An Impact

We must act now together, with partners, to address our current public health crisis and transform cancer outcomes for the future. The American Cancer Society is excited to lead with you and organizations from across the medical and health care community to address disparities and ensure a return to cancer prevention among communities nationwide.

THANK YOU



cancer.org | 1.800.227.2345