

Cancer Care: What to Expect, What to Do



A research predicts a decline in cancer mortality rates in 2020 in the EU. However, due to the COVID-19 pandemic cancer patient safety is compromised, but can still be improved with certain policies.

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Cancer in the EU

Total cancer mortality rates in the EU are predicted to decline in 2020, according to a new [study](#) published in *Annals of Oncology* (in print). The overall number of deaths, however, will increase mainly due to population growth and ageing.

The team led by Carlo La Vecchia (MD), Professor at the School of Medicine, University of Milan (Italy), analysed data from the World Health Organization and Eurostat databases for 1970-2015. These predictions have been published for 10 consecutive years.

Overall death rates are projected to decline by 5.4% in men and 4.1% in women over 2015-2020. This corresponds to death rates of 130/100,000 and 82/100,000 respectively. At the same time, the numbers of deaths are projected to increase by 4.7%, reaching 1,428,000 by the end of 2020.

The highest predicted rates in the EU are for lung cancer – 31.6 and 15.1 per 100,000 in men and women respectively, and over 2015-2020 they have declined by 9.2% in men, but increased by 6.0% in women. The prediction for total deaths from lung cancer for 2020 is 182,600 men and 99,800 women.

The second predicted cause of cancer deaths is colorectal cancer. Its 2020 rate is 15.4/100,000 in men and 8.6 in women ; the decrease since 2015 is 4.2% in men and 8.3% in women. For prostate cancer, third cause of cancer deaths in EU men, the rate is 10.0/100,000 – 7.1% less compared to 2015.

Rates continue to decline for stomach cancer, uterine and ovarian cancers as well as leukaemia and bladder cancer. For pancreatic cancer rates are projected to increase in women and decrease in men. This is the only cancer site not showing consistent declines.

Overall, cancer mortality in EU for both men and women has been declining since the late 1980s . Between 1989 and 2020, the researchers estimated that a total of 5,685,000 cancer deaths in the EU were avoided, and for 2020 this number is projected to be 406,000.

Importance of GPs' Role

A [study](#) by King's College London showed lower mortality rate for cancer patients from the highest referring GP practices, as well as higher likelihood of early diagnosis for breast, lung and prostate cancer, which is key to increasing cancer survival rates.

The research looked at cases of breast, lung, prostate and colorectal cancers. The findings support the increases seen in primary care referrals, with an average GP in England now making 50-60 referrals per year, and access to diagnostic tests.

Care for Cancer Patients During COVID-19

With treatment stopped or delayed for many cancer patients because of the COVID-19 crisis, a non-profit organisation Cancer Research UK [has called](#) for widespread testing in the UK. The organisation points out that the pandemic has caused enormous disruption to cancer services across the country, with staff being diverted towards caring for COVID-19 patients. The concern is that the UK National Health System (NHS) may not be able to cope with the large backlog of cancer care post-COVID-19 unless necessary steps are taken. These include widescale and frequent testing of the NHS staff and patients regardless of whether they have the symptoms or not. Otherwise, cancer patients whose immune system is weak are in danger of being infected.

Earlier Cancer Research UK's chief clinician, Prof. Charles Swanton, has underlined the importance of screening healthcare workers for COVID-19 in an [article](#).

Pandemic-Caused Safety Measures in Cancer Care

In March, another non-profit organisation, the National Comprehensive Cancer Network® (NCCN®), published [detailed recommendations](#) for keeping cancer patients, caregivers and staff safe during the COVID-19 pandemic. *It is noted that* recommendations regarding public safety and practice may change. A [summary](#) is presented below.

Patient Safety

- Use of telehealth technologies for prescreening and screening for COVID-19 symptoms and exposure history
- Dedicated space and staff for screening of symptomatic patients
- Priority to telemedicine over in-person visits
- Limited or no visitor policy
- Only essential, urgent or emergency surgeries and procedures
- Readjustment of dosing schedule to decrease the number of in-person visits
- If possible, use of oral oncolytics instead of intravenous therapy
- Transition of outpatient care to care-at-home whenever possible
- Less frequent scans or biochemical markers instead of scans
- Stress management in patients

Healthcare Worker Safety

- Availability and use of appropriate personal protective equipment (PPE)
- Centralised communication
- Regular screenings/check-ups
- Priority to remote work, with rotations for limited onsite staff
- Clear stay-at-home and return-to-work guidelines
- Stress management in staff

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