



ICSN

Survey on the Impact of COVID-19 on Cancer Screening

Mireille Broeders, ICSN Chair

Miriam Elfström, ICSN Chair-Elect

Doug Perin, ICSN Program Coordinator

on behalf of the ICSN Steering Committee

Welcome



ICSN COVID-19 – Ongoing work


- Two publications under way
 - Interruption of cancer screening services due to COVID-19 pandemic: lessons from previous disasters (*Puricelli Perin DM et al. Interruption of cancer screening services due to COVID-19 pandemic: lessons from previous disasters. Prev Med Rep. 2021 May 17:101399. doi: 10.1016/j.pmedr.2021.101399. Epub ahead of print. PMID: 34026465; PMCID: PMC8126519*)
 - Early assessment of the first wave of the COVID-19 pandemic on cancer screening services: The International Cancer Screening Network COVID-19 survey (*Puricelli Perin DM et al. Early assessment of the first wave of the COVID-19 pandemic on cancer screening services: The International Cancer Screening Network COVID-19 survey. Preventive Medicine. In Press*)
- Developing follow up survey to assess screening in the COVID era
- ICSN Colorectal Cancer Screening Working Group collecting data to assess the impact of COVID-19.

Webinar Program

- Opening and introduction
Mireille Broeders, ICSN Chair
- Results of literature review and survey on COVID-19 and cancer screening
Doug Perin, ICSN Program Coordinator
- Q&A
- COVID-19 and Cancer Global Modeling Consortium (CCGMC)
Iris Lansdorp-Vogelaar, CCGMC Working Group 2 (Screening) Chair;
Jonine Figueroa, Breast Cancer Screening Working Group;
Alejandra Castanon, Cervical Cancer Screening Working Group;
Veerle Coupé, Colorectal Cancer Screening Working Group
- Q&A

Reminders

- This webinar is being recorded for future dissemination to those who were not able to attend today.
- Please post your questions in the Q&A. Chat is disabled for this webinar.
- All questions will be saved, and if we are not able to discuss them during the webinar, we will follow up after.



Interruption of cancer screening services due to
COVID-19 pandemic: lessons from previous
disasters

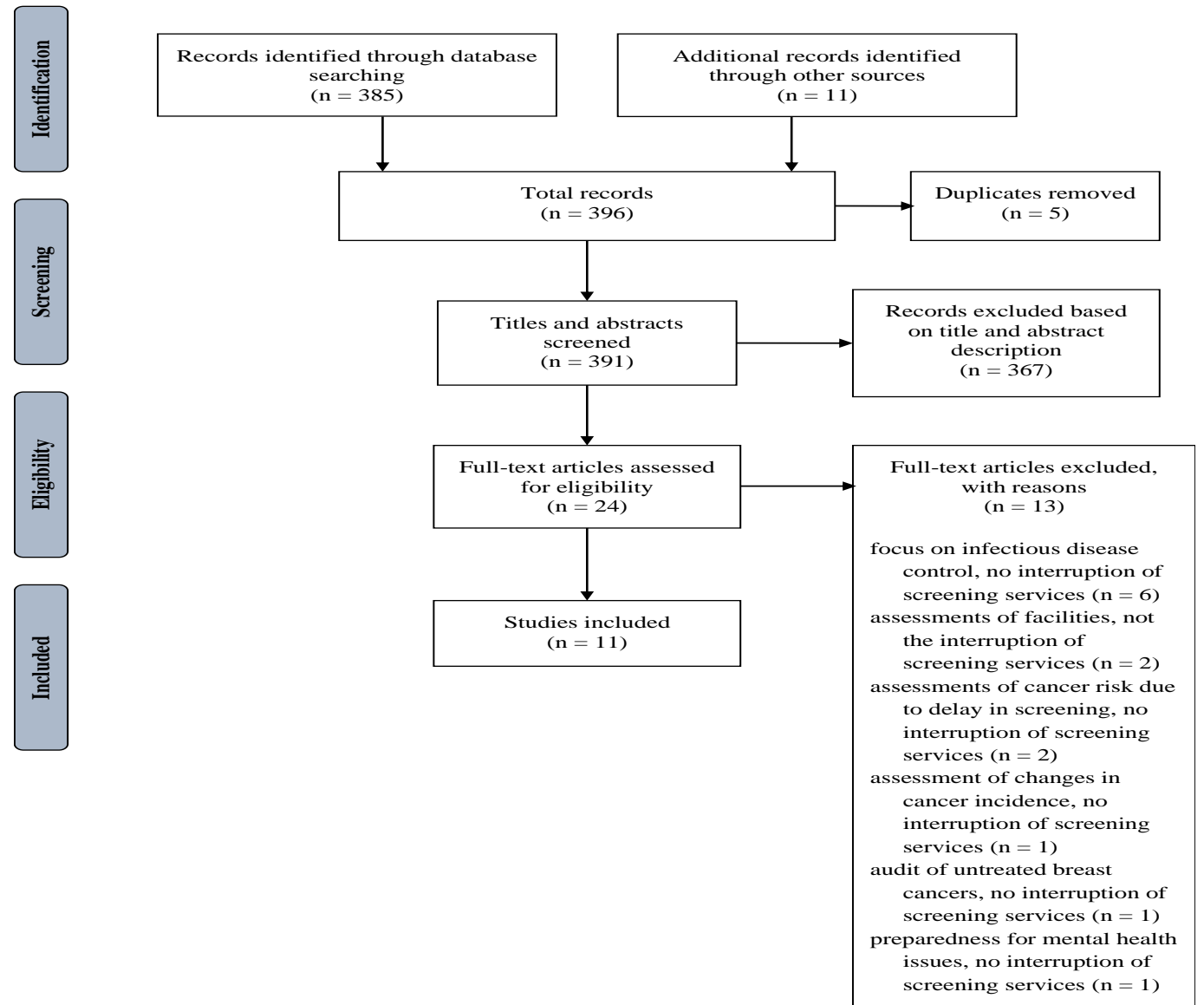
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ICSN COVID-19 Timeline

- **11 March 2020:** COVID-19 declared a pandemic.
- **Mid-March 2020:** several colleagues reported suspension of cancer screening activities
- **Late March through April:** ICSN Steering Committee members develop a 33-question survey
- **12 May 2020 – 12 July 2020:** survey open
- **May 2020 – November 2020:** evidence review & analysis
- **November 2020 – early 2021:** analysis of ICSN survey results

Literature review

- Up to 17 April, 2020
- Main search terms:
 - “disaster”, “mass screening”, “cancer” and “time factors”
 - excluded “mental health”
- 11 articles included



Literature review

- Four main themes
 - Adequate coordination across and beyond health sector
 - Open communication within the health system and with the public
 - Address resource availability through preparedness and optimization
 - Ensure patient follow-up beyond the re-establishment of services



Early assessment of the first wave of the COVID-19 pandemic on cancer screening services: The International Cancer Screening Network COVID-19 survey

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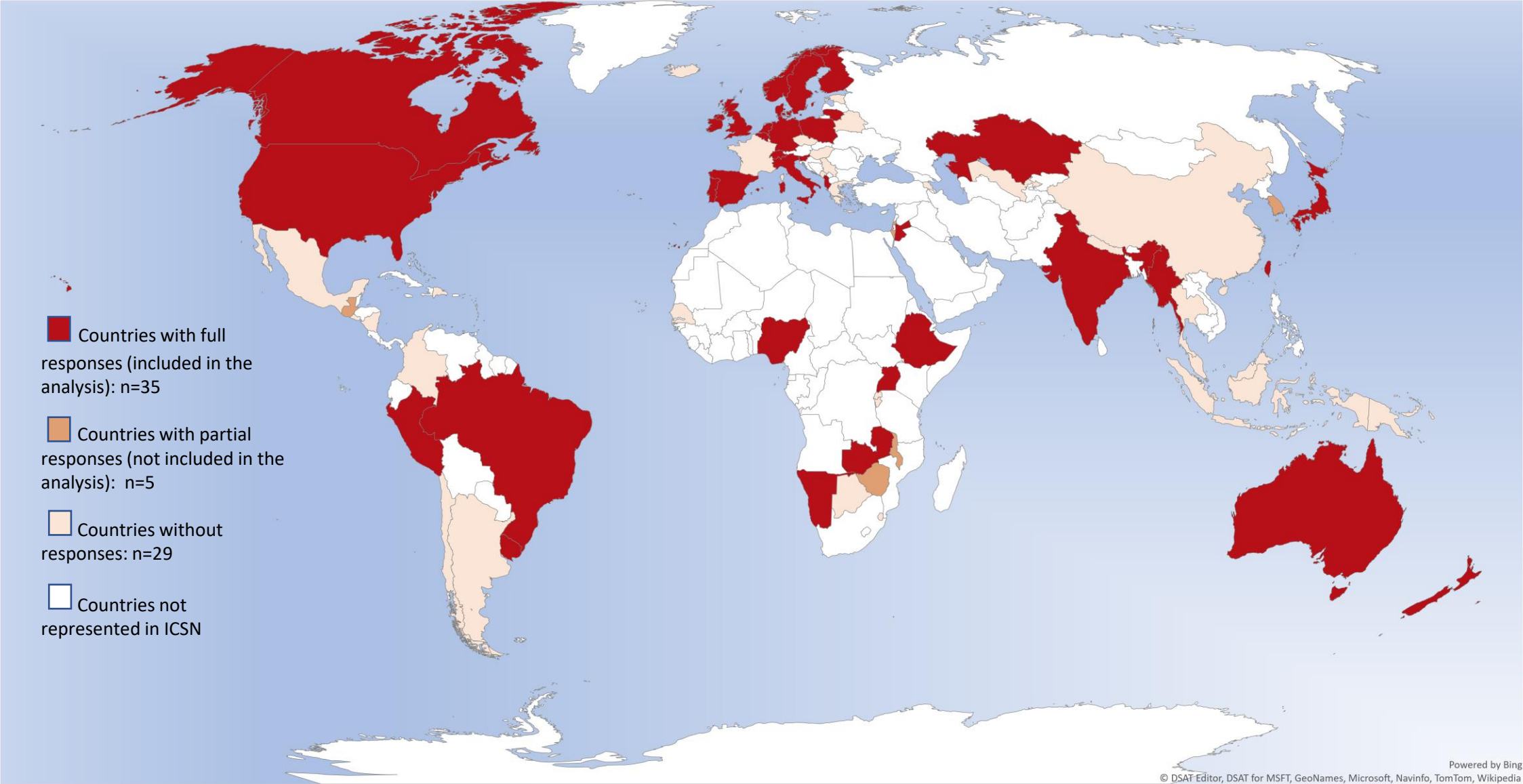
ICSN COVID-19 Survey Aims

- Capture details and **consequences of decisions** about whether to suspend cancer screening services due to COVID-19 pandemic.
 - Understand how diverse settings handled these decisions and plans to resume services.
- Focus on the **immediate decisions** taken during the first half of 2020.
- Structured so respondents could provide as much nuanced information as possible and share documents.

ICSN COVID-19 Survey Methods – Overall Stats

- ICSN listserv: 834 emails from 69 countries
- Total n. of responses: 113
- N. of complete responses: 98 (12% individual-level response rate)
- N. of countries represented:
 - 35 with complete responses (51% country-level response rate)
 - 5 with partial responses (not included in the analysis)
- Classified 66 settings with complete responses

ICSN COVID-19 Survey – Countries Reached



ICSN Survey Methods – Data Analysis

- More than one respondent per setting (unit of analysis - could represent a governmental unit, a program, a facility, a research project, or an expert group).
- Two researchers independently mapped the individual-level responses and compiled them into a new unique set of responses to a defined setting.
 - Third researcher assessed the final list of settings and resolved any discrepancies between the two mappings.
 - In case of different individual-level responses, all options were combined if the question allowed for more than one answer. Otherwise, comments were used to decide the most logical answer.

	Settings / n. of respondents	Type of screening delivery					Screening decisions					Cancer sites					Screening suspended	Research/pilots stopped
		O	Op	C	P	Ot	O	L	R	N	Ot	Cx	CRC	B	L	Ot	Y/N	Y/N/?
TOTAL (%)	66 settings / 98 respondents (100%)	54 (81.6%)	19 (28.6%)	9 (13.6%)	12 (18.2%)	4 (6.1%)	33 (50.0%)	11 (16.7%)	28 (42.4%)	34 (51.5%)	3 (4.5%)	42 (63.6%)	39 (59.1%)	51 (77.3%)	14 (21.2%)	7 (10.6%)	Y = 60 (90.9%)	Y = 43 (85.2%)
1	Albania / 1	O							N			Cx					Y	Y
2	Australia / 3	O	Op	C		Ot	O		R	N			CRC				N	N
3	Belgium - Flanders / 3	O					O		R	N		Cx	CRC	B			Y	Y
4	Brazil / 4		Op					L	R	N		Cx		B			Y	Y
5	Canada – Ontario / 3	O	Op	C	P		O	L	R	N		Cx	CRC	B	L	Ot	Y	Y
6	Canada – Alberta / 1	O	Op						R	N		Cx	CRC	B			Y	Y
7	Denmark / 3	O							R	N		Cx	CRC	B			N	N
8	Denmark – Copenhagen / 1	O		C	P		O	L	R	N				B			N	N
9	Ethiopia – Oromia / 1	O	Op	C	P		O	L	R	N		Cx					Y	?
10	Ethiopia – Addis Ababa / 1	O	Op		P					N		Cx					Y	Y
11	Finland / 1	O						L				Cx		B			Y	N
12	Germany / 1	O								N				B			Y	Y
13	India – Tamil Nadu / 1	O	Op				O					Cx		B		Ot	Y	Y
14	Ireland / 3	O					O			N		Cx	CRC	B			Y	Y
15	Italy – Veneto / 1	O							R			Cx	CRC	B			Y	Y
16	Italy – Piedmont / 3	O							R			Cx	CRC	B			Y	Y
17	Italy – ONS / 1	O								N		Cx	CRC	B			Y	Y
18	Italy – Lombardy / 1	O							R			Cx	CRC	B			Y	Y
19	Italy – Tuscany / 1	O							R			Cx	CRC	B			Y	Y
20	Japan / 2	O	Op						R			Cx	CRC	B	L	Ot	Y	Y
21	Jordan / 1	O	Op				O	L	R	N				B			Y	?
22	Kazakhstan / 1	O								N		Cx	CRC	B			Y	Y
23	Lithuania / 1					Ot				N					Ot		Y	?
24	Myanmar / 1		Op	C						N		Cx		B			Y	Y
25	Namibia / 1	O								N		Cx		B			Y	?
26	Netherlands / 6	O								N		Cx	CRC	B			Y	Y
27	New Zealand / 2	O					O		R	N		Cx	CRC	B			Y	N
28	Nigeria - Gombe / 1		Op				O					Cx		B		Ot	Y	Y
29	Norway / 2	O					O	L	R	N				B			Y	Y
30	Peru / 1	O					O			N		Cx	CRC	B			Y	Y
31	Poland / 1	O	Op				O			N			CRC				Y	Y
32	Portugal / 1	O							R					B			Y	Y
33	Slovenia / 4	O								N		Cx	CRC	B			Y	Y
34	Spain – Catalonia / 3	O					O	L	R			Cx	CRC	B			Y	Y
35	Spain – Navarra / 1	O							R				CRC	B			Y	Y
36	Spain – Valencia / 2	O							R				CRC	B			Y	N
37	Spain – Basque Country / 1	O							R				CRC				Y	Y
38	Sweden / 1	O							R			Cx		B			Y	N
39	Switzerland – Graubünden / 1	O								N			CRC				Y	N
40	Switzerland – Vaud / 1	O							R				CRC	B			Y	?
41	Switzerland – Valais / 1	O							R					B			Y	?
42	Switzerland – Fribourg / 1	O					O		R				CRC	B			Y	Y
43	Switzerland – Geneva / 1	O					O	L		N			CRC	B			Y	N

ICSN COVID-19 Survey – Setting Characteristics

	N	%
Screening services suspended (Y)	60	90.9%
Research/pilots stopped (Y)	43	65.2%
Screening modality		
Organized screening program	54	81.8%
Opportunistic screening	19	28.8%
Pilot project	12	18.2%
Cancer sites		
Breast	51	77.3%
Cervical	42	63.6%
Colorectal	39	59.1%
Lung	14	21.2%

ICSN COVID-19 Survey – Coordination

	N	%
Month of the decision		
March	45	68.2%
February	3	4.5%
April	2	3.0%
How was the decision made		
Guided by government decision	51	77.3%
Guided by expert opinion	23	34.8%
Following a preparedness plan	17	25.8%
Based on a review of scientific evidence	8	12.1%
Based on earlier experience	2	3.0%
Restart plan (Y)	52	86.7%
Monitoring plan (Y)	26	43.3%

ICSN COVID-19 Survey – Coordination

	N	%
First decision about whether to suspend screening services:		
Made at what level		
National	32	48.5%
Regional (state, province, region, etc.)	30	45.5%
Organization/practice	29	43.9%
Local (city, county, metropolitan area, etc.)	8	12.1%
By whom		
Health authority	39	59.1%
Organization/practice leadership	28	42.4%
Screening program director	22	33.3%
Professional organization/society	6	9.1%
Healthcare facility	4	6.1%
Healthcare professional	4	6.1%

“A guidance document was produced [...] to provide recommendations for a systematic approach in determining priority for consultation and treatment of patients with cancer, as well as cancer screening, [...] during the time of a pandemic. This guideline was developed through expert consultation and [...] recommended that all routine screening be deferred during the COVID-19 pandemic [...] Shortly after, [the government] issued a directive that all non-essential and elective healthcare services should be ceased or reduced to minimal levels.”

ICSN COVID-19 Survey – Communication

	N	%
How was the decision communicated to:		
Clients/patients		
Directly through electronic means (phone, email, SMS, voice messages, etc.)	35	53.0%
Indirectly through mass media (TV, radio, social media campaigns, etc.)	28	42.4%
Directly through mailed letter	15	22.7%
Health professionals		
Top-down approach - communicated directly by responsible institute/director	56	84.8%
Indirectly through professional organizations	14	21.2%
Indirectly through mass media (TV, radio, social media campaigns, etc.)	11	16.7%
Communicated to other stakeholders (Y)	34	51.5%
Reaction from citizens, advocacy groups, other (Y)	29	43.9%

“Several subjects contacted the screening call centers to get information about the planned procedures for restarting.”

“In recent weeks, due to the lack of a re-start date, there have been an increasing number of complaints, queries, parliamentary questions, politician and journalist queries.”

ICSN COVID-19 Survey – Follow up & Resources

	N	%
Patient/client follow up		
Most follow up visits have been delayed	26	39.4%
Most follow up visits continue to take place	25	37.9%
Combination of both	11	16.7%
Professionals reassigned (Y)	41	62.1%
Infrastructure repurposed (Y)	35	53.0%

“[...] In breast cancer screening, most of follow-up visits continue taking place. In colorectal cancer screening, most of the colonoscopies were delayed [...]”

“[...] As a result, follow-up for people who had results highly suspicious for cancer [...] continued across the province; however, there was local variability in follow-up depending on local resource capacity.”

Key takeaways

- Almost all of the 66 settings suspended cancer screening services already in March 2020.
- Suspension of cancer screening was often guided by government decision and implemented at the national, regional, and organizational levels through health authorities and organizational leadership.
- Most settings saw cancer screening infrastructure repurposed and cancer screening professionals reassigned to COVID-19 response. Follow-up visits after a positive cancer screening examination were delayed in at least one-third of the settings.

Key takeaways

- Good communication about the decision-making process reinforced by inquiries from the general public, advocacy groups and the media about the status of the cancer screening services.
- Few settings made their decision about the suspension of cancer screening services based on expert opinion, and even fewer followed a preparedness plan or based their decision-making on a review of the scientific literature.
- Almost no settings considered previous experiences with disaster scenarios when making their decisions.

Thank you to the ICSN members who were willing to contribute to the survey in these challenging times!

