

Cancer treatments didn't falter in Australia during 2020 COVID-19 lockdowns

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Australian cancer patients kept up their pharmaceutical treatments during last year's COVID-19 lockdowns, a big data study from UNSW Sydney shows.

The findings, published today in *Lancet Regional Health—Western*

Pacific, come as a relief following early concerns that [cancer](#) patients would decrease, or even stop, potentially life-saving treatments during the pandemic.

But the researchers say the good news is closely linked to the relatively low rates of COVID-19 infections in Australia last year—and future treatment patterns may depend on how Australian infection rates develop.

"The pandemic's initial impact on cancer therapy seems to have been mitigated by Australia's effective control of COVID-19 last year," says Dr. Benjamin Daniels, a research fellow at UNSW Medicine & Health's Centre for Big Data Research in Health (CBDRH).

"The findings are good news for the health of Australian cancer patients and show that people have been getting the life-saving treatments they need."

The research team used a 10 per cent sample of de-identified Pharmaceutical Benefit Scheme (PBS) data to analyze the dispensing patterns of cancer medicines like chemotherapy and immunotherapy last year. Non-pharmaceutical cancer treatments like surgery and radiotherapy weren't included in the study, as these treatments aren't captured by the PBS dataset.

Overall, the researchers found the pandemic had minimal impact on cancer treatments—even during Australia's key lockdown periods (that is, March, April and July 2020). While there were a few small blips in the dispensing patterns—like a small number of patients filling more prescriptions at the beginning of the March lockdown—these changes were minor and quickly settled back to normal by the end of April.

"People who take oral medications did a bit of stockpiling in March by

filling multiple prescriptions," says Dr. Daniels. "But it was really encouraging to see that people didn't stop their treatment."

The findings come as Australia is facing another wave of COVID-19, and this time the highly transmissible Delta variant, which has shown to be harder to trace, is in our community.

"It's a reminder that getting on top of the infection rates isn't just about the people who get COVID and are admitted to ICU," says medical oncologist Dr. Monica Tang, co-lead author of the study and Ph.D. candidate at CBDRH.

"It's also about vulnerable populations, like people who have cancer, who might miss out on life-saving treatments or have poorer outcomes as indirect effects of COVID.

"If we keep working towards decreasing infections, get vaccinated, and continue doing what we did last year, we'll have a better chance of protecting our vulnerable populations."

A bleak forecast

At the start of COVID-19, many oncologists were concerned that cancer treatments might slow down—Dr. Tang included.

"There were national and international guidelines coming out saying that if COVID really takes off like it did in Italy and the US, we might have to cancel chemotherapy," she says. "Patients might think it's too risky to have treatment that lowers their immune system, or hospitals might not have capacity to continue delivering usual cancer treatments."

These guidelines explored different ways of navigating cancer treatment during the pandemic, like using less intensive treatments, taking

treatment breaks, or not treating patients altogether.

Fortunately, today's findings show that we didn't get to that stage in Australia last year—but the news isn't as positive in other parts of the world.

"Similar studies from Italy, UK, US and Asia report that cancer treatments were being delayed or people weren't starting treatment," says Dr. Tang. "A paper published in the *Lancet Oncology* showed that [cancer therapy](#) initiations dropped by 30 per cent in the UK last April."

"We don't know whether this was because the NHS was overwhelmed by COVID, or if people had missed cancer diagnoses because they didn't get their mammograms and colonoscopies, or if they were too scared to go into hospital."

"But we're lucky it didn't get to that stage here."

Improving health outcomes

Dr. Daniels and Dr. Tang say they hope to expand this work in future, particularly to see the long-term impact of Australians keeping up their cancer treatments.

"Lockdowns are important, but people still need to get their cancer treatments," says Dr. Daniels.

"It'll be interesting to see what cancer outcomes look like five or so years from now. We may look back and find that outcomes are better in Australia than places like UK or US as we kept treatments up."

People with underlying health conditions, like cancer, have slower COVID-19 recovery rates and are more likely to experience long-term

symptoms.

But minimizing the spread of COVID-19 can help prevent vulnerable populations from developing the disease in the first place—and make it easier for them to access ongoing medical care.

"Keeping community transmissions down and getting vaccinated will help everyone," says Dr. Tang.

"By keeping this outbreak under control, we can help [cancer patients](#) get their treatments on time and the care that they really need."

More information: Monica Tang et al, Changes in systemic cancer therapy in Australia during the COVID-19 pandemic: a population-based study, *Lancet Regional Health—Western Pacific* (2021). [DOI: 10.1016/j.lanwpc.2021.100226](#)

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