

# Impact of coronavirus on cancer services revealed – over 2 million people waiting for screening, tests and treatments

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Victoria is a PhD student who normally works on lung cancer research, but since the pandemic, has returned to the frontline as a doctor at the The Christie NHS Foundation Trust in Manchester. Credit: Cancer Research UK

COVID-19 has placed a huge strain on cancer services in the UK.

It's been felt in all areas of [cancer](#) care—from screening and diagnosis through to [cancer treatment](#), as we've blogged about before. And new figures have revealed the sheer scale of this disruption—estimating that over 2 million people in the UK are waiting for screening, tests and treatments since lockdown began 10 weeks ago.

Our chief clinician, Professor Charles Swanton, has seen first-hand the devastating impact this pandemic is having on patients. "Delays to diagnosis and treatment could mean that some cancers will become inoperable. Patients shouldn't need to wait for this to be over before getting the treatment they need."

"We can create a [safe environment](#) for both staff and [cancer patients](#) if testing efforts ramp up quickly."

## Screening and diagnosis

When you break down the figures, delays to cancer screening is responsible for the bulk of the backlog, with around 2.1 million people waiting for breast, bowel or cervical screening.

Screening services have been formally 'paused' in Scotland, Wales and Northern Ireland due to COVID-19 and are effectively paused in England—with invitations not being sent out from screening hubs.

For every week that's screening is paused, 7,000 people aren't being referred for further tests and 380 cancers aren't being diagnosed through screening programs.

But while the [screening](#) backlog is big, potentially the biggest impact on survival is being felt in cancer diagnosis and treatment.

There's been a significant drop in the number of urgent referrals for

cancer, often reported as 'two-week wait figures', with 290,000 fewer people being referred for further tests than normal.

This drop is largely because fewer people are going to their GP with symptoms that might be cancer, but we've heard that some GPs are also reluctant to risk sending their patient to hospital for further tests, and some diagnostic services—such as endoscopies—have been put on hold due to the risk of spreading COVID-19.

Urgent referrals dropped to around 25% of usual levels in England at the start of the pandemic but have since started to rebound, with figures at around 50% of usual levels in recent weeks. But for each week referrals stay below 100%, the number of cancer cases that are going undiagnosed will continue to stack up.

The cancer community has been working hard to get the message out there that the NHS is still open for business and that people should contact their doctor if they are worried about symptoms—and this must continue.

But patients also need to be confident that they are safe if they do go to the doctor, so ensuring that hospitals have 'COVID-protected' safe spaces to carry out cancer tests will be vital to getting urgent and non-urgent referrals back on track.

## **Treatment**

Despite national guidelines stating that urgent and essential cancer treatments must continue, the impact of COVID-19 has been felt in cancer wards across the country, with surgery worst hit.

Around 12,750 people are waiting for cancer surgery across the UK, as the number of operations has fallen to around 60% of expected levels.

Chemotherapy has also taken a hit, with 6,000 fewer people than expected receiving chemotherapy since lockdown began.

Radiotherapy services have experienced the least disruption, with appointments falling by 10% during the pandemic. But the real impact to the service might be masked by the fact that some people have had radiotherapy instead of other treatments like surgery. It's estimated that 2,800 fewer people have received radiotherapy because of COVID-19.

While some of this is due to the pressures faced by an overstretched NHS and a lack of recovery or ICU beds, some treatment was delayed because it could make people more vulnerable to severe illness with coronavirus.

"There have been some difficult discussions with patients about their safety and ability to continue treatment during this time," says Michelle Mitchell, our chief executive. "But we're over the peak of the pandemic now, and cancer care is starting to get up and running."

We're seeing cancer services across the UK adapting to COVID-19, with COVID-protected safe spaces being set up to allow cancer treatment to be delivered safely.

But for this to work, it requires regular testing for COVID-19 in all patients and staff working in these places, whether they have COVID-19 symptoms or not.

## **The road ahead—more COVID-19 testing**

The Government has committed to reach 200,000 tests a day in the UK. But we've heard from Trusts that not everyone who needs to get a [test](#) are able to access it, and test results are taking too long to come back.

We've estimated that between 21,000 and 37,000 COVID-19 tests must be done each day to ensure COVID-protected safe spaces for cancer diagnosis and treatment. This assumes that staff are tested weekly and patients are tested before they come into hospital and potentially when they are there for treatment—but more regular testing will be needed.

While testing is vital, this must also be supported by staff having enough PPE and embedding infection control measures consistently.

Securing safe spaces for cancer services is an urgent the first step that must be taken to support the recovery for cancer services. It is critical that testing is ramped up as quickly as possible.

"Staff in hospitals around the country are working extremely hard and with more testing of staff and patients—with and without symptoms—we will have hospitals and centers free of COVID-19 where patients can be treated safely," says Swanton.

Provided by Cancer Research UK

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