

COVID-19 and Lung Cancer Care: Policy Takeaways

CONTEXT

Every aspect of cancer diagnosis, surgery, treatment, follow up, clinical trials and support has been affected during the pandemic which may have an adverse impact on lung cancer patients across Canada. The mental health burden patients and caregivers are facing is immense as managing their diagnosis and patient journey has been complicated by the pandemic.

The challenges being faced by lung cancer patients are two-fold: patients fear contracting COVID-19 given that they are at higher risk of severe complications and death; second, patient care has been disrupted or delayed as the healthcare system grapples with how to respond to the pandemic.

How has lung cancer care been affected as a response to the pandemic and what will be the adverse impact to lung cancer patients?

To make room in hospitals for COVID-19 patients and protect cancer patients from contracting COVID-19, policies have been put in place that have disrupted the various aspects of cancer care.

For individuals who were diagnosed with lung cancer prior to the onset of the pandemic,

Systems were put into place early on to ensure that individuals could be assessed and get their treatments while simultaneously keeping healthcare professionals safe. Some treatments were changed; for instance, courses of radio-therapy were shortened, some doses of chemotherapy or immunotherapies were given in bigger intervals. However, these changes were welcome by oncologists as they are seen as safe and effective.

While surgeries have been delayed throughout the pandemic, lung cancer patients have not been largely affected by this. Operating rooms and hospitals have now learned how to increase capacity in a safe way. With this, hospitals have created plans for worst case scenarios including looking at alternatives to ensure that there are still beds available this includes utilizing hotels or putting up facilities in parking lots. In the event of future waves of COVID-19, these options may need to be utilized.

Many clinical trials were closed or put on hold at the onset of the pandemic. For new experimental treatments, there are increased efforts to ensure individuals are safe which requires more trips to hospitals. As such, these trials were discontinued as the health community struggled with the best way forward. The majority of trials are back up and running now.

For individuals who have lung cancer and don't yet know it,

The largest affect will be on Canadians who have lung cancer but don't yet know it.

There was approximately 30,000 anticipated lung cancer diagnosis in 2020. 50% of lung cancer cases are diagnosed at stage 4- an incurable stage. While screening is not widely available in Canada, pilot sites offering screening are available in several jurisdictions. These sites were closed in March 2020 for an extended period. While screening pilot sites have reopened, they are facing a significant amount of backlog.

In addition to this, individuals beginning to get symptoms of lung cancer are not seeking medical attention because of difficulties in accessing assessments, in the same that they normally would. Without early screening and diagnosis, a larger proportion of patients will be diagnosed in later stages. While the effect of this will only come out in time, modeling statistics from the United Kingdom is demonstrating that delayed diagnosis will lead to a significant increase in mortality.

Key Policy Takeaways

1. Virtual care solutions must be embraced, while recognizing that patients have unique needs in their lung cancer journey.

There is a time and place for virtual visits but also a time and place to see people in the hospital. Governments should continue to ensure that patients are able to access digital care options when appropriate, while also guaranteeing that they have the option to seek in-person care.

2. Screening should be seen as essential in the event of future waves. Further, comprehensive lung cancer screening programs should be implemented across all Canadian jurisdictions.

Early detection is absolutely critical in order to improve lung cancer survival rates. The limited screening options that exist across Canada should be prioritized to ensure that no cancellations occur. Further, all Canadian jurisdictions should follow in the footsteps of British Columbia and implement comprehensive screening programs.

3. Increase hospital capacity to avoid critical care triage.

With hospital's intensive care units being strained with COVID-19 patients and worst-case scenario cases becoming more and more plausible, a long-term solution to addressing hospital bed shortages across the country needs to be adopted.