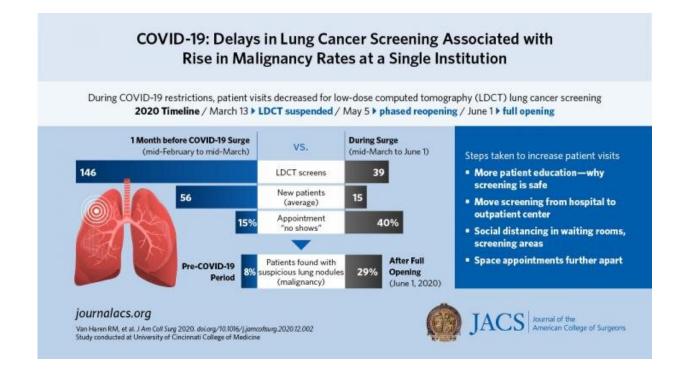


Study reports drop in lung cancer screening, rise in malignancy during COVID-19 surge

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Delays in lung cancer screening associated with rise in malignancy rates at a single institution. Credit: American College of Surgeons

The current surge in coronavirus disease 2019 (COVID-19) cases poses challenges for providers and institutions in delivering care to infected patients while also placing demands on them to keep up with timely and sometimes critical care for patients with cancer, heart disease and other serious illnesses who might experience advanced complications and/or



earlier death if they have lapses in their care. Reporting on how deferred care worsened outcomes for lung cancer patients when the COVID-19 pandemic first surged in the spring of 2020, researchers from the University of Cincinnati explained that they have identified a framework that could help people with serious health conditions keep up their appointments during the current surge. The study has been selected for the 2020 Southern Surgical Association Program and published as an 'article in press' on the *Journal of the American College of Surgeons* website in advance of print.

The researchers compared monthly visits for low-dose computed tomography (LDCT) screening for <u>lung cancer</u> during the three months in which COVID-19 restrictions were in place with the number of monthly visits from the three years before that. LDCT is an imaging modality known to reduce mortality from <u>lung</u> cancer by at least 20 percent in high-risk <u>patients</u>. The institution suspended LDCT on March 13 and began a phased reopening on May 5 with a full opening on June 1.

"We had 800 scans canceled during that time and even during the resumed period, we had a decreased total volume of patients scanned and also noted a decreased number of new patients who were scanned for their lung cancer screening," said lead author Robert M. Van Haren, MD, MSPH, FACS, an assistant professor and thoracic surgeon at the University of Cincinnati College of Medicine and a member of Cincinnati Research in Outcomes and Safety in Surgery (CROSS) within the department of surgery.

The institution averaged 146 LDCT tests a month before COVID-19 compared with 39 in March to June this year (p

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