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## Lung cancer control in the UK hit badly by COVID-19 pandemic



Severe delays in detection, diagnosis, and treatment have been observed across all types of cancer in the UK because of the COVID-19 pandemic. Yet a report by the UK Lung Cancer Coalition (UKLCC) published in October, 2020, suggests that lung cancer might be one of the worst affected due to a combination of factors, including overlapping symptoms with COVID-19 and specific pressures on respiratory health-care services caused by the pandemic.

Identified as the leading cause of cancer death in the UK, lung cancer kills approximately 35 000 people each year—more deaths than those from breast and bowel cancers combined. Although early diagnosis at stage 1 or 2 is essential to improving patient outcome, the majority (75%) of UK lung cancer patients are still being diagnosed at an advanced stage of the disease. This situation has worsened since the onset of the pandemic, with data revealing a substantial increase in late-stage presentations of lung cancer and experts predicting an additional estimated 1372 lung cancer deaths 5 years after diagnosis in the wake of COVID-19.

The UKLCC report proposes several reasons why the lung cancer patient community has been so badly affected. It suggests that conflicting messaging between lung cancer awareness campaigns and government advice not to seek non-urgent medical care during the COVID-19 crisis has increased patient reluctance to seek medical attention from an already overburdened health-care system, inevitably resulting in an increase in late-stage presentations of the disease. Additionally, the overlap in symptoms between lung cancer and COVID-19—which include persistent

cough and breathlessness—has created much opportunity for misdiagnosis during recent months, causing many patients with early-stage lung cancer to self-isolate believing that they have COVID-19, or else be misdiagnosed by their family doctor due to the high prevalence of the virus.

“During the first wave of the pandemic, public fear of engaging with health services, halting of the national programme of lung cancer screening pilots, and restricted access to diagnostic tests contributed to a 75% drop in urgent lung cancer referrals,” explained Robert Rintoul, incoming Chair of the UK Lung Cancer Coalition Clinical Advisory Group (Solihull, UK). “Guidance to stay at home with a cough, a key symptom of lung cancer, also caused further confusion among the general public. As a result of the reduction in referrals we are now seeing an increase in late-stage presentations which will potentially lead to hundreds of additional deaths, reversing the significant progress that has been achieved in improving lung cancer survival over the last 10–15 years.”

The report also highlights critical obstructions to diagnostic pathways and treatments for lung cancer, which have created further delays and backlogs in the system. Patient chemotherapy treatments were largely stopped in light of their immunosuppressive impact and potential side-effects, and surgery was often postponed, partly due to pressures on hospital bed capacity in intensive care units but also in an attempt to limit the spread of the virus to this vulnerable group. The UKLCC’s Clinical Advisory Group also noted an increased mortality of 40–50% if a lung cancer patient contracted COVID-19 following surgery. Reduced access

to palliative support and visiting restrictions in hospitals during the pandemic have also proved detrimental, increasing the burden of emotional and psychological distress on patients and their families.

“Patients diagnosed with lung cancer are in general frightened; patients with lung cancer during the pandemic have been terrified,” commented Mary O’Brien, Head of the Lung Unit at The Royal Marsden NHS Foundation Trust, (London, UK). “Trying to maintain ‘business as usual’ has meant great flexibility by all NHS professionals delivering the service, doing phone consultations and changing appointments. Patients have shown great resilience with the use of their speaker phones to include families, respecting the masks when they cannot get air, and the isolation of social distancing. Out of this, for the NHS, has come improved ability to deal with the pre-COVID increasing number of patient consultations, cross-institution team working, improved access to world-class treatments, and flexibility with schedules—things we hope to carry forward into the future, to continue to improve lung cancer patients’ survival, quality of life, and quality of care from the NHS.”

“There is no doubt the impact of COVID-19 pandemic on lung cancer care is widespread and damaging,” added Siow Ming Lee (University College London Hospitals NHS Foundation Trust, London, UK). “The NHS should be encouraged to work with relevant bodies to assess the impact of all these changes made during the pandemic so that useful lessons can be learned, and we are better prepared to make evidence-based recommendations when the next global pandemic strikes.”

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Published Online  
November 12, 2020  
[https://doi.org/10.1016/S1470-2045\(20\)30691-4](https://doi.org/10.1016/S1470-2045(20)30691-4)

For the **UK Lung Cancer Coalition** report see  
<https://www.uklcc.org.uk/wp-content/uploads/2020/10/UKLCC-COVID-19-Matters-Report-Oct-2020.pdf>