

Opinion Article

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Rethinking Cancer Screening and Diagnosis During the Covid-19 Pandemic

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Opinion

The decline in cancer diagnosis during this pandemic has been reported previously [1]. yet the recently reported data by Maringe *C et al* are unique and illustrating a substantial increase in the number of cancer deaths are to be expected as a result of diagnostic delays due to the pandemic in the UK [2,3]. Despite the results being conservative estimates, they are still deeply concerning. The total additional years of life lost across these cancers is estimated to be 59,204 to 63,229 years within 5 years. This data raises the alarm to pay very careful attention to many recent guidelines that postpone or even delaying elective cancer screening procedures until the end of the pandemic [4, 5].

With the current emerging data and anticipation of this pandemic to continue for a year or two, there is an urgent need to rethink about our approach to cancer screening and diagnosis. We have previously expressed our firm opinion stating “The diagnosis and timely treatment of cancer patients should not be compromised during an infectious disease pandemic” [6]. Also “in the long term we need to optimize ongoing access to care to ensure safe delivery of therapy for both acute and chronic medical conditions” [7]. We agree with the authors in their conclusion that there is a need for urgent reduction in diagnostic delays.

The UAE national committee for reduction of cancer mortality has identified these emerging challenges early and have implemented practical solutions to prevent backlog and delay in accessing cancer care in the UAE during this pandemic. This included early communications with health care workers (HCWs) to continue cancer patient’s referral without a delay, widespread media and social media messages to encourage cancer patients to continue their cancer care, special passes for cancer patients for ease of transportation during the lockdown, generous availability of personal protective equipment for HCWs and continuation

of all oncological elective and urgent surgeries. We have also implemented wide universal RT-PCR screening for SARS-CoV-2 in oncology centers for patients undergoing anti-cancer therapy to ensure patients and HCWs safety [8].

Current societies recommendations are in need for immediate reconsiderations to address the potential long-term negative impact on survival for cancer patients. We are still learning everyday how to handle this pandemic and we are getting better day by day, yet, many more lessons to be learned.

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References

1. Maringe C, Spicer J, Morris M, Arnie Purushotham, Ellen Nolte, et al. (2020) The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study. *The Lancet Oncology* 21: 1023-1034.
2. Dinmohamed AG, Visser O, Verhoeven RHA, Louwman Marieke W J, van NederveenFrancien H, et al. (2020) Fewer cancer diagnoses during the COVID-19 epidemic in the Netherlands. *The Lancet Oncology* 21: 750-751.
3. Kaufman HW, Chen Z, Niles J, Fesko Y (2020) Changes in the Number of US Patients With Newly Identified Cancer Before

- and During the Coronavirus Disease 2019 (COVID-19) Pandemic. JAMA network open 3: 2017267.
4. De Azambuja E, Trapani D, Loibl S, Suzette Delaloge, Elzbieta Senkus, et al. (2020) ESMO Management and treatment adapted recommendations in the COVID-19 era: Breast Cancer. ESMO open 5.
 5. Cancer Services Prioritization Guidelines for COVID-19 (2020) https://www.nccn.org/covid-19/pdf/Cancer_Services_Patient_Prioritization_Guidelines.pdf.
 6. Al-Shamsi HO, Alhazzani W, Alhurairji A, Eric A Coomes, Roy F Chemaly, et al. (2020) A Practical Approach to the Management of Cancer Patients During the Novel Coronavirus Disease 2019 (COVID-19) Pandemic: An International Collaborative Group. The oncologist.
 7. Coomes EA, Al-Shamsi HO, Meyers BM, Waleed Alhazzani, Ahmad Alhurairji, et al. (2020) Evolution of Cancer Care in Response to the COVID-19 Pandemic. The oncologist.
 8. Al-Shamsi HO, Coomes EA, Alrawi S (2020) Screening for COVID-19 in Asymptomatic Patients With Cancer in a Hospital in the United Arab Emirates. JAMA oncology.

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