

Delaying cancer care costs lives

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(HealthDay)—Even as the coronavirus pandemic has postponed the delivery of many kinds of health care, a new study suggests that delaying cancer treatment by even a month can raise your risk of dying by 6% to

13%, and that risk keeps rising the longer treatment is delayed.

The increased risk of death for seven types of [cancer](#) can occur regardless of eventual treatment, whether it's surgery, chemotherapy or radiation, and delays in treatment have only lengthened since the pandemic began.

"There was widespread shutdown of services, especially for surgery for cancer and many, many other things, and that led to a backlog. Now, in efforts to deal with the backlog, that wait time would be expected to drop," said lead researcher Dr. Timothy Hanna, from the division of cancer care and epidemiology at the Cancer Research Institute at Queen's University in Kingston, Ontario, Canada.

"It's certainly concerning for [cancer patients](#) because it's emerging when services—including primary care and screening and early detection—were affected by the lockdown, there were [diagnostic delays](#)," he said.

The result has been that more cancers are being diagnosed at later stages and need more complex treatment. Also, more cancer patients are being diagnosed, which is adding to the backlog, Hanna said.

"It's going to put a lot of strain on the system. I think our research is especially relevant, because it helps decision-makers and the public as they're thinking about this to understand what the possible impacts are for cancer patients when prioritization happens," he said.

Many of the delays in treatment are caused by systematic problems in hospitals. These include scheduling problems, backlogs in the availability of resources, and lags in diagnosis and developing treatment plans, Hanna explained.

"Policies aimed at reducing system-level delay could improve survival now and in the future," he said. "It's important for patients and patient advocacy groups to highlight these problems to their physicians and [decision-makers](#), so that, ultimately, wait times and standards can be reconsidered in light of the evidence that we found in our study."

Hanna noted that some cancers, like prostate cancer, can be slow-growing and often do not suffer from delayed treatment.

For the study, Hanna and his colleagues reviewed 34 studies published between January 2000 and April 2020. These studies included a total of more than 1 million patients.

The studies had data for bladder, breast, colon, rectum, lung, cervix, and head and neck cancers. In all, these cancers account for 44% of all cancers around the world, the study authors noted.

The researchers found that a treatment delay of four weeks was tied to an increase in the risk of early death.

For surgery, the risk was 6% to 8% for every month treatment was delayed. For radiotherapy and or chemotherapy, the risk of delay in treatment was 9% and 13% for head and neck radiotherapy and follow-up chemotherapy for colorectal cancer, respectively.

Delays up to eight and 12 weeks increased the risk of death even more. For example, an eight-week delay in breast cancer surgery increased the risk of death by 17%, and a 12-week delay increased the risk by 26%, the researchers found.

If the coronavirus pandemic caused a 12-week delay in breast cancer surgery for women who had cancer for a year, it could lead to 6,100 excess deaths in the United States, the findings showed.

The report was published online Nov. 4 in the *BMJ*.

According to Dr. Wasif Saif, deputy physician-in-chief and medical director at Northwell Health Cancer Institute in Lake Success, N.Y., "Some cancers are emergency diseases, as delay in appropriate treatment could lead to a negative impact on the outcome of the patient." Saif was not involved with the new study.

"The logic is simple, as delay has already occurred in many cases due to the late diagnosis, and patient performance could be worsened if further delay happens before initiating therapy," he said.

In many cases, cancer won't wait for treatment but continue to grow and, in some cases, progress to an advanced stage. Also, a delay can affect the patient's well-being—a factor that can't be measured, Saif said.

These data are very relevant since the COVID-19 pandemic has forced health systems all across the globe to [delay](#), omit or reduce treatments, including elective cancer surgery, chemotherapy and radiotherapy, Saif noted.

The pandemic also had a negative effect on screening for many conditions, he added, especially cancer.

"The results of this study are valuable not only as an eye-opener to understand the fact that treatment of certain cancer types cannot be delayed, but it also provides a platform for health policymakers," Saif said.

More information: For more on cancer treatment, head to the U.S. National Cancer Institute: www.cancer.gov/about-cancer/treatment

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