



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

Cancer beyond Covid-19

**Dialogue #1:
Reimagining cancer screening and
diagnosis in the COVID-19 era**

3 November 2020



Supported by:



Welcome



Sonali Johnson

Head, Knowledge Advocacy and Policy
Union for International Cancer Control (UICC).



Panellist introductory remarks



Erika Nicholson

Director of Screening
Canadian Partnership Against Cancer





Cancer screening beyond COVID-19: a Canadian Perspective

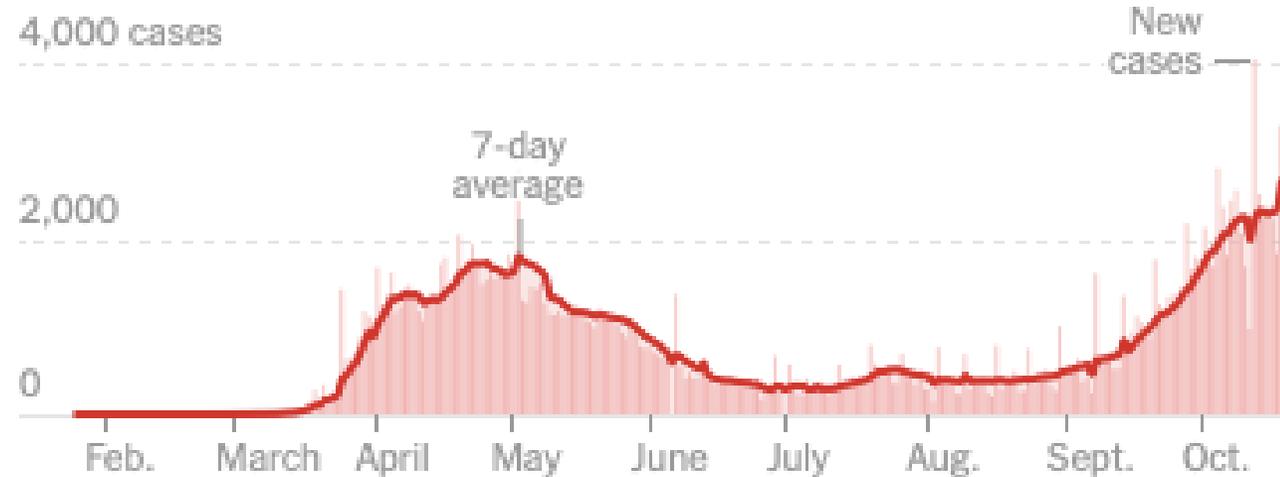


UICC Virtual Dialogue

November 3, 2020



COVID-19 in Canada



	TOTAL REPORTED	ON OCT. 22	14-DAY CHANGE
Cases	209,148	2,788	+16% ↗
Deaths	9,862	33	-32% ↘

Includes confirmed and probable cases where available. 14-day change trends use 7-day averages.

Impact on Cancer Screening in Canada





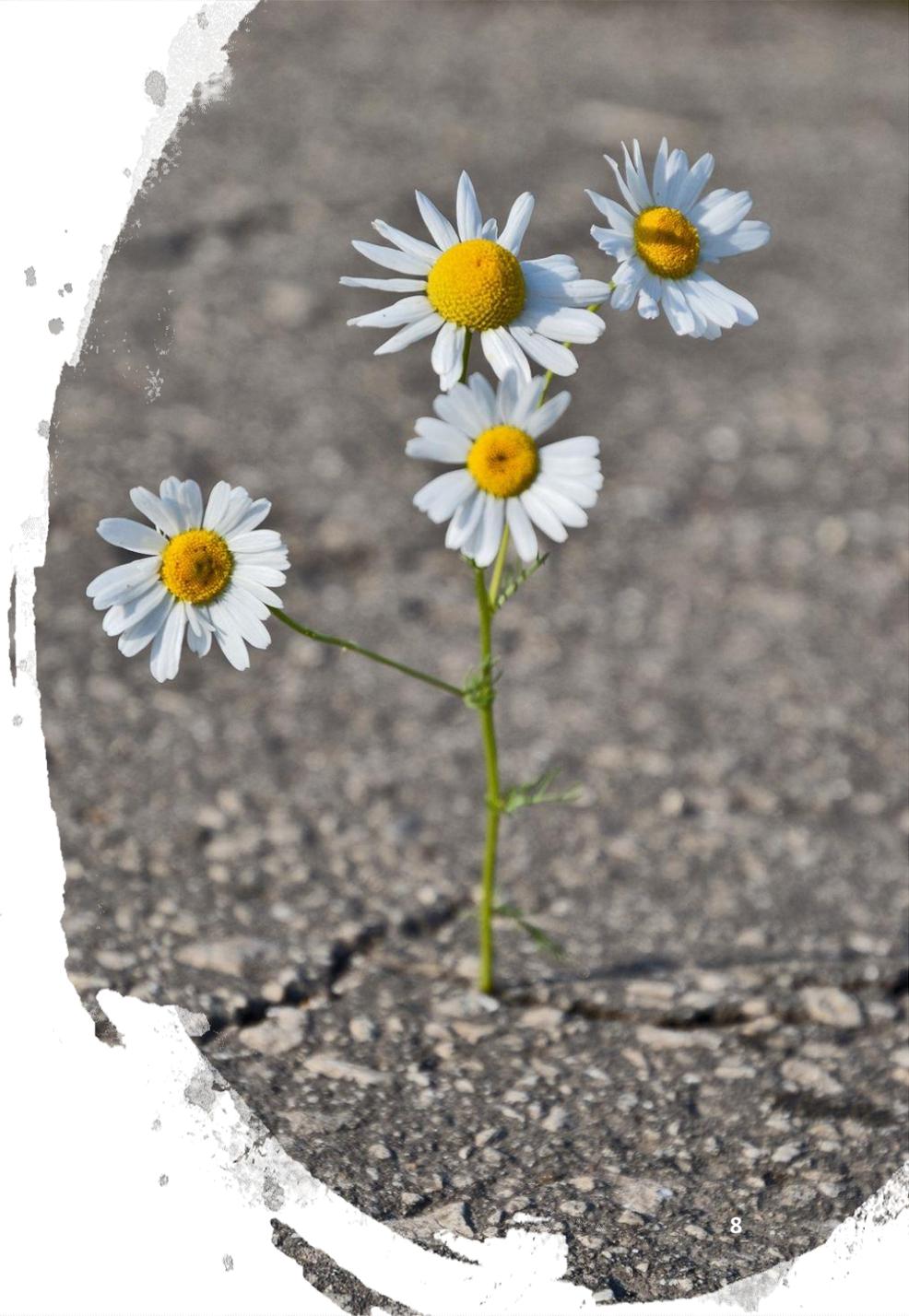
Managing cancer screening during COVID-19: Building resilient, safe and equitable services (a guidance document)

Guiding Principles

- **Implementation considerations** for when and how screening should be resumed
- **Equity considerations** to help ensure that that inequalities are not exacerbated
- **First Nations, Inuit and Métis Self-Determined Needs and Priorities**

Guidance on Building Resilient Screening Services and Programs

- Managing Screening programs when dealing with constrained resources
- Risk-Based Screening
- Infection Prevention and Control practices
- Virtual Care and Digital Health
- Increasing access to care closer to home
- Supporting healthcare providers
- Supporting people receiving care





“Making lemonade out of the COVID lemons”

Seizing an opportunity to:

- Meet the emergent needs of partners
- Respond to a situation using a Screening lens
- Accelerate the uptake of innovations in alignment with the Canadian Strategy for Cancer Control

Quality Screening Closer to Home:

- Accelerate switch to HPV Primary Screening for cervical cancer
- Support the direct mail of self-sampling tests (e.g. FIT)

Optimize Screening Services:

- Work to reduce Abnormal Call Rates in breast cancer screening



Panellist introductory remarks



Jodie Moffat

Head of Early Diagnosis,
Cancer Research UK



UICC Cancer beyond Covid

Reimagining cancer screening and diagnosis

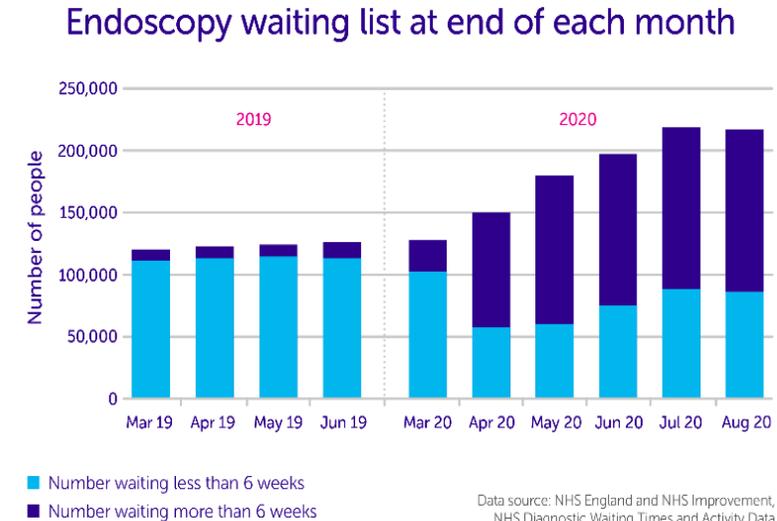
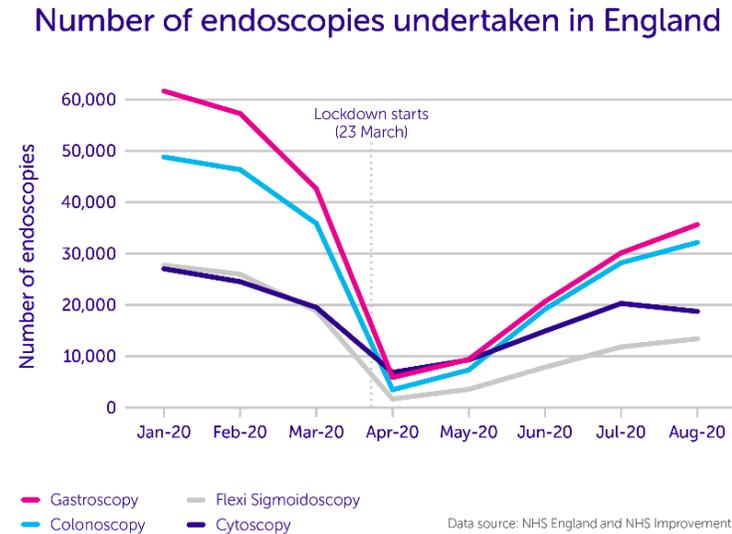
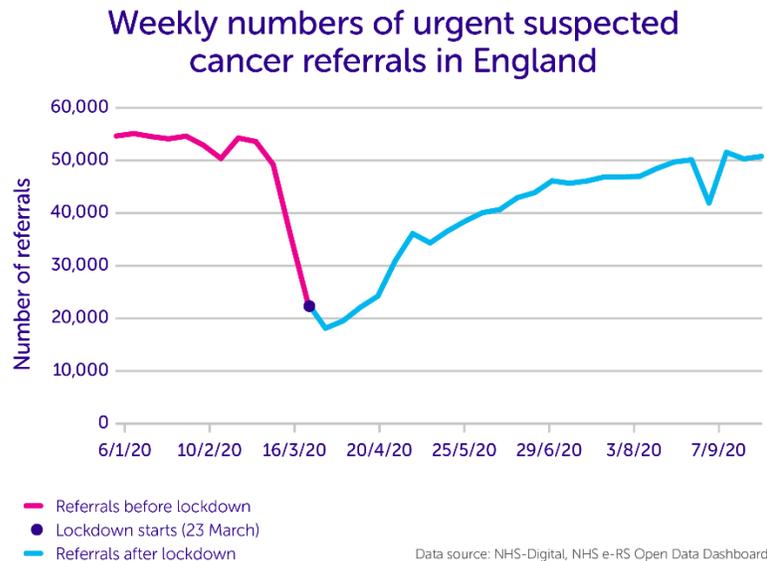
Jodie Moffat, 3rd November 2020



Together we will beat cancer

The impact of Covid on cancer services in the UK

- Cancer screening
- Urgent referrals for suspected cancer
- Routine referrals
- Diagnostic tests



Have you experienced any of the following barriers in relation to the investigation and diagnosis of patients who present with respiratory symptoms?

	Since the start of the pandemic	In the last month	
Patients with respiratory symptoms are not presenting as frequently compared to before the pandemic	44%	30%	Public behaviour
Difficulties accessing chest x-ray	45%	25%	
Difficulties accessing phlebotomy	38%	22%	Diagnostic access
Having to secure COVID-19 testing for patients before they can attend for a chest x-ray	15%	9%	
Difficulties accessing COVID-19 testing for patients	44%	21%	Public confidence
COVID-19 test results taking a long time to come through	37%	20%	
Patients not wanting to attend the hospital for diagnostic tests	79%	63%	
It is taking longer to receive test results (not COVID-19 testing)	21%	14%	
Other barriers not listed above	14%	12%	
No barriers experienced	8%	17%	
Total	100%	100%	

There have also been some silver linings



Adapt at
unprecedented
rate

Rapid
infrastructure

Guidelines
acceleration

Innovation and
research test
bed

Panellist introductory remarks

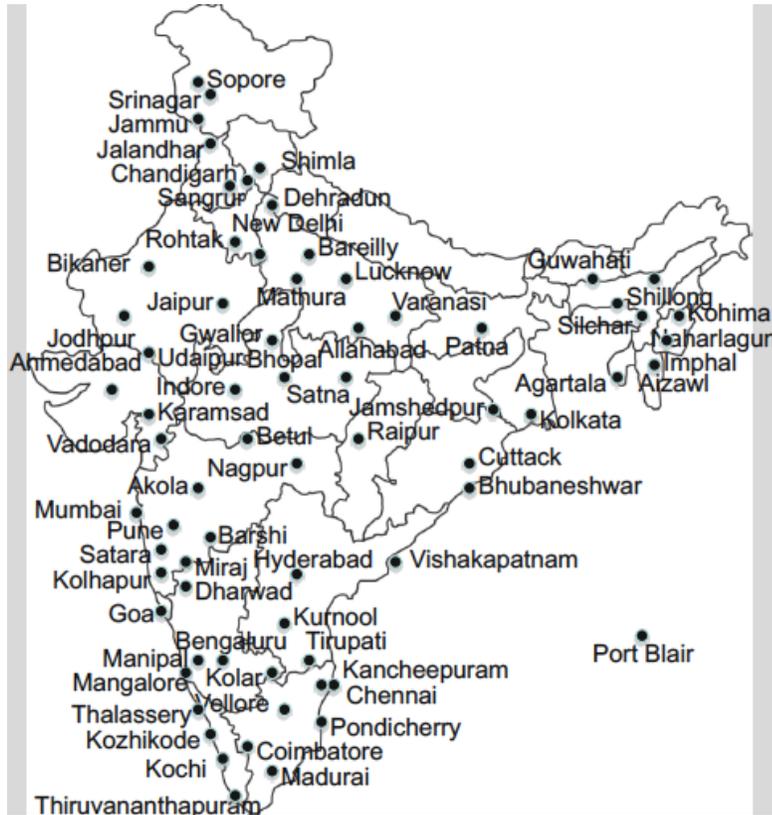


CS Pramesh

Director,
Tata Memorial Hospital and UICC Board Member



Cancer care during the COVID-19 pandemic – Indian perspective



C S Pramesh, MS, FRCS
Director, Tata Memorial Hospital
Professor, Thoracic Surgery
prameshcs@tmc.gov.in  @cspramesh



Search by Country, Territory, or Area



Overview

Data Table

Explore

Global >  India

Data last updated: 2020/10/28, 3:58pm CET

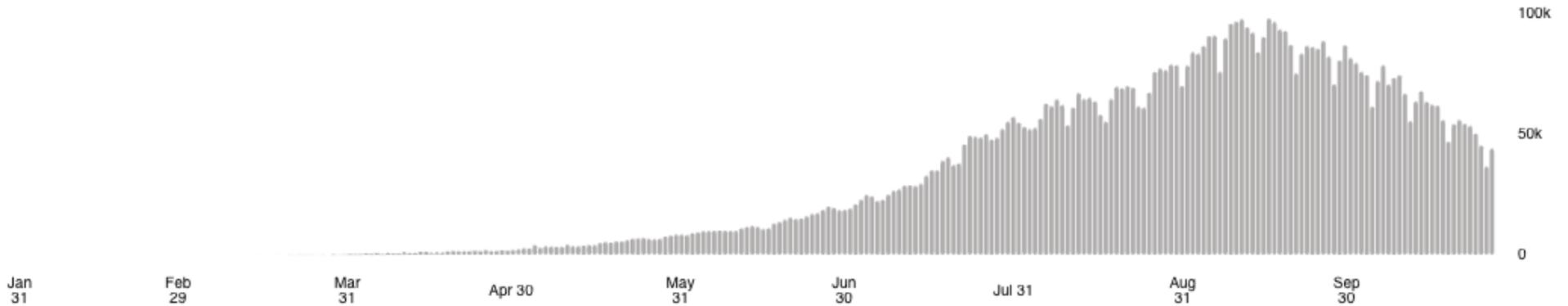
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India Situation



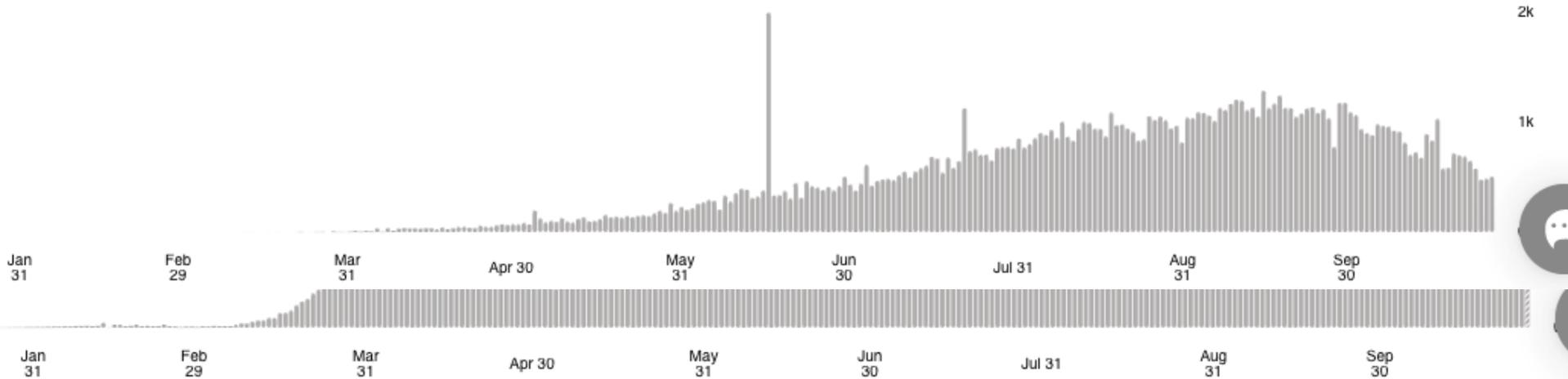
7,990,322

confirmed cases



120,010

deaths



Source: World Health Organization

Source: World Health Organization

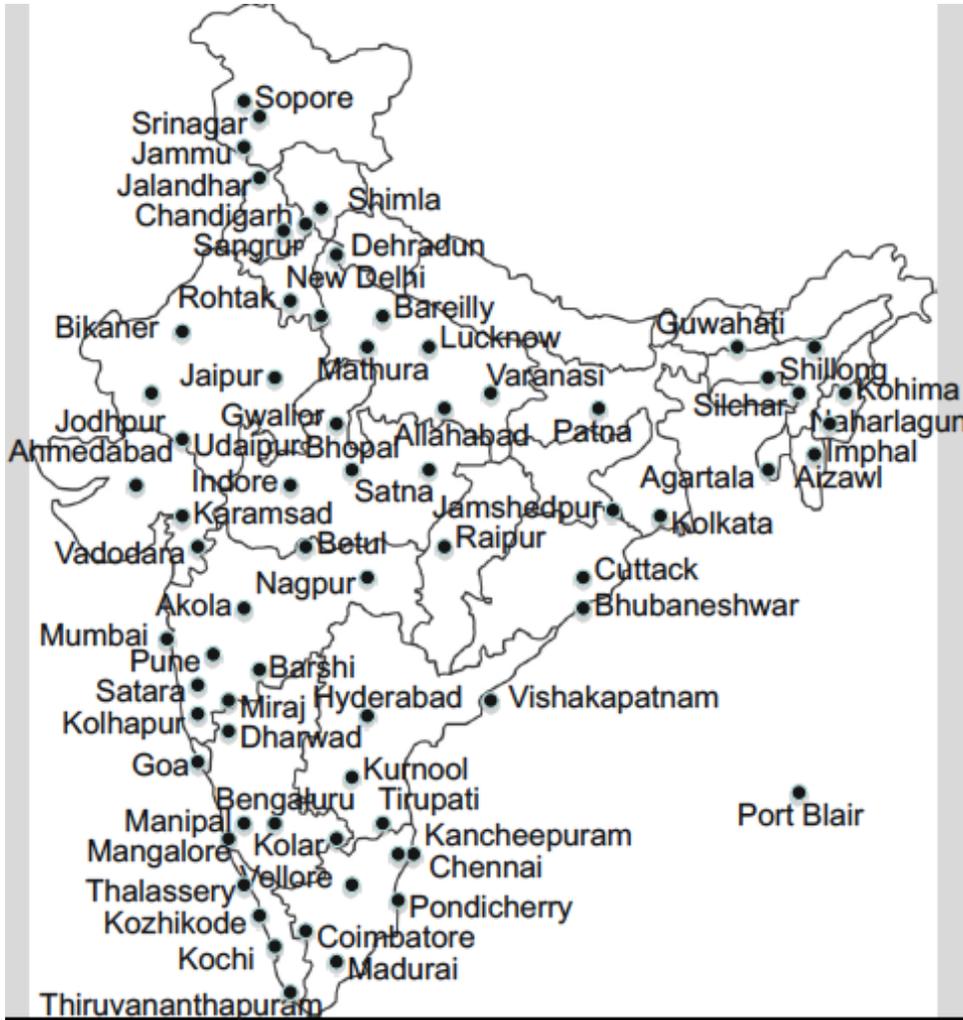
 Data may be incomplete for the current day or week.



COVID-19 in India and initial response

- Widespread panic creating non-COVID-19 diseases to be ignored
- Response discordant with trajectory of pandemic
- Confusion between priorities of treatment
- COVID-19 vs non-COVID
- Handling challenges of
 - Panic amongst HCW
 - Lockdown-related
- Cancer care struggled – hospital volumes plummeted
- Screening came to a standstill
- Cancer centres were converted to COVID-19 treatment facilities
- Other cancer centres slowed down cancer care
 - Lockdown
 - Supply chain disruption
 - Perceived risks of cancer treatment

The National Cancer Grid



- 220 cancer centres, research institutes, patient groups, professional societies and charities across the country
- 700,000 new cancer patients annually
 - 60% of all of India's cancer burden
- Uniform standards of cancer care
- Developing trained human resource
- Collaborative multicentric cancer research

Cancer care is not elective...

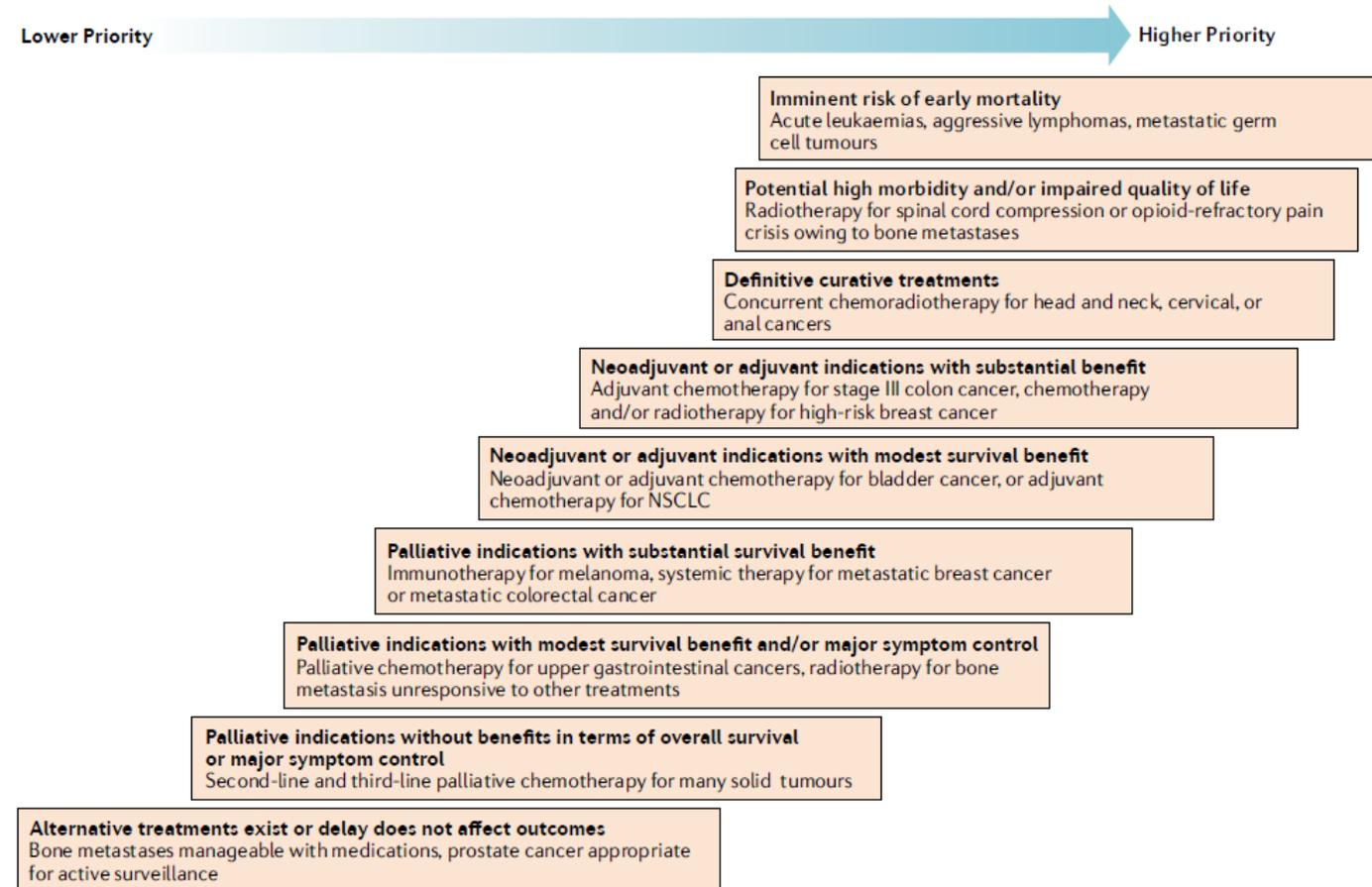
Need to continue
cancer treatment
for patients

Need to manage COVID-
19 and ensure safety of
patients & employees



NCG guidance - principles

- Cancer care is not elective – needs to go on even during a pandemic
- Higher risks; shared decision making
- Prioritize care where the impact is more– “Choosing wisely”
- Universal precautions for patients and staff



CORRESPONDENCE

COVID-19 NOTES

To rapidly communicate short reports of innovative responses to Covid-19 around the world, along with a range of current thinking on policy and strategy relevant to the pandemic, the Journal has initiated the Covid-19 Notes series.

Cancer Management in India during Covid-19

The Covid-19 pandemic has created major dilemmas for providers in all areas of health care delivery, including cancer centers. The rapid spread of SARS-CoV-2, combined with an unprecedented, near-complete global lockdown, has laid bare the weaknesses in health systems. Lack of adequate health care infrastructure and human resources, serious supply-chain disruptions, and widespread fear among patients and health care workers have resulted in patient care and safety being compromised. Throughout the world health systems

Table 1. Summary of Covid-19 Measures Taken at Tata Memorial Centre.

Administration

Creation of a core Covid-19 action group
Daily debriefings and formulation of action plans

Cancer care

Avoidance of complex surgeries likely to require multiple blood transfusions and prolonged intensive care unit stays
Use of hypofractionated regimens whenever possible

The Importance of Nurses to Prevent Disease Transmission: COVID-19

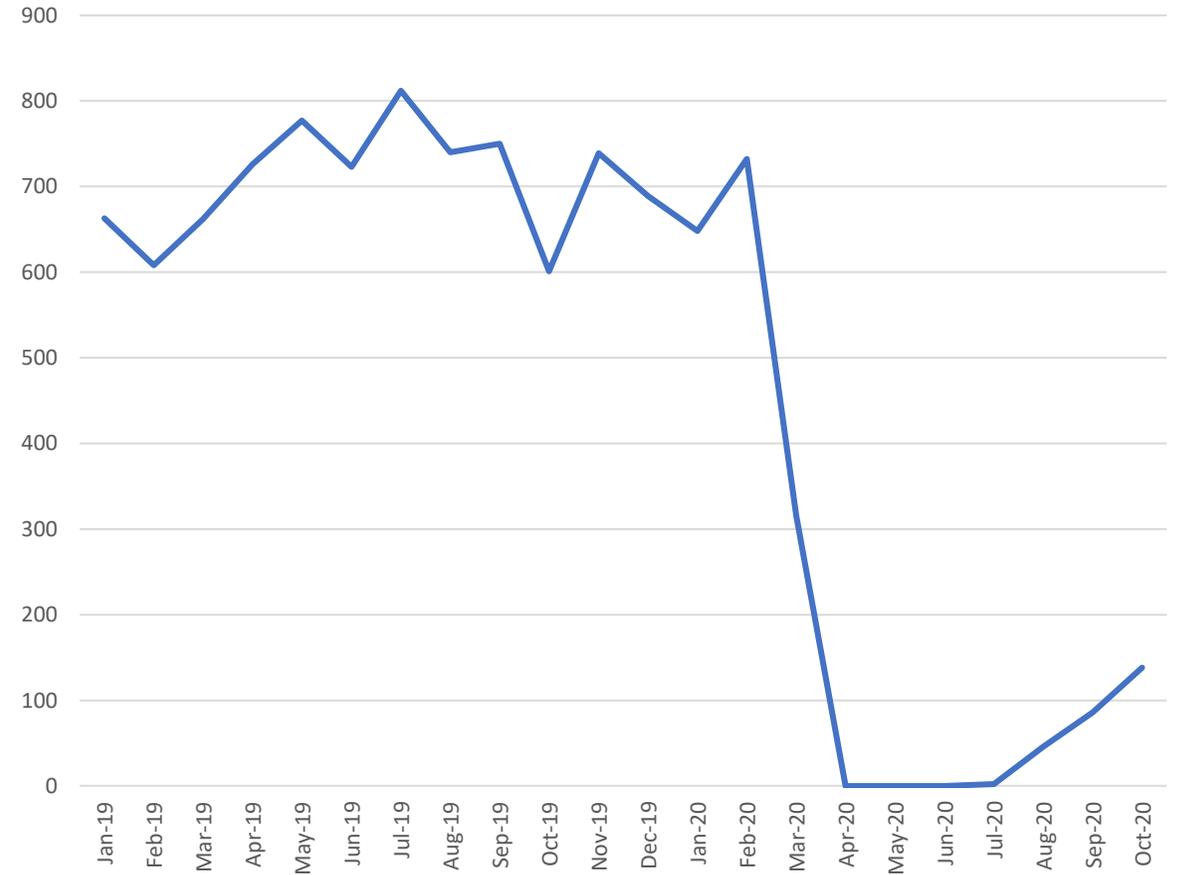
Daniel VanderEnde MD, MPH, DTM&H
Centers for Disease Control and Prevention

16 May 2020

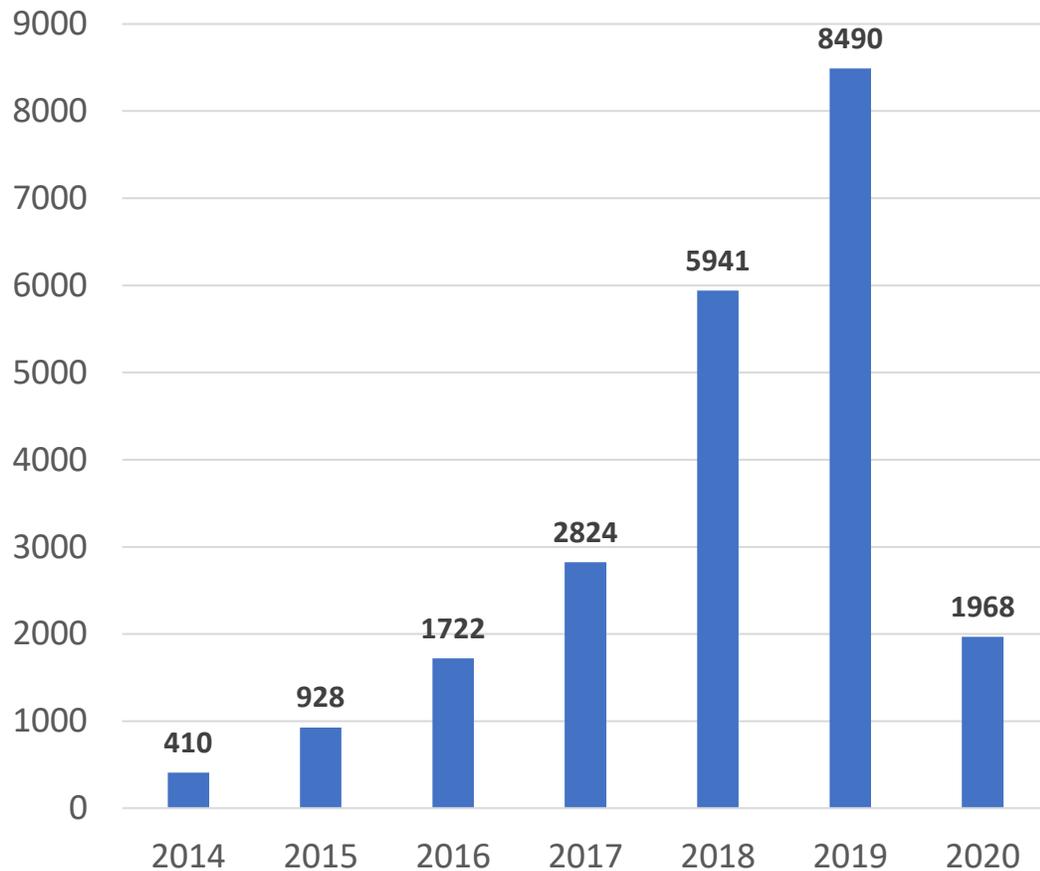
.Enter your screen name in the format: Name (Organization, Location). Once you join the meeting, a window would pop up asking you to 'Join Audio by Computer'. Click on it to enable audio OR Click on "Join Audio" available at the bottom left of the Zoom window. Any difficulty in joining the session kindly reach out on this email: vpoojarl@echoindia.in

Cancer diagnosis and screening

- NCG Hospital outcomes study
- 38 cancer centres (1/3rd of India's cancer burden)
- 30 to 50% reduction in new cancer registrations
- Diagnostic tests and biopsies reduced by 35%



Cancer diagnosis and screening



- Screening services including tobacco cessation clinic ceased completely between March and June 2020
- Community outreach programs which was discontinued in March 2020 has not resumed till date
- Diagnostic procedures for confirmation of screen positives by colposcopy, biopsy did not take place during this period



Cancer screening – way forward

ISCCP & FOGSI Gynae Oncology Consensus Guidelines for Cervical Cancer Screening and Management in the COVID-19 Pandemic

Drafted by: Dr Shalini Rajaram, Dr Roopa Hariprasad

Comments by: Dr Neerja Bhatla, Dr Saritha Shamsunder, Dr Vijay Zutshi, Dr Vijay Ahuja, Dr Bhagyalakshmi Nayak, Dr Ruchi Pathak, Dr Sabhyata Gupta

On behalf of the ISCCP Governing Body (Discussed and Accepted at the Governing Body Meeting on 4th September, 2020)

Dr Abraham Peedicayil, Dr Achla Batra, Dr Aruna Nigam, Dr Bindiya Gupta, Dr Deepti Goswami, Dr Devika Rathi, Dr Gauri Gandhi, Dr Jaideep Malhotra, Dr Krishnendu Gupta, Dr Leela Digumarti, Dr Mamta Dagar, Dr Meena Nayak, Dr Parwate Nikhil, Dr Priya Ganesh Kumar, Dr Nirmala Agarwal, Dr Nisha Singh, Dr Pakhee Aggarwal, Dr Pratima Mittal, Dr Puneet Chandna, Dr Raksha Arora, Dr Ranjana Desai, Dr Rashmi Bagga, Dr Rema P, Dr Roopa Hariprasad, Dr Sarita Bhalerao, Dr S harmila Patil, Dr Sujata Das, Dr Sumita Mehta, Dr Sunita Malik, Dr Swaraj Batra, Dr Sweta Balani, Dr Uma Singh, Dr Usha Bohra, Dr Vasundhara Parliker, Dr Veena Acharya, Dr Anita Sabharwal, Dr Amita Suneja

Resuming screening

- Optimize screening needs
- Screen for COVID symptoms
- Physical distancing in all areas
- Universal masking (PPEs for HCWs)
- Minimize staff and relatives
- Regular disinfection of clinic and procedure room
- Appointments, counselling done virtual

Silver linings

- Increased attention to Infection Prevention and Control
- Prioritizing treatments and screening –Choosing Wisely
- Tele / video consults
- Collaboration – interdisciplinary, multinational

Current guidance

- Continue cancer screening and care
- Optimize screening needs
- Resist “Pandemic fatigue”
- Stick to the basics
 - Wear a mask, Watch your distance, Wash your hands

Panellist introductory remarks



Amy Israel

Vice President and Global Head, Oncology Policy & Healthcare Systems,
Novartis



Poll

What is the main barrier to screening and diagnosis that you are experiencing right now?



Panel Discussion moderated by chair



Amy Israel

Vice President and Global Head,
Oncology Policy & Healthcare
Systems, Novartis



Erika Nicholson

Director of Screening,
Canadian Partnership Against
Cancer



Jodie Moffat

Head of Early Diagnosis,
Cancer Research UK



CS Pramesh

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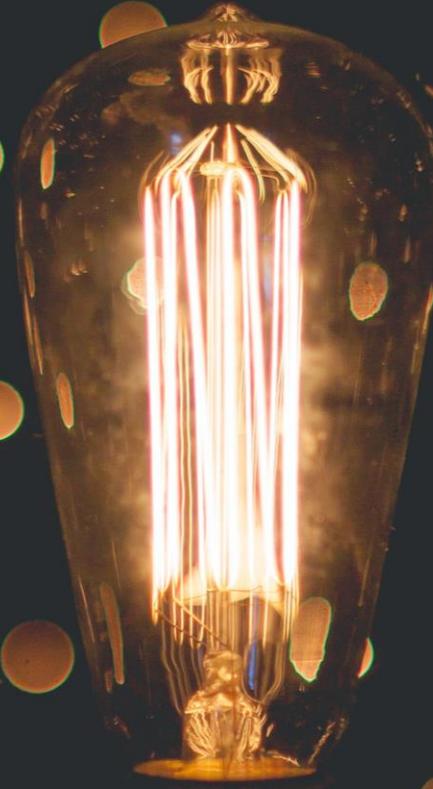
Q&A with the panel

Raise your hand or type a question in the Q&A box



Panel Reflection

What are the key policy implications from this discussion?





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