The impact of COVID19 on oncology services

BGS OncoGeriatrics SIG webinar

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Immediate impact - radiotherapy

The Royal College of Radiologists

- Most curative radiotherapy is a long, fractionated course of treatment
- Need to minimise patient exposure and adjust to staffing changes

- Remote – video/tele consultations
- Avoid – skin cancer
- Defer – prostate cancer
- Shorten – most cancers

- NICE rapid guideline

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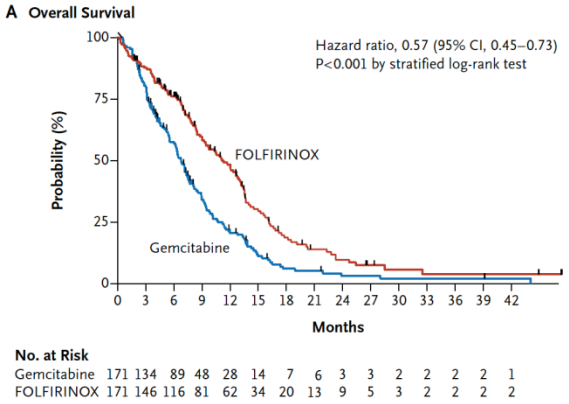
Immediate impact - SACT

- Most SACT is a discussion about risk and benefit for the individual patient
- More challenging in elderly
- Chemotherapy, immunotherapy, targeted treatments
- COVID19 – added serious but unquantifiable risk
- Fear
- Shielding
- Prioritisation groups

- NICE rapid guideline



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Immediate impact - surgery

- Ventilators and anaesthetists

- All cancer surgery ceased
- Knock-on impact for other services

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Immediate impact - other

- Immediate reduction in suspected cancer referrals
- Screening
- Imaging
- Supportive care
- Research

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Cancer community response

- How can we work together to support services?
- How can we collect data and learn?

- On-line meetings, forums etc.
- RCR repository of cancer treatment documents
- UKCCCM to collect data
- NHS, Royal Colleges, PHE (data), charities

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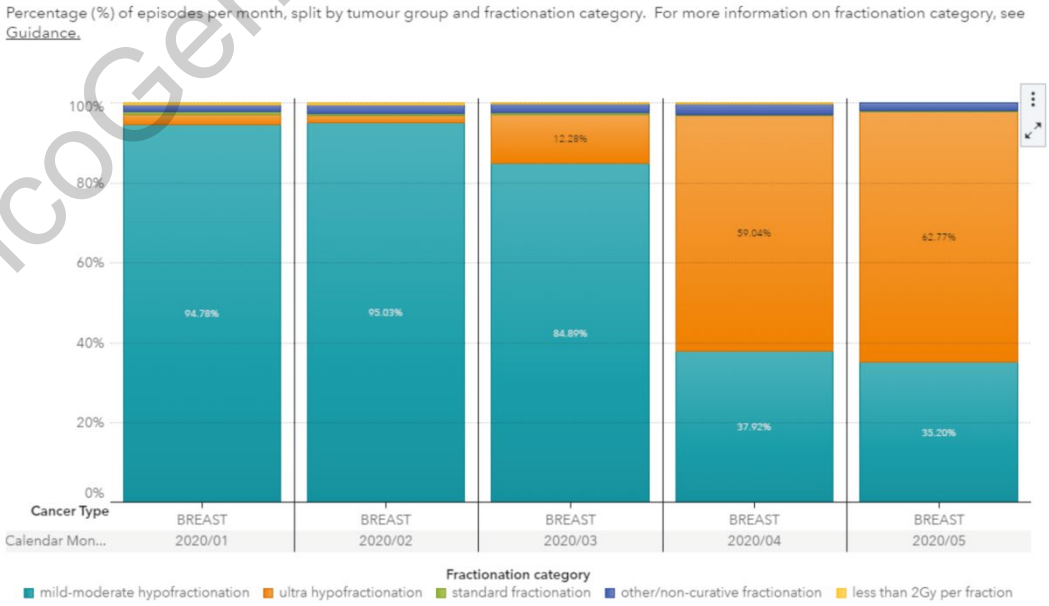
What has happened - radiotherapy

- Radiotherapy continued in every department
- New procedures and pathways rapidly adopted
- Deferred patients now re-started
- Hypofractionation
- Breast cancer
- Lung SABR



cancerstats2, accessed 24 Aug 2020

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What has happened - SACT

- For many individuals, risk > potential benefit
- Lower priority chemo stopped in a few centres, then restarted
- Private sector capacity
- Distancing in chemo unit
- 70-80% treatments continued
- What is risk now to patient and family?
- Risk for elderly remains difficult to estimate. Individual discussions about priorities more important than ever.

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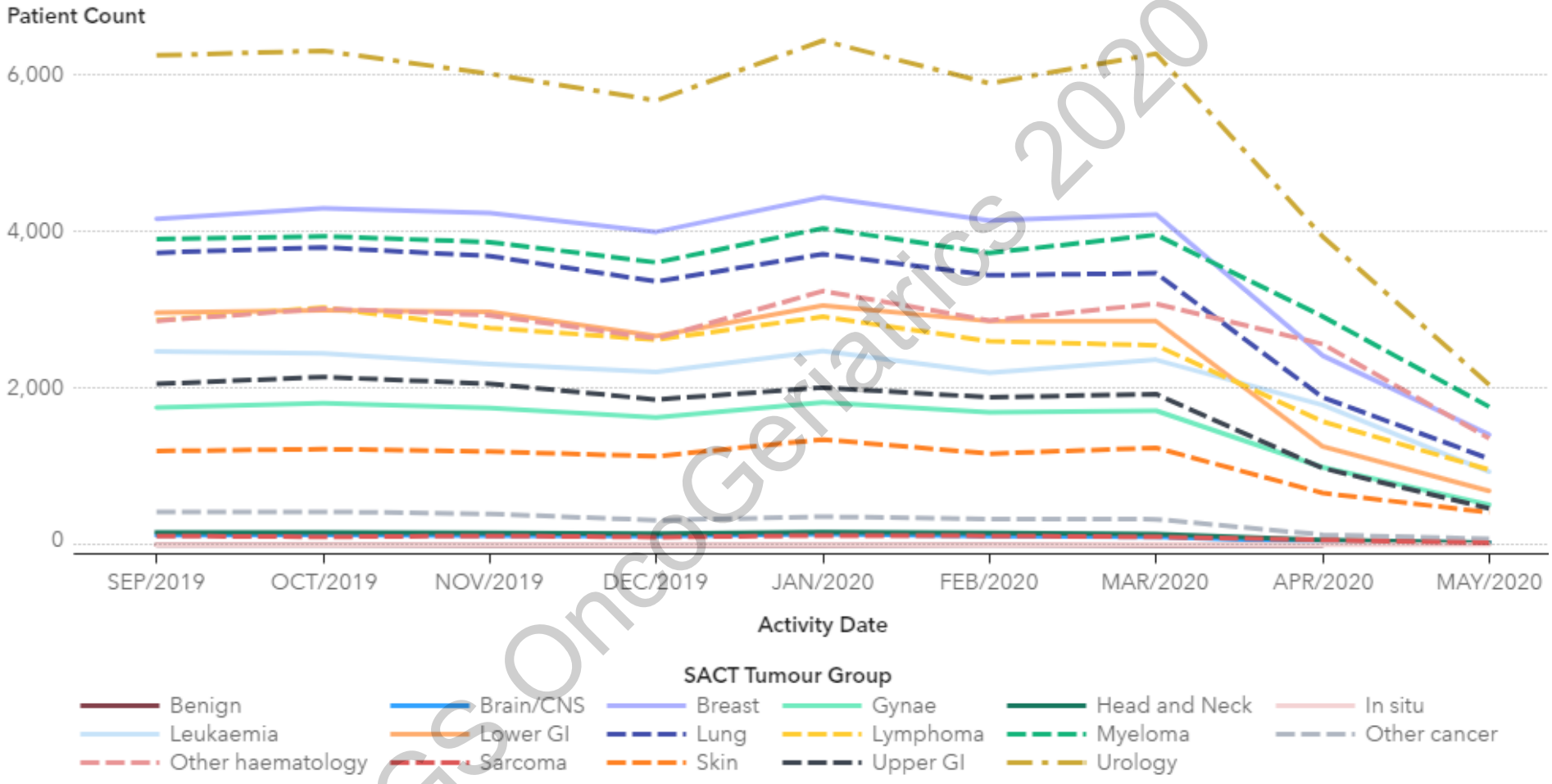
Number (n) of patients receiving treatment admininstrations each month, split by tumour group. [Click here for data table]
Please note: data is not yet complete for all trusts for all months.



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Cancerstats2 data accessed 25 Aug 2020. Age >69

Number (n) of patients receiving treatment admininstrations each month, split by tumour group. [Click here for data table]
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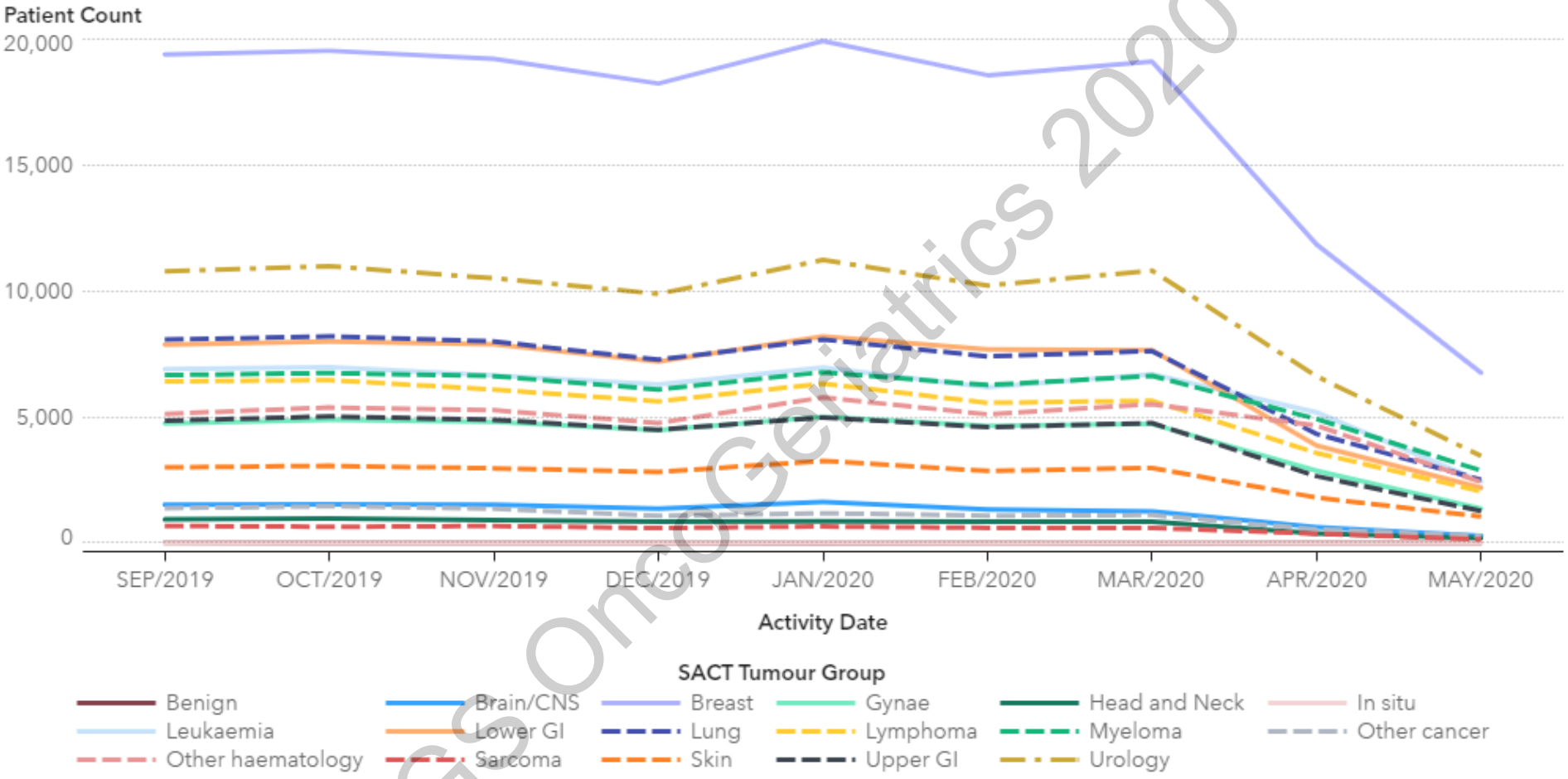

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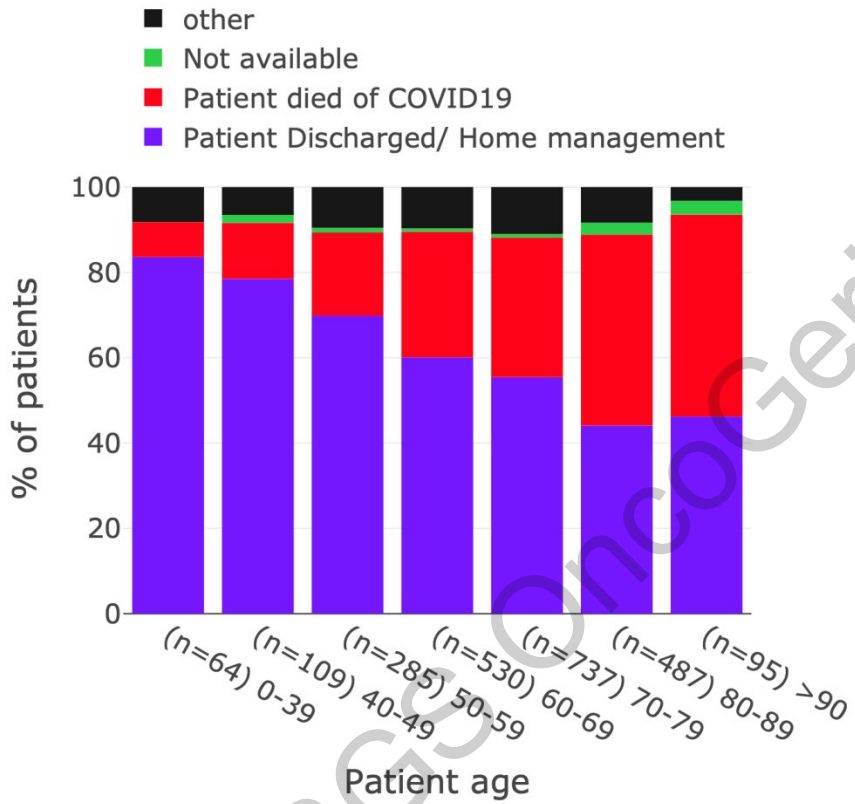
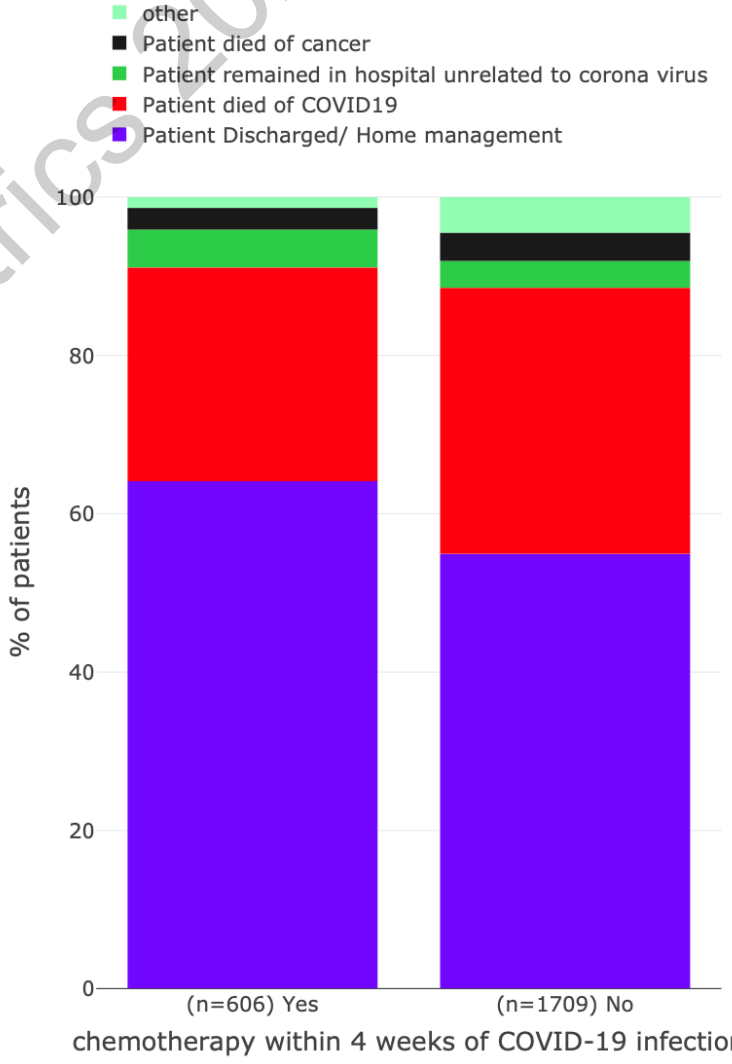
Cancerstats2 data accessed 25 Aug 2020. All ages

UK CCCM data

The Royal College of Radiologists





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What has happened - surgery

- Private sector, cancer treatment hubs
- Testing and isolation
- Catching COVID in post-op period very serious
- Relatively slow recovery but much closer to normal now
- Everything takes longer
- Winter?

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What has happened - other

- 2WW referrals fell to 50%, now 70%
  - missing patients
  - delayed presentations
- Endoscopy and imaging
- Supportive care
- Research
  - COVID-cancer data reassuring
  - cancer research restarted
  - charity sector funding

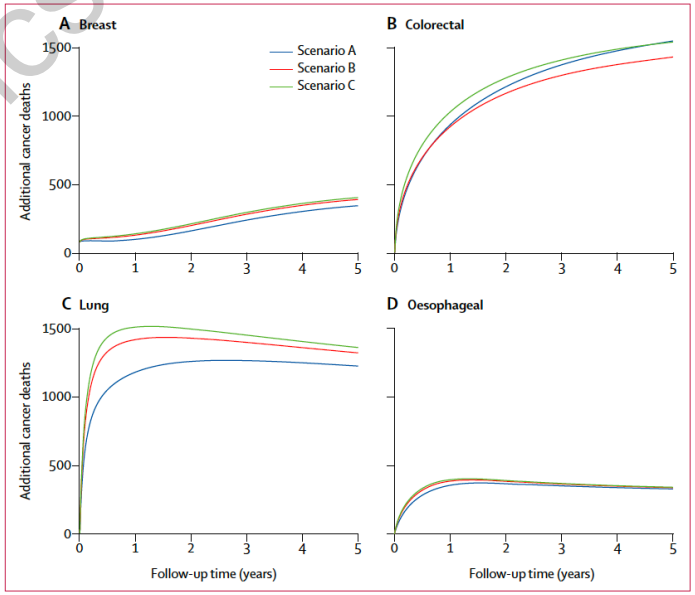

Figure 2: Estimated additional number of cancer deaths for each pandemic scenario A–C, for breast cancer (A), colorectal cancer (B), lung cancer (C), and oesophageal cancer (D)

Maringe et al. Lancet Oncology 2020;21:1023-1034

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What next

- Still need to reassure people to seek help
- Wave of deferred referrals – when and with what effect?
- System capacity reduced – and we were barely coping before COVID
- Remote consultations and new ways of working
- Effect of shielding
- Embedding positive changes

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