

JOINT LETTER ON COVID-19 AND CANCER



Dear

The COVID-19 pandemic has shaken our world and health systems and has had a major impact on people living with other diseases, especially cancer. We recognize that this impact goes well beyond cancer screening and care; however, we do want to raise some of the issues we have observed in our community.

Prior to the pandemic, death rates in some types of cancer had started to stabilise or even decrease as patients took a more active role in primary and secondary prevention and their own care, while cancer services improved and more treatments became available.^{1,2} The COVID-19 pandemic has severely disrupted cancer detection and care services globally³: 2020 saw an approximately 40 per cent drop in diagnoses of cancer⁴. A recent study published in the BMJ journal demonstrated that delays to treatment can have a detrimental effect.⁵

We recognise that healthcare systems are under unprecedented pressure due to the COVID-19 pandemic and that the global crisis has not ended yet, but the data show us that we need to take action to actively address the issues in cancer care if we are to continue improving outcomes.

We, cancer-focused organisations, are ready to support governments in the effort to help cancer patients globally. To improve the situation for cancer patients, governments should:

1) *Ensure that patients can access diagnosis and treatment safely*

Health systems should design COVID-secure pathways so that services for cancer patients can remain open and, where possible, provide alternative treatment modalities, such as home chemotherapy if both the treating provider and patient agree to help shield patients. Health authorities should communicate the range of actions that have been taken to allay patients' fears about COVID-19 and their condition, including appropriate measures to tackle cancer-related complications, such as cancer-associated thrombosis, cardiovascular diseases, mental health, pain, malnutrition and more.¹ Screening, assessment programmes and other means of diagnosing cancer early must also be restored and supported, as well as efforts to raise awareness of these programmes.

2) *Identify the impact of the pandemic on cancer services and design services to mitigate this*

This means collecting and analysing data on the patients who were not diagnosed in 2020, modelling the likely additional demand for services due to missed diagnoses and appointments. In addition, it means investing in the workforce and physical capacity to meet this need, given the likely increase in the number of patients diagnosed at a late stage. We already have some analysed data available and we are willing to provide you with all relevant documentations.

3) *Resource cancer services properly and safely for the long term*

Patients must be at the centre as action is taken to rebuild and improve cancer services. This means efforts to increase multi-disciplinary care, to treat cancer and related symptoms (as described above). Early diagnosis of cancer needs to be accelerated and the uptake of innovation in cancer care and treatment must happen at pace and scale to overcome the setbacks to progress



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experienced in 2020. Every effort should be made to ensure that cancer services are not disrupted by any future austerity measures, recognizing that spending on cancer has been stable for decades.⁷ Moreover, the potential effects of COVID-19 on cancer care could be long term and not only be limited to this year/during the pandemic due to upstaging and workforce resiliency. We are ready to collaborate with you to uplift the cancer care in your country with our resources and expertise.

Today, we want all governments to make a difference by saying:

“I am committed, and I will invest in prevention, early diagnosis and treatment of cancer.”

We, the signatories of this letter, are expressing an interest to collaborate with governments to improve the situation of cancer patients.

Signed

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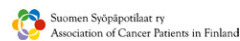
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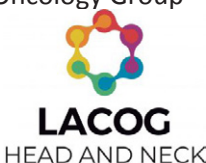
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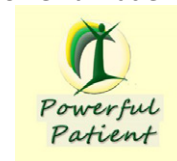
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Michael Oberreiter
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Alan Miller, Md, PhD (As Of
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Dan Zaharescu
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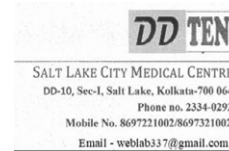
Irina Borovova
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Anna Solovyeva
Director of international
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Prof. Dr. Med. Hans-Joachim
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Adela Ayensa Alonso
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Rebecca Guntern
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JOINT LETTER ON COVID-19 AND CANCER



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STOWARZYSZENIE RÓŻOWY
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TACKLE PROSTATE CANCER



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Nadine Prévost
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The Max Foundation



James Arthur Caldwell
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The Northern Ireland Rare Disease
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Director of the Oncofertility
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Gertrude Nakigudde
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Shaantanu Donde
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Richard Ingram, Md
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Beate Bartès
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JOINT LETTER ON COVID-19 AND CANCER



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