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Paying Another Tribute to the COVID-19 Pandemic: The Decrease of Early Lung Cancers



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Coronavirus disease 2019 (COVID-19) has strained the resilience of worldwide health care systems with the inevitable consequence of the pauperization of oncological activities.¹ Even if COVID-19 should be accountable for upcoming worsened oncologic survival outcomes,² several estimates were published without the analysis of clinical data.³

IEO, European Institute of Oncology IRCCS is a national oncological referral center, and the Thoracic Surgery Division is the first division by surgical volume in Italy with ongoing lung cancer screening programs. We have assessed the surgical activity in the quarter after the lockdown in Italy, which took place from March to May 2020. We have demonstrated, between June and September 2020, a 36% decrease in the overall numbers of

lobectomies for lung cancer (60 vs 93 during the same 3-month period in 2019) (Figure 1). Besides, there was a significant ($P = .002$) reduction of stage IA patients, usually detected by screening or incidentally (eg, chest roentgenograms or scans done for routine operations or other pathologies).

The attribution of this reduction to a lower incidence of lung cancer is unrealistic. The stoppage of routine operations and the bulletins warning people to stay as far as possible from hospitals have caused adverse effects on lung cancer outcomes.⁴ Likewise, the COVID-19 risks have also altered the balance of risks-and-benefits of lung cancer screening. The Nelson trial in 2019 showed significantly lower lung cancer mortality among patients screened with computed tomography.⁵ A recent American expert report

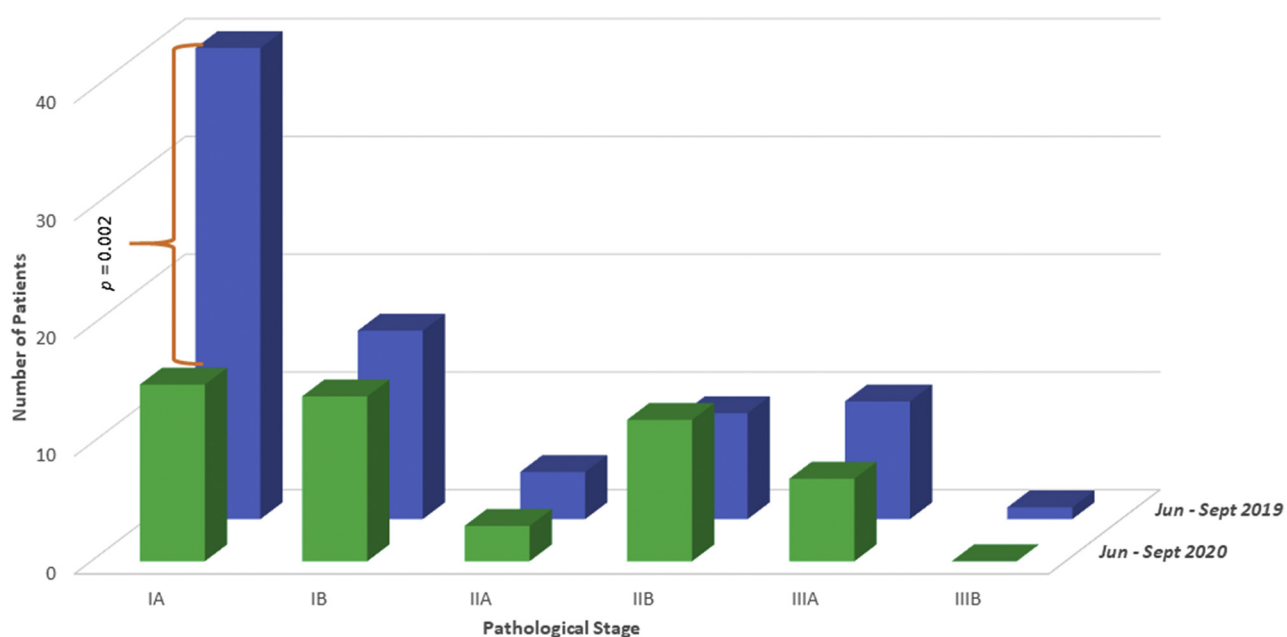


Figure 1. Lung cancer surgical activity of the quarter after the national lockdown reopening in Italy (June-September 2020) compared with the same 3-month period in 2019.

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considered appropriate the suspension of enrollment in lung cancer screening during the COVID-19 pandemic.⁶

In conclusion, we have demonstrated the redistribution of the lung cancer stages, with a significant increase of locally advanced stages, due to the lockdown measurements. The people's anxiety of going to hospitals as well as the reallocation of resources will cause diagnostic delays where the most acute effects could be seen in the first months of 2021. Therefore, even if there will not be another generalized lockdown, efforts should be made not to compromise the prognosis of lung cancer patients by promoting the importance of screening for all individuals at risk.

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