

## COVID-19 and Cancer: Unintended Consequences

I had hoped that I could stop dwelling on the pandemic by now. Unfortunately, we are still in this battle, and I can't stop talking about it. For those who care for patients, it has been doubly hard. We worry about our own safety and, more importantly, about the safety of our patients. COVID-19 and cancer is a very bad combination.

But the fight to protect patients with cancer from COVID-19 is only part of the story; more trouble is coming. Many have wondered why clinic volumes are down and why emergency departments aren't busy. Initially I thought it was a temporary lull and that as people became accustomed to new precautions we would return to "business as usual." Perhaps things have picked up a little, but we are not functioning on all cylinders yet.

In late July, *JCO Clinical Cancer Informatics* published a fascinating and, I think, rather terrifying article about clinical encounters for patients with cancer and about cancer screening encounters since the pandemic began. The journal compared monthly data from this year versus 2019.<sup>1</sup> This was a large informatics exercise involving 20 US institutions and 28 million patients. For patients with cancer, the largest decline in encounters appeared in April and the greatest decreases were in patients with breast cancer (47.7%), prostate cancer (49.1%), and melanoma (51.8%). Presumably, some of these decreases might reflect delayed surveillance visits or second opinion consultations that might, arguably, have little impact on outcomes.

Instead, the really scary data showed decreases in cancer screening encounters. Breast and colorectal cancer screenings dropped by 89.2% and 84.5%, respectively. Yikes! If this trend continues, we are likely to see many patients diagnosed at later stages, requiring more complex care and more resources. And as the pandemic wanes, the pent up demand for cancer screening studies could put a major strain on our capacity to provide services, creating further delays in diagnosis. I fear COVID-19 will have dark effects on cancer care and clinical outcomes for a very long time.

I'm not sure how much we can change this, but I believe that as long as we have the capacity to provide screening procedures, we should urge the public not to neglect this important aspect of healthcare maintenance. Frankly, I think my hospital and clinic are pretty safe places to be. We've thought a lot about how to secure COVID-19 care sites and providers to prevent contamination. We disinfect between encounters, and we approach every patient as someone who might be an asymptomatic carrier.

I'm reminded of a quote from Robert Frost: "In 3 words I can sum up everything I've learned about life: it goes on." People will continue to get cancer and require care. Our job is to ensure that every step, from diagnosis to treatment, is safe.

### Reference

1. London JW, Fazio-Eynullayeva E, Palchuk MB, et al. Effects of the COVID-19 pandemic on cancer-related patient encounters. *JCO Clin Cancer Inform* 2020;4:657–665.



### MARGARET TEMPERO, MD

Margaret Tempero, MD, is a Professor of Medicine and Director of the UCSF Pancreas Center and editor-in-chief of *JNCCN*. Her research career has focused on pancreatic ductal adenocarcinoma, especially in the area of investigational therapeutics. Dr. Tempero has served on the ASCO Board of Directors and as ASCO President. She currently serves on the ASCO Conquer Cancer Foundation Board. She codirected the AACR/ASCO Methods in Clinical Cancer Research and taught this course and similar courses in Europe and Australia. She was founding Chair of the NCI Clinical Oncology Study Section and served as a member and Chair of the NCI Board of Scientific Counselors Subcommittee A. She is a member of the Scientific Steering Committee and Chair of the Clinical and Translational Study Section for the Cancer Prevention & Research Institute of Texas. She is or has been on the Scientific Advisory Boards of the Lustgarten Foundation, the Pancreatic Cancer Action Network, the V Foundation, The Alberta Canada Cancer Board, and the EORTC. She served as a member of the Oncology Drug Advisory Committee for the FDA. She has served as Deputy Director and Interim Director for the UNMC Eppley Cancer Center. She is Chief Emeritus of the Division of Medical Oncology at UCSF. She served as the founding Deputy Director and was later Director of Research Programs at the UCSF Helen Diller Family Comprehensive Cancer Center.

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