

Cancer Care Shouldn't Stop for COVID-19

PAID PROMOTIONAL FEATURE

It's like being stuck between a rock and a hard place. How does one balance pandemic risk with cancer risk?

Avoiding cancer care can have serious consequences. "Fear of contracting the coronavirus in health care settings has dissuaded people from visits," says National Cancer Institute (NCI) director Norman Sharpless, MD. "Routine screening has plummeted."

Decreased screening can result in delayed diagnosis and in cancer being detected at a later stage, when it is harder to treat and has a poorer prognosis. In addition, cancer treatments are being postponed or reduced, which can also impact patient health.

Those impacts can be significant. Together, breast and colorectal cancer account for about

one-sixth of all cancer deaths. NCI modeled the effect of the pandemic on those two cancers and found that missed screenings, delays in diagnosis, and reduced care could lead to about 10,000 additional deaths over the next ten years.

"If you are scheduled for cancer treatments, have a discussion with your oncologist about the benefits and

risks of continuing or delaying treatment," writes Dr. Merry Jennifer Markham, Fellow of the American Society of Clinical Oncology. "If you are not scheduled for cancer treatment but are scheduled for an appointment with your oncologist, it may be possible for the doctor to conduct the visit using videoconferencing or telemedicine."



Taking Extra Care

"In order to protect our patients and staff, we are following the CDC's recommendations to help prevent the spread of this virus." Radiology Associates of Ocala's (RAO's) message, "Our Response to the Coronavirus," reflects steps being taken by many facilities.

"Masks are required for all staff and patient encounters," explains Dr. Amanda Aulls at RAO. "Staff have their temperatures taken every day. We are screening patients at scheduling and before they come in the building regarding exposure and symptoms. Social distancing is encouraged in the building, and we have removed and rearranged furniture to accommodate distances of 6 feet apart. We have added time to our appointment slots to allow for additional cleaning of the rooms in between patients. And we are also limiting the number of people/families in the waiting rooms and also allowing patients to wait in the car. So far, patients seem happy and pleased with the response and we have not had any issues."

Whether or not to delay a screening mammogram depends on the individual. "Certainly patients in the high-risk category should be extra careful in public spaces," adds Dr. Aulls. "Putting off their screening exam for a month or two likely would not make a difference in the long run. My real concerns are the patients that missed their screening exam this year and decide to skip it for a whole year. A delay in treatment that long could make a real-life and death difference for some patients."

40%

Breast cancers found because women felt a lump during a breast self-exam



5

Breast cancers found for every 1,000 screening mammograms



20%

Drop in breast cancer deaths as a result of screening mammograms



92%

Drop in mammography between January 2019 and May 2020 in a study of community radiology practices



Together, Remotely

RBOI offers free support groups and wellness activities via Zoom. We can help set you up if you have not used the program before. You can also join us via telephone. Click the Cancer Support tab on RBOI.com for more information.


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