

Safeguarding cancer care in the post COVID-19 world.

This was an interesting editorial in the Lancet Oncology Journal May 2020.

During this COVID-19 pandemic it would appear that cancer care has been de-prioritised, delayed and even discontinued. This decision will clearly have grave consequences for cancer mortality for several years to come.

Those recently diagnosed with cancer, or in the midst of cancer treatment, have all faced disruption. This came about as a result of concerns from their susceptibility to the serious risks of COVID-19.

There has also been a redeployment of personnel, beds and equipment to COVID-19 wards. Hospital capacity, healthcare workers and oncologists were also redeployed. However, those requiring urgent procedures have been able to undertake them.

The official advice is that urgent cancer care could continue but other treatments should be rationed and adapted. These decisions however were inconsistent and not evidence-based. MDTs were put in the unenviable position of making best guesses for each patient.

These treatment delays could result in operable or curable cancers developing into inoperable disease with far worse prognosis. A balance had to be drawn between under-treatment with the risk of COVID-19 infection. This has possibly resulted in frontline medical staff being forced to make immediate decisions and this may result in some patients receiving suboptimal care.

Cancer screening and diagnosis has also been affected by this reprioritisation. Within the National Health Service, the normal two-week wait target has also been subject to prioritisation rules, which may have caused delay.

Additionally, UK screening programmes have been suspended. Clearly diagnosis of cancer requires detection and if screening is not occurring then diagnosis is impossible.

Concerns about spreading and contracting COVID-19 may also have dissuaded patients with symptoms from contacting General Practitioners.

This delay in cancer diagnosis during the next weeks and months may risk many thousands of cases going undetected and therefore untreated.

There is clearly a concern for any surge in demand for cancer related services once this pandemic has passed its peak and screening programmes and treatment programmes are allowed to restart. This may contribute to an excess in cancer related mortality in the coming years.

This has also affected those patients who are in follow-up or in remission. This is normally undertaken by family doctors and clearly surgeries have closed and have only been offering video consultations.

There has been no access to imaging and this lack of timely supportive care may result in increased morbidity and even possibly premature death.

It has been predicted that in high income countries there will be a 5-10% decrease in survival rates and this will account for hundreds of thousands of excess deaths, possibly dwarfing those caused by COVID-19 itself.

It is essential that pandemic preparedness plans must include high quality evidenced based continuity of care of patients with cancer including all the necessary oncology means with a robust referral, diagnostic and screening service.

If there is to be a second phase of Covid-19, consideration must be made now to prevent patients with cancer becoming collateral damage.

Here at The London General Practice we are proud to be continuing our services, which include video consultations, face to face consultations, laboratory and blood tests as required, full imaging as required and with our close contact, urgent referral to oncologists and consultant specialists as required.

We are proud to inform that we have taken all precautions including PPE to ensure that all our patients have the best medical care which is available.

The London General Practice