CANCER WON’T WAIT AND NEITHER SHOULD YOU

FACT SHEET: Resume Cancer Screening and Treatment

How the COVID-19 pandemic has impacted recommended cancer screening and cancer care:

- In the United States, studies have found more than one third of adults failed to receive recommended cancer screening during the pandemic.  
- 43% of patients have missed routine preventive appointments due to COVID-19 fears.  
- 35% of American Adults had a cancer screening scheduled during the pandemic and missed it.  
- An estimated 22 million cancer screenings were cancelled or missed between March and June of 2020.  
- One study found, at the initial peak of the pandemic in April, screenings for breast, colon, prostate, and lung cancers were lower by 85%, 75%, 74%, and 56%, respectively.  
- Another study determined the number of cervical, colon and breast cancer screening tests dropped by more than 80% in spring of 2020 due to concerns about COVID-19.  
- Another study found diagnoses for six major cancer types dropped by nearly 50%.  
- Regulations for travel and indoor businesses can vary by state and timing. These changes and the resulting confusion have factored into a 70–80% reduction in the number of patient visits to doctor offices, including a 76% decline in patients presenting with asymptomatic conditions.  
- An estimated 12 million individuals have lost their employer sponsored health insurance coverage with disproportionate impact on Black and Hispanic people.

Why this matters:

- Screening saves lives.  
- More than 600,000 people died from cancer in the US in 2020, according to the latest estimates from ACS.  
- The earlier the cancer is detected, the more options there are for treatment, and the better the chances for survival.  
- The National Cancer Institute (NCI) states that almost 10,000 excess deaths in the US from breast and colorectal cancer alone over the next 10 years will be because of pandemic-related delays in cancer screening and treatment. This estimate does not account for other cancer types and assumed only a 6-month disruption in care, suggesting the actual excess deaths could be much higher.

Pandemic-related disruptions will likely exacerbate existing disparities in cancer screening and survival across groups of people who have systemically experienced social or economic obstacles to screening and cancer care.

What we should do about it:

- **Prioritize** cancer screening, as long as it is safe to do so.
- Provide the public with **safe options** for cancer prevention and early detection.
- Focus efforts on promoting screening and **overcoming barriers** for vulnerable populations.
- Communicate COVID-19 risks to the public in a **transparent and trustworthy** manner.
- Encourage lawmakers and regulators to implement the urgent **process and policy changes** that will sustain access to primary care and facilitate the safe return to pre-pandemic screening rates.

Resources:

- NCCN.org/resume-screening
- NCCN.org/covid-19
- acs4ccc.org/ReengageLetter