

why SpaceOAR is so rapidly gaining popularity. It also remains unknown if oncological outcomes are affected in some patients by placement of this device. Such conclusions would require much larger studies, with substantially long-term follow up.

In this context, urologists, radiation oncologists, and medical oncologists should pause to consider the routine use of SpaceOAR. Is such a device truly helpful? Is the potential for a relatively small (and questionably real) improvement in physician-reported and patient-reported toxicity events worth even the very small chance of a catastrophic toxicity? Do we really understand the implications of this device across all categories of prostate cancer risk and fractionation schedules? Reflection on the part of all genitourinary oncologists is needed to consider these events. Prostate cancer is highly curable with both surgery and radiotherapy and, even without SpaceOAR, is associated with an exceedingly low rate of adverse events requiring intervention. Critical reflection and careful consideration of the need, toxicity, and benefits of SpaceOAR are appropriate before the device is recommended for routine care.

In summary, genitourinary oncologists need to carefully review and consider the validity of the current data supporting the use of SpaceOAR before routinely using this device. Moreover, individuals who select patients for SpaceOAR implantation should be vigilant at reporting toxicity to MAUDE to ensure that the oncology community is aware of these events. Additional research into patients who might particularly benefit from SpaceOAR, or patients at high risk for toxicity from SpaceOAR, is needed.

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## Cancer burden, finance, and health-care systems



COVID-19 is placing huge pressure on health systems, and patients with cancer who have increased susceptibility to COVID-19 face reduced access to care,

and competition for finite resources.<sup>1,2</sup> However, the evidence of the effect of COVID-19 on the ability of civil society cancer organisations (referred



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hereafter as CSCOs) to deliver services and their future sustainability has received less attention. A survey published in July, 2020, showed that 140 (89%) of 157 CSCOs reported an increased demand for support services at the same time as expecting an average decrease in income of 46% during the next 12 months.<sup>3</sup> In June, 2020, the Union for International Cancer Control (UICC) led a series of virtual dialogues with its global membership that highlighted similar concerns. As health systems become more pluralistic, civil society is a key stakeholder alongside the public and private sectors.<sup>4</sup>

Although the full extent of the effect of the pandemic on organisations will take many months to emerge, in August, 2020, UICC did a pulse analysis across its 1200 members in 172 countries to better understand and assess the prevalence and extent of these challenges. Responses were received from 108 organisations in 55 countries across all income settings and regions.

The results of this pulse analysis reflected previous findings that income and organisational activities are under substantial pressure, with 83 (77%) of 108 organisations reporting reductions in income and 86 (80%) reporting reductions in activities and services. A third (36; 33%) of organisations anticipated a reduction in finances of up to 25%, a quarter (27; 25%) reported an expected reduction of up to 50%, 16 (15%) were expecting a reduction of up to 75%, and four (4%) projected that up to 100% of their income could disappear. As the community looks forward to 2021, 72 (67%) of respondents forecast falls in income.

Financial concerns included a reduction in fundraising (68 [63%] organisations), lower philanthropic giving (52 [48%]), weak cash-flow (32 [30%]), no government funding (24 [22%]), and delayed or non-payment of service fees (17 [16%]). In combination, these financial concerns represent a hugely challenging operating environment for CSCOs. Crucially, governments do not appear to be providing any targeted support to CSCOs beyond broader economy-wide interventions. Overall, 30 (28%) of 108 organisations had received some form of support (including salary or tax relief), 29 (27%) had received service agreements, contracts, or grants, and six (6%) had received a loan.

CSCOs have tried hard to mitigate the effect of financial hardship on staff, with 55 (51%) reporting

no temporary reductions in salaries or staff, and 66 (61%) reporting no permanent reductions in salaries or staff. However, 42 (39%) of CSCOs expected further temporary reductions, and 26 (24%) anticipated making permanent reductions in the coming year.

In many ways, the pandemic has underlined the resilience of the cancer community and the pioneering spirit of UICC's members. It has driven innovation and collaboration, as well as the need to run more efficient organisations. Many CSCOs have adapted business operations, provided remote support to patients, strengthened governance arrangements, adopted remote working, and invested in the health and wellbeing of staff.

However, the financial toll of the pandemic on CSCOs has been substantial and will continue into 2021 and beyond. CSCOs are crucial to the fight against cancer, and lower levels of income will lead to fewer services for patients with cancer. Traditional income streams have dried up, with the focus moving away from cancer to the pandemic. These are unprecedented times that could push back the substantial progress in cancer control that has been achieved over many years.

Governments, civil society, and the public and private sectors are all joint stakeholders in reducing the impact of cancer globally. The survey provides UICC with important insights that will enable it to provide better support to its members and the global cancer community during and after the crisis. However, it is crucial that governments show their commitment to CSCOs and patients with cancer by providing additional financial support to ensure that CSCOs have sufficient financial sustainability to provide services to at least pre-pandemic levels. There will be a time beyond COVID-19, but not beyond cancer.

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