

# Why cancer control is fundamental during a pandemic

The COVID-19 pandemic continues to have a disruptive impact on healthcare systems around the world. In many countries, screening and early detection have temporarily been halted and fewer patients are seeking medical attention when experiencing concerning symptoms. A rapid assessment conducted by the World Health Organization of 155 countries found that the postponement of public screening programs, including for breast and cervical cancers, was reported by more than 50% of countries, with 42% of countries reporting disruptions in cancer treatment.<sup>1</sup> The resulting delays in diagnosis due to lockdown measures may have profound consequences for cancer survival, with a higher risk of stage migration and missed curative windows. Modeling studies are predicting a backlog of cases for diagnostic workups that will likely result in additional lives and life years lost due to subsequent diagnostic delays.<sup>2,3</sup> Consequently, the stress on health systems goes far beyond the immediate mortality and morbidity of COVID 19. The disruption of non-communicable disease (NCD)-associated health services,<sup>4</sup> such as vaccination and maternal and child health programs, is already being reported in several countries with the potential of excess deaths.

The global burden of cancer is growing. In 2020, new estimates from the International Agency for Research on Cancer report over 19 million new cases and 10 million deaths. This is projected to rise to 30 million cases and more than 16 million deaths by 2040.<sup>5</sup>

Concurrently, the pandemic continues to challenge the capacity of health systems through restricting resources on urgent non-COVID conditions, interrupting cancer care and repatriating oncology staff during this economic recession. Health funding is being diverted from long-standing cancer programs toward efforts in fighting the pandemic.<sup>6</sup> Certain cancer programs, such as HPV vaccination and cervical cancer screening, have made great strides in the last decade and are among the most affected by the impact of COVID-19 not only in low- and middle-income countries (LMICs) but globally.<sup>7,8</sup> Consequently, there is a risk of a major setback in efforts to reduce the rising burden of cancer impeding our target in meeting the sustainable development goal of reducing premature mortality from NCDs by one third by 2030. The recently launched global strategy to accelerate the elimination of cervical cancer presents a real opportunity to end the preventable suffering caused by cervical cancer, particularly in LMICs, which have the highest burden, and efforts to support and scale up its implementation in countries must begin now.

As the COVID-19 pandemic has shown, political will to invest in healthcare planning has strongly been stimulated by acute events (“firefighting”) with lesser attention to long-term care planning. Longitudinal planning should include both acute and chronic conditions and cancer should not be classified as an isolated event.

Rather, the burden of NCDs including cancer is a pandemic in its own right. Appearing to have a less acute onset than infectious diseases, NCDs may be considered less “urgent” in national policy responses. However, both share several key characteristics—namely higher mortality in older populations, the impact of preexisting health conditions and comorbidities on survival and quality of life, and inequity in access to health services. As populations continue to age, cancer incidence will increase and therefore so will the demand on health services.

The International Cancer Control Partnership (ICCP) is a group of organizations, including international agencies, engaged in cancer control planning efforts. The ICCP seeks to maximize their collective resources and efforts to support the development, implementation and evaluation of national cancer control plans (NCCPs). The ICCP provides technical support to countries across the cycle of plan development, implementation, and monitoring and evaluation. The vision of the ICCP is that all countries have and are implementing a resource-appropriate NCCP that provides a framework for sustainable and equitable delivery and scale-up of population and evidence-based, cost-effective and people-centered cancer prevention and control programs, which are integrated with NCD efforts to achieve a 25% relative reduction in premature mortality from NCDs by 2025.

## The importance of a cancer plan

An NCCP is essential in guiding a country's cancer control strategy, especially during a pandemic. A comprehensive, evidence-based, equitable and resourced NCCP guides all cancer prevention and management activities undertaken in a country to address the national cancer burden.<sup>9</sup> Surveillance is a fundamental aspect of a national cancer plan. The data collected in this process can be utilized to address the needs of patients across the cancer control continuum: prevention, early detection, diagnosis, treatment and survivorship/palliative care. In addition to monitoring the impact of disruptions in services, cancer surveillance can help evaluate mitigation strategies that are put in place as part of the pandemic response. These include reducing the frequency of in-person clinic visits, shorter radiotherapy courses, converting intravenous therapy for oral regimens, decreasing maintenance therapies and adopting virtual assessments through telehealth.

Another core aspect of NCCPs is the identification, assessment and planning for essential resources as well as monitoring their effective use. This may be particularly important during a health crisis where resources become more constrained. An NCCP can guide political discussions in prioritizing cancer interventions according to the circumstances and resource level of a country. These include

maintaining cost-effective and impactful interventions at a population level (such as tobacco and alcohol control), decentralizing services to primary care (cancer awareness, vaccination programs, and the provision of palliative care) and using telehealth services effectively. Cancer plans also guide the integration of cancer into national Universal Health Coverage packages and the related financial protection measures particularly for uninsured, underserved and vulnerable populations.

Finally, NCCPs are based on a multisectoral approach. This is essential for streamlining efforts, avoiding duplication, maximizing resources and mobilizing different sectors of society toward a common goal. Existing NCCP partnerships with other health programs are well positioned to call upon each other during a pandemic to address comorbidities and multiple needs that require quick coordinated responses.

Although there has been an encouraging increase in the availability of national cancer control plans globally, now more than ever we need to underline the importance of NCCPs and encourage countries that do not yet have a plan or whose plans are expiring not to postpone the planning activity. Planning in advance might help to ensure that health systems are more resilient and less likely to experience disruption of cancer services in the future.

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