

# Learning the lessons of COVID-19: Protecting cancer services and research through the pandemic

November 10 2020, by Matt Sample

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Two of our research nurses in Southampton, taken before COVID-19. Credit: Cancer Research UK

It's going to be a tough winter for all of us.

Cases of COVID-19 are rising in every part of the UK, and more

extensive measures to control the spread of the virus are being put in place.

Cancer patients—and those who think they might have [cancer](#)—have already faced huge challenges this year, with many worried about coming forward to their GP or going into hospital to get tests because of the risk of getting COVID-19. And, with a huge backlog of patients still waiting for screening, diagnostic tests and treatments, we fear that there will be a [negative impact](#) on [cancer survival](#).

That's why, today, Cancer Research UK along with 50 leaders from across the NHS and cancer community have written to the Prime Minister and First Ministers in Scotland and Wales, and First and Deputy First Ministers of Northern Ireland. [The letter](#) calls on them to stand by their commitments to improving cancer survival and make sure that everyone can still receive [cancer diagnosis](#), treatment and care throughout the COVID-19 crisis.

Here, we set out where cancer services are today and the lessons we've learned from the first wave of COVID-19—lessons that must be remembered and acted on as cases of COVID-19 rise again.

## **Where are we now?**

It's been almost eight months since the first UK-wide lockdown, and we have a much clearer understanding of the impact the pandemic has had on cancer care.

The impact was felt right across the cancer pathway, with over 3 million people across the UK not able to go for cancer screening and thousands fewer people referred for tests for suspected cancer compared to normal.

Over 30,000 fewer people started their treatment than the same time last year too, and [most cancer clinical trials were disrupted](#).

Because of the hard work of our amazing NHS staff, cancer services are getting back up and running and the situation is improving. The numbers of people being urgently referred for suspected cancer are almost back to the levels seen at the same time last year. It's a positive sign that initiatives like the Help Us Help You campaign by the NHS in England are working to encourage patients to see their GP if they've noticed anything unusual.

But challenges still exist. For some cancer types, such as lung cancer or urological cancers, referral numbers are still well below where they were last year. While trials are getting back up and running, this is happening slower than we would like. And even with increasing activity, there's still huge numbers of people waiting for screening, diagnosis and treatment.

So it's vital that cancer services and clinical trials can continue to recover and not go backwards again as COVID-19 cases rise again.

## **Protecting cancer services and research in future waves**

There are already worrying signs that the NHS is beginning to [feel the strain of the second wave](#). Governments across the UK have made it clear that health services will remain open, so they must ensure in coming months that there's no further delays to essential cancer diagnosis, treatment and clinical trials.

Making sure the lessons learned in the summer are acted on will be vital.

First, we must ensure people feel confident to see their GP if they notice symptoms. And if those symptoms might be linked to cancer, that they

get diagnostic tests quickly and safely. Many people heeded the advice to stay home and protect the NHS in the first wave. But the health system is there for everyone, including people who suspect they have cancer. Public campaigns like 'Help Us to Help You', and similar efforts in the devolved nations, must continue.

Second, we know that some cancer patients are at higher risk of complications if they catch COVID-19. So it's critical that hospitals can provide cancer care in safe environments, including 'COVID-protected' spaces. A recent study showed that [cancer patients](#) who have surgery in COVID-protected safe spaces have better outcomes, emphasizing how important it is to get this right. This model has been [set up all over the country](#) and must be maintained.

Third, COVID-19 is tricky, as some people can be asymptomatic or infectious before they have symptoms. So, creating COVID-protected spaces rely on a range of things to ensure they really are safe from COVID-19. Regularly testing all patient-facing staff often and quickly—whether they have symptoms or not—is a vital part of this, but it's not clear that this is happening routinely across health systems yet.

Healthcare staff sickness—including in primary care—is rising because of burnout, having to self-isolate or catching COVID-19, exacerbating staff shortages that existed long before the pandemic. Ramping up testing is vital.

Fourth, even with all of this, the number of patients with COVID-19 and other diseases may outstrip capacity in the NHS to provide safe care. The use of the independent sector has been a positive development to keep care running when this happens, so it's important the NHS can continue to tap into this resource.

While this may all sound challenging, there have been some positive

developments in this crisis. [Innovative diagnostics](#) and treatments are being fast-tracked into the system, and new ways of working embedded that could help services in the long run.

## **Investing for the future of cancer care**

Unfortunately, many of the challenges that cancer services are experiencing are not new. Workforce and equipment shortages, particularly for diagnosing cancer, were holding back cancer services long before the pandemic.

[Cancer services need governments' help](#) to address deep seated challenges so they can come out of this crisis in a stronger position.

Put simply, we need more staff, and for them to be fully equipped. Without this, the [health services'](#) ability to recover from the pandemic will be hampered and it won't be possible to meet the government's ambitions to improve cancer survival in the long term.

The UK Government's spending review is an opportunity to show their commitment to the NHS by giving them the investment needed to provide the best cancer care. With any extra funding, it's vital devolved governments to do the same for health systems across the UK.

The spending review is also a crucial moment for Government to protect the role of life-saving research funded by medical research charities, who have been massively hit by COVID-19, with a Life Sciences—Charity Partnership Fund.

## **Time to act**

The impact of COVID-19 on people affected by cancer has already been devastating, and we can't let things get worse again.

Cancer services need support now. Lessons learned earlier this year need to be put in place to minimize any future impacts of COVID-19. And cancer services must get the investment they need to continue to improve cancer outcomes.

Now is the time for governments across the UK to act.

**More information:** James C. Glasbey et al. Elective Cancer Surgery in COVID-19–Free Surgical Pathways During the SARS-CoV-2 Pandemic: An International, Multicenter, Comparative Cohort Study, *Journal of Clinical Oncology* (2020). [DOI: 10.1200/JCO.20.01933](https://doi.org/10.1200/JCO.20.01933)

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