

Deaths in people with cancer could rise by at least 20%

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The COVID-19 emergency in England could result in at least 20% more deaths over the next 12 months in people who have been newly diagnosed with cancer, according to a UCL study with DATA-CAN: The

Health Data Research Hub for Cancer in the UK.

The new analysis, published today as a preprint, is the first to focus on the impact of the emergency on mortality rates in people with [cancer](#) and uses data from the health records of over 3.5 million patients in England.

The study estimates that pre-COVID-19, about 31,354 newly diagnosed cancer patients would die within a year in England. As a result of the emergency, there could be at least 6,270 additional deaths in newly diagnosed cancer patients alone. This number could rise to an estimated 17,915 additional deaths if all people currently living with cancer are considered.

The researchers analysed recent weekly data from major cancer centres in the UK and found a 76% decrease in urgent referrals from GPs for people with suspected cancers and a 60% decrease in chemotherapy appointments for cancer patients compared to pre-COVID-19 levels.

The paper also models publicly available US data and shows an additional 33,890 deaths in the US in newly diagnosed cancer patients over the next year. The study estimates that pre-COVID-19, about 169,433 newly diagnosed cancer patients would die within a year in the US.

Senior author Professor Harry Hemingway, (Director, UCL Institute of Health Informatics), added: "The overall impact of the COVID-19 emergency on deaths in cancer patients could be substantial. There are many factors operating here including rapid changes to diagnosis and treatment protocols, social distancing measures, changes in people's behaviour in seeking medical attention and the economic impact of COVID-19, as well as deaths due to COVID-19 infection."

Professor Mark Lawler (Queen's University Belfast and Scientific Lead

DATA-CAN) said: "We applied our model to new cancers in the UK and the US, using publicly available data. The results are concerning. We believe countries need to rapidly understand how the emergency is affecting cancer outcomes, otherwise we risk adding cancer and other underlying health conditions to the escalating [death](#) toll of the COVID-19 pandemic."

This research provides a comprehensive picture of how people living with a range of different cancers are affected by other often treatable long-term conditions including cardiovascular disease, hypertension, obesity and diabetes. Nearly eight out of ten of the additional deaths in people with cancer are estimated to occur in people with one or more of these long-term conditions.

Lead author, Dr. Alvina Lai (UCL Institute of Health Informatics) said: "Our findings demonstrate the serious potential for unintended consequences of the response to the COVID-19 pandemic, which may negatively impact on patients with cancer and other underlying health conditions. It is vital that these patients are recognised as being vulnerable and that their care is managed appropriately".

Dr. Charlie Davie (DATA-CAN Hub Director), said: "Our study highlights the value of bringing together data from multiple sources to enable researchers, health systems and [policy makers](#) to improve cancer management for our patients, both during and after this pandemic."

Pete Wheatstone, a patient and a member of the Public and Patient Involvement and Engagement group of DATA-CAN added: "This research demonstrates the value to [cancer patients](#), the wider public and decision-makers when trusted professionals use our patient data to help decide the best course of action. It also highlights the urgent need to be able to analyse these data quickly and accurately to inform and influence current events"

The researchers say it is crucial for weekly national data on mortality and cancer services activity to be made available urgently, to enable better understanding of which disease combinations pose the greatest risk to life and inform how health services should be prioritised, both now and in the near future, in order to give patients the best possible life chances.

More information: Estimating excess mortality in people with cancer and multimorbidity in the COVID-19 emergency [DOI: 10.13140/RG.2.2.34254.82242](https://doi.org/10.13140/RG.2.2.34254.82242) , www.researchgate.net/publication/354140140 [e COVID-19 emergency](https://www.researchgate.net/publication/354140140)

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