



Cancer Screening Delayed = Cancer Detection Denied

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To refer a patient to Goshen Retreat Women's Health Center for a mammogram, call (574) 364-4611 or access a referral form at https://goshenhealth.com/Goshenhealth.com/media/Document-Library/09-25-20_Retreat-Referral.pdf

Assessing the consequences of delayed cancer screenings

The COVID-19 pandemic has had a profound impact on the delivery of health care – around the world and in our community. As physicians specializing in cancer detection, treatment and prevention, we've been watching the medical research for evidence of the consequences of canceled and delayed cancer screenings – not just for high-risk patients, but also for lower risk patients for whom screenings are recommended.

Screenings that have become critical for early diagnosis and intervention include colonoscopies, mammograms, lung scans, cervical screenings, to name a few of the most common. And while these were suspended a year ago and then offered again, we do not believe the backlog has been adequately addressed.

"We recognize some patients are hesitant to reschedule their screenings to reduce their risk of being exposed to COVID-19 or one of the variants; yet we're concerned they are potentially increasing their risk of being diagnosed in the future with a later-stage cancer than if they kept up their periodical screenings," said Ross Heil, DO, Gastroenterologist with Goshen Physicians Gastroenterology.

The consequences of these delays may not be fully realized for years

There is little doubt that the interruption of screenings from the pandemic will have a profound impact on detection and morbidity rates for some years to come. A commentary from the National Cancer Institute's PROSPR Consortium published in *Gastroenterology* 2021* stated, "The cost of decreased cancer screening as a result of the pandemic is likely to be reflected in delayed cancer detection, more advanced stages of malignancy at diagnosis and loss of life-years for a number of cancer patients."

Researchers are studying how many cancers may have been missed or tumors found that are more advanced than had they been diagnosed previously. The NCI commentary stated, "Early data suggest that these restrictions drastically impacted preventive care that requires direct patient-provider contact" and "decreases in cancer screening are particularly alarming because routinely screening asymptomatic people decreases morbidity and mortality related to breast, cervical, colorectal and lung cancers."

"Mammogram screenings have dropped 63 percent in the past year," said Laura Morris, MD, Medical Director of Goshen Retreat Women's Health Center. "We expect to see higher rates of cancer diagnoses with the next five to 10 years because of those delays."

The impact of deferred screenings is found across the oncological spectrum

One example came from the University of Cincinnati where researchers found that when CT scans to check for lung cancer resumed in June 2020, a full 29 percent of patients had suspicious nodules versus 8 percent in prior years.

Research provided by PROSPR speaks to the changes in cancer screening rates among age-eligible patients for colonoscopies, lung cancer screenings, Pap smear tests and mammography. Specifically, PROSPR noted that breast screenings had the largest decrease. In 2019 (April to September) 5.3 percent of age-eligible persons were screened. By contrast, only .23 percent were screened during those same months of 2020. A decrease of 96 percent. Screening for lung, cervical and colorectal cancers had similar declines – 62 percent, 92 percent and 82 percent respectively.

Another study conducted in the northeastern U.S. by Massachusetts General Brigham Health System showed that while total screenings were down markedly during the first peak of the pandemic (March 2 to June 2, 2020), positivity rates were higher for certain cancers when compared with previous three-month control periods. Specifically, positivity rates for mammographies, PSAs, colonoscopies and Pap tests were substantially higher – in some cases, nearly double those identified during the control periods. Only low-dose CT scans did not present substantive differences.

Creative solutions to halting all cancer screenings

Progressive health management initiatives with a dose of creativity also resulted in positive scenarios. For example, in some areas, physicians took proactive steps to identify high-risk individuals and make sure they were screened even during the lockdown period.

At the University of Texas Southwest Medical Center, physicians sent out FIT kits via mail to selected patients as part of a robust best practices campaign during the pandemic.

* Corley, Douglas A. and Sedki, Mai. "Cancer Screening During the Coronavirus Disease-2019 Pandemic: A Perspective from the National Institute's PROSPR Consortium," *Gastroenterology* 2021, p. 1-4.



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What healthcare providers need to know

Cancer patient stories demonstrate the real-world implications

The chief medical writer for the Associated Press reported the case of an Illinois man whose colonoscopy had been postponed for several months due to the pandemic. By the time he had the procedure, doctors found a growth that had become too large to remove during the scope exam. The patient then had to wait several weeks for surgery to remove the tumor. While the mass ultimately turned out to be non-cancerous, with earlier detection, surgery and weeks of anxiety could have been avoided. In this case, the outcome was positive. Many patients are not so fortunate.

At Goshen Health, we're increasing our efforts to ensure that patients whose screenings were canceled last year are rescheduled – and that patients who are due for screenings are not delayed. We want to assure you that the patients you refer to us for screenings should not be experiencing undue delays. Providing timely screenings is critical to saving lives, catching cancer earlier and enabling patients to have higher quality, longer lives.

Did you know?

Colonoscopies now recommended for 45+

In 2018 the American Cancer Society recommended that colon cancer screening for average risk individuals start at age 45. This year, the American College of Gastroenterology and the United States Preventive Task Force also made this recommendation. Indiana passed Bill HB1080 to require health insurance to cover colon screening starting at age 45 for average risk individuals. The goal: to reduce the rising risk of colon cancer rates in individuals younger than age 50.

We encourage providers to talk to your patients who are 45 and over about the risks of colon cancer – and inform them that higher rates of colon cancer in individuals 45-49 is the reason for the change. A study published in American Journal of Gastroenterology (Jan. 2021) showed that patients age 45-49 compared with 50-54 had a similar prevalence of advanced adenomas. As you know, most colorectal cancers develop through the adenoma carcinoma sequence.

My partners and I strongly support this new recommendation. Most patients can be scheduled with “direct access colonoscopy” at https://goshenhealth.com/Goshenhealth.com/media/Document-Library/06-30-21_GI-Referral-Form.pdf. We have seen firsthand the impact this is already making. Insurance is covering individuals in the 45-49 age group.



Dr. Ross Heil, Gastroenterologist



TO REFER A PATIENT

Goshen Center for Cancer Care provides holistic, complete care for patients. To refer a patient, call (574) 364-2973 or visit GoshenHealth.com/quick-guide.

If you would like more information or to meet any of our doctors, please contact **Jenny Rupp, Physician Liaison**, at jrupp2@goshenhealth.com or (574) 364-2978.