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.¹
- 35% of American Adults had a cancer screening scheduled during the pandemic and missed it.²
- An estimated 22 million cancer screenings were cancelled or missed between March and June of 2020.³
- 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.⁴
- 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-19.⁵
- Another study found diagnoses for six major cancer types dropped by nearly 50%.⁶
- 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.⁷
- An estimated 12 million individuals have lost their employer sponsored health insurance coverage with disproportionate impact on Black and Hispanic people.⁸

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.⁹
- 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.¹⁰ 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](https://www.nccn.org/resume-screening)
- [NCCN.org/covid-19](https://www.nccn.org/covid-19)
- [acs4ccc.org/ReengageLetter](https://acs4ccc.org/ReengageLetter)