

Global survey reveals heavy toll of COVID-19 first wave on liver cancer care

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The delays of screening programmes, diagnostic imaging and biopsies, cuts in the numbers of physicians available to treat liver cancer patients, cancellations of surgery, and a drop in the number of patients entered on clinical trials, were just some of the issues reported in the poll.

The global Liver Cancer Outcomes in Covid-19 (CERO-19) Survey led by the Barcelona Clinic Liver Cancer (BCLC) group from Hospital Clinic of Barcelona, CIBEREH, and the Ospedale Maggiore Policlinico of Milan included 76 high-volume cancer treatment centres which participated during the first wave of the COVID-19 pandemic between March and June 2020, finding that 87% of centres modified [clinical practice](#) for [liver cancer](#) patients. These centres spanned Europe, North America, South America, Africa, and Asia.

Globally, around 800,000 people are diagnosed with liver cancer every year, accounting for 700,000 deaths.

The findings, presented today at the European Association for the Study of the Liver (EASL)'s Digital Liver Cancer Summit 2021, revealed a catalogue of interruptions to diagnosis and care. A total of 40.8% of centres said they had changed diagnostic procedures, 80.9% had altered screening programmes, and 39.5% had modified imaging studies for staging or treatment response evaluation.

Out of the 76 centres surveyed, just ten said they had made no modifications to clinical practice, and even amongst those centres, three

said patients had been reluctant to come to hospital for fear of catching COVID-19, despite services being available.

Dr. Sergio Muñoz-Martínez, lead study author, explains, "Our results reflect the impact of COVID-19 on the screening, diagnosis, and treatment of liver cancer patients around the world during the first wave of the pandemic. The modifications in liver cancer management due to this crisis raise the possibility of more patients being diagnosed with a later stage of cancer. These delays impact the diagnosis, identification of tumour progression, treatment allocation, and ultimately prognosis."

Previous studies have shown that poorer outcomes are associated with waiting or delaying treatment by two months.

Liver oncology nurses were shown to have taken on a more central role in providing telephone consultations with patients and in the digital transformation of services. "The COVID-19 crisis has promoted investment in liver oncology nurses to reflect their growing role, as well as in education and counselling of patients and their families," adds Dr. Muñoz-Martínez.

Dr. Muñoz-Martínez explained that ongoing research into the effects of COVID-19 in patients with a history of liver cancer, as well in patients where [liver cancer](#) was diagnosed during SARS-CoV-2 infection, is essential to identify the real impact of COVID-19 to best inform the most appropriate measures to be adopted in the future, either while this pandemic persists or should another public health crisis emerge.

"Future analyses will provide invaluable information around the clinical effectiveness of the strategies that have been implemented during this devastating health crisis," commented Dr. Muñoz-Martínez.

More information: easl.eu/event/digital-liver-cancer-summit-2021/

Provided by Spink Health

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