

# Impact of COVID-19 on Delivery of Cancer Care: Real-world Insights From Community Oncology Research Evaluations (CORE)

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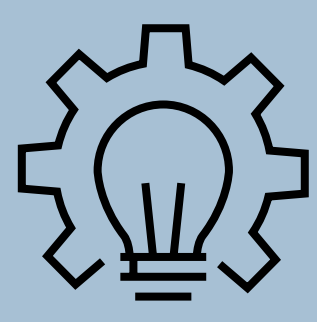
## Background

- > The COVID-19 pandemic has disrupted healthcare delivery worldwide, causing an unknown number of missed or delayed diagnoses for non-COVID conditions<sup>1</sup>
- > Oncology practices have experienced changing patterns in the delivery of care, including timely screening, diagnoses, and access to lifesaving treatments<sup>2</sup>
- > The US National Cancer Institute projected approximately 10,000 excess deaths over the next 10 years due to delays in screening and treatment for breast and colorectal cancers<sup>1</sup>



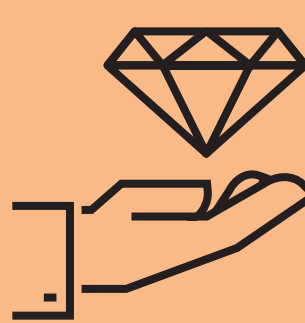
## Objectives

- > This research assessed the impact of COVID-19 on the delivery of cancer care in the US during the pandemic, evaluated emerging treatment trends in the post-COVID-19 setting, and gauged physicians' learning preferences with regard to advances in cancer management



## Methods

- > A series of CORE meetings were conducted across the US between December 2021 and May 2022
- > During these meetings, community oncologists undertook a 20-minute survey on the impact of COVID-19 in the community-practice setting
  - The survey focused on the effects of COVID-19 on delivery of care for patients with cancer
  - Participants were also queried about their learning preferences regarding recent advances in cancer care



## Conclusions

- > COVID-19 had a detrimental impact on cancer diagnoses and delivery of care
- > Cytotoxic chemotherapy and monoclonal antibodies were used less frequently during the pandemic by 32% and 24% of the physicians, respectively
- > Physicians' willingness to assess new cancer treatments remained largely unchanged during the pandemic
- > Community oncologists reported a seemingly lasting shift in cancer care patterns, including telemedicine, extended dosing schedules, and switching chemotherapy administration route from intravenous to oral or subcutaneous
- > Since the emergence of the pandemic, virtual speaker events, followed by scientific journals and congresses/society meetings, have been the preferred resources to acquire new clinical information on cancer care advances

## References

1. Carr S. *ImproveDx*. 2020;7(4):1-5.
2. Cantini L, et al. *ESMO Open*. 2022;7(2):100406.

## Disclosures

S. Bhardwaj: Consultant/moderator for Aptitude Health.  
I. Manigault, R. Manimaran, G. Wright, E. Vissers: Aptitude Health employees.

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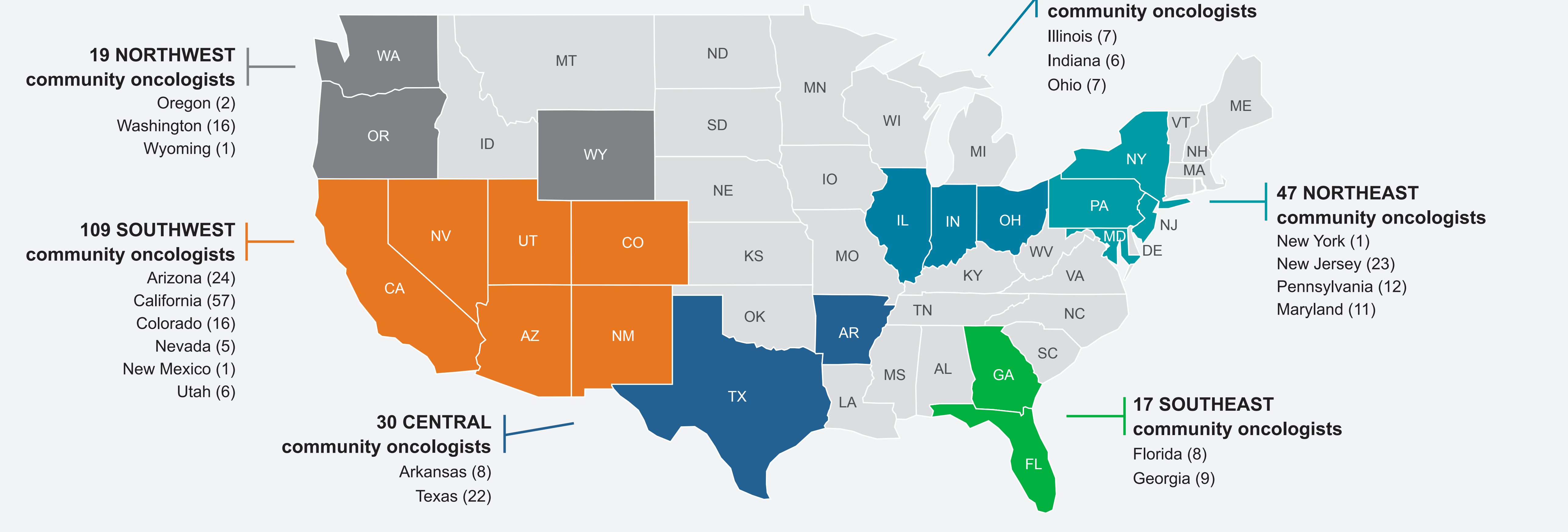


## Results

### Participants

- > A total of 242 community oncologists, across various US regions, participated in the survey

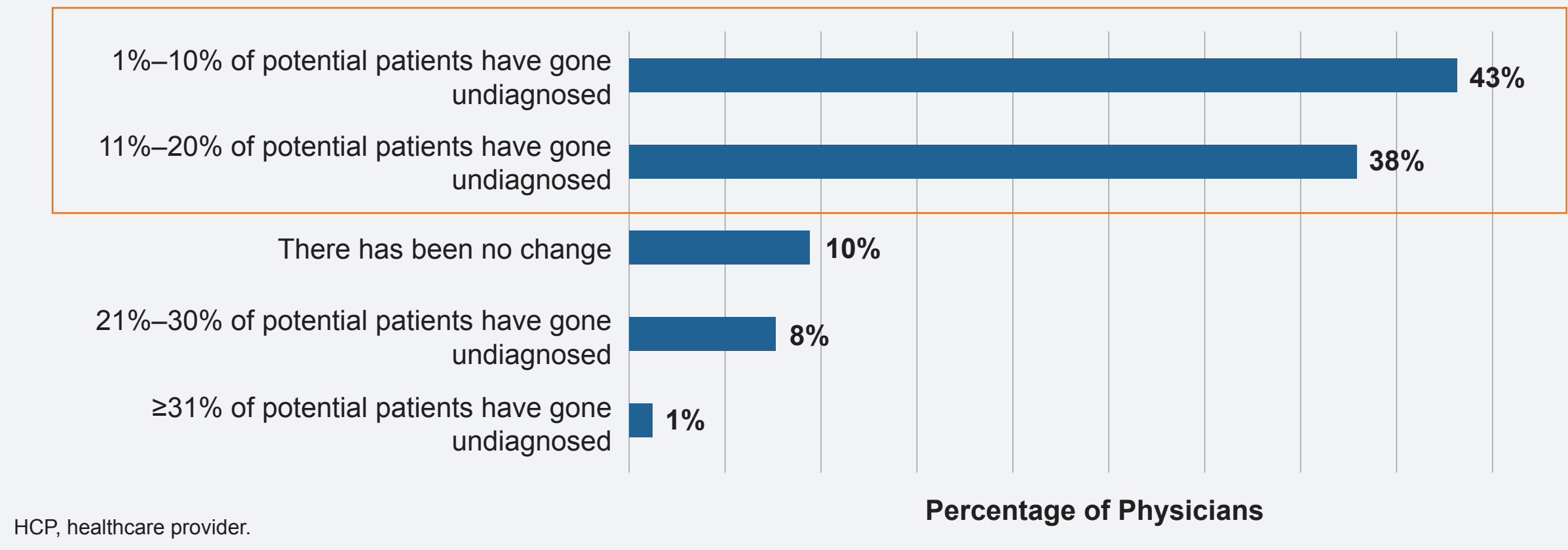
### Survey Participants



### Impact of COVID-19 on cancer diagnoses and inpatient visits

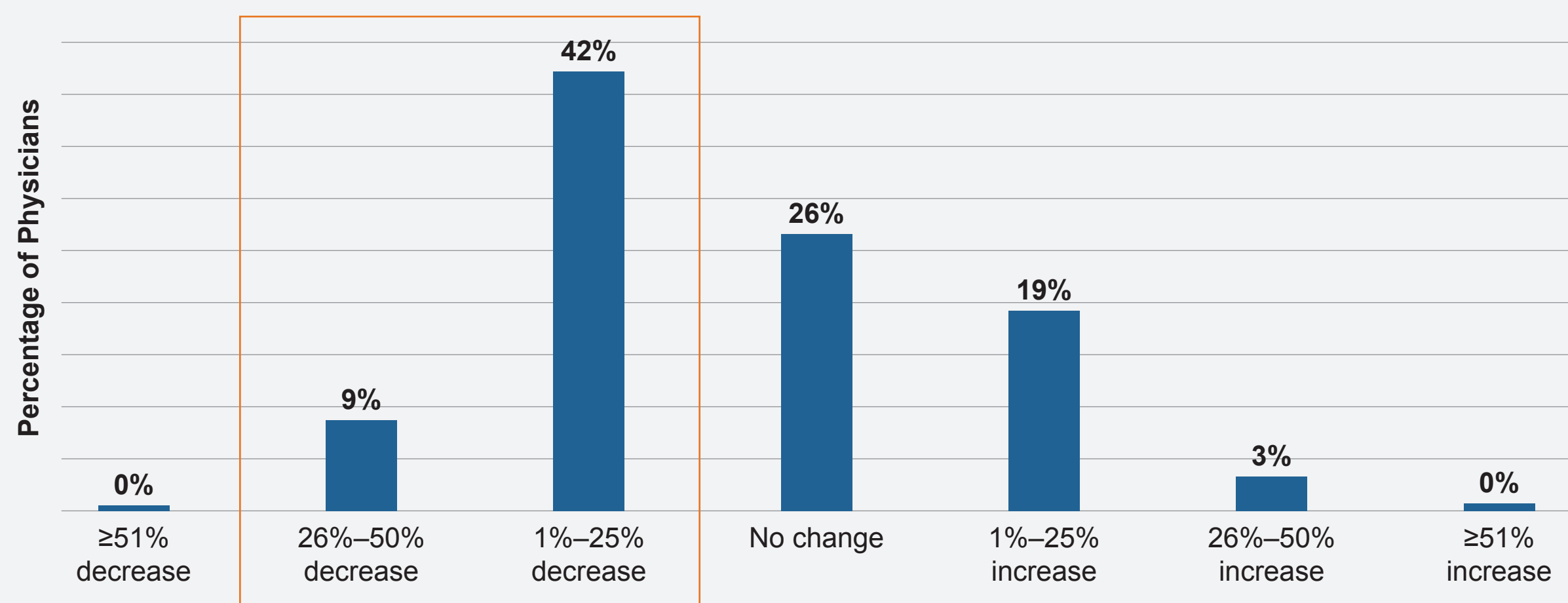
- > Over 80% of the community oncologists estimated that up to 20% of patients with cancer have gone undiagnosed due to their reluctance to visit a healthcare provider during the pandemic

Considering the volume of all potential new cancer patients (both solid and blood cancers), compared with your practice before the COVID-19 pandemic, what percentage do you believe has gone undiagnosed due to their reluctance to be seen by an HCP during the pandemic? (N = 242)

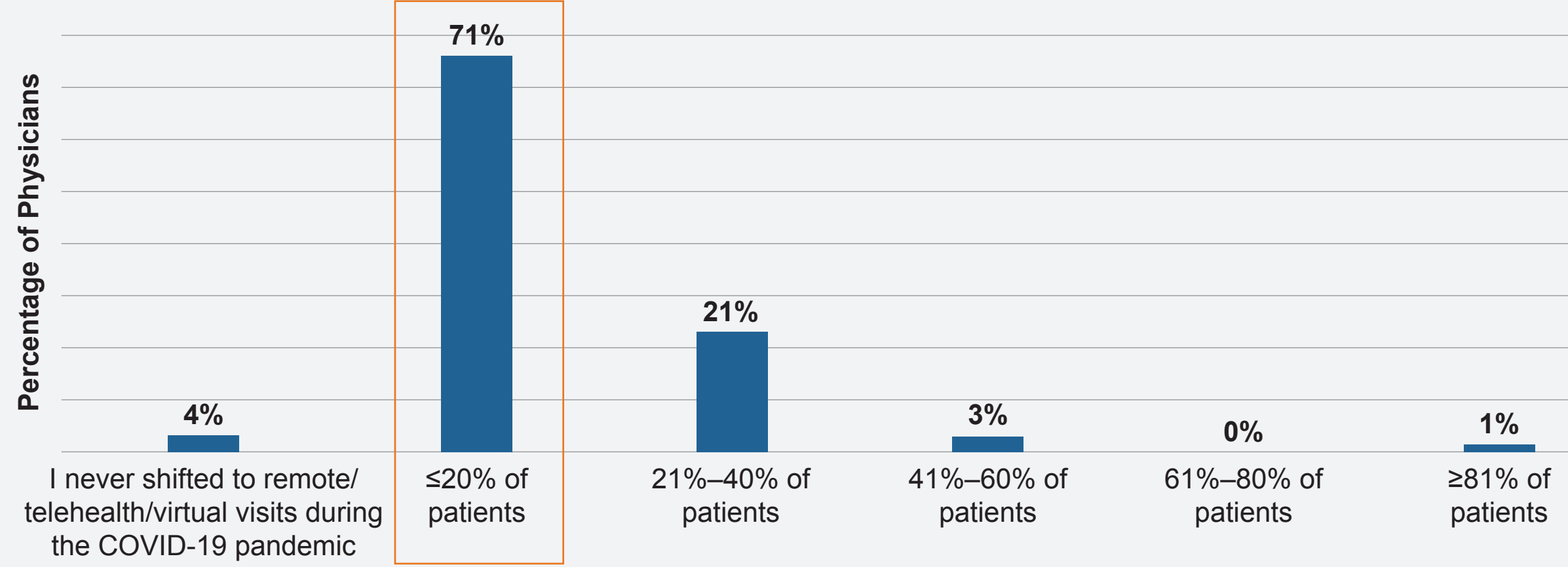


- > Over half (51%) of the physicians reported a decrease of up to 50% in in-office patient visits (vs before COVID-19 pandemic), with most community oncologists (71%) indicating changing delivery of care to a virtual setting in up to 20% of patients

Compared with your practice before the COVID-19 pandemic, how has the number of your current cancer patients' in-office visits changed? (N = 242)

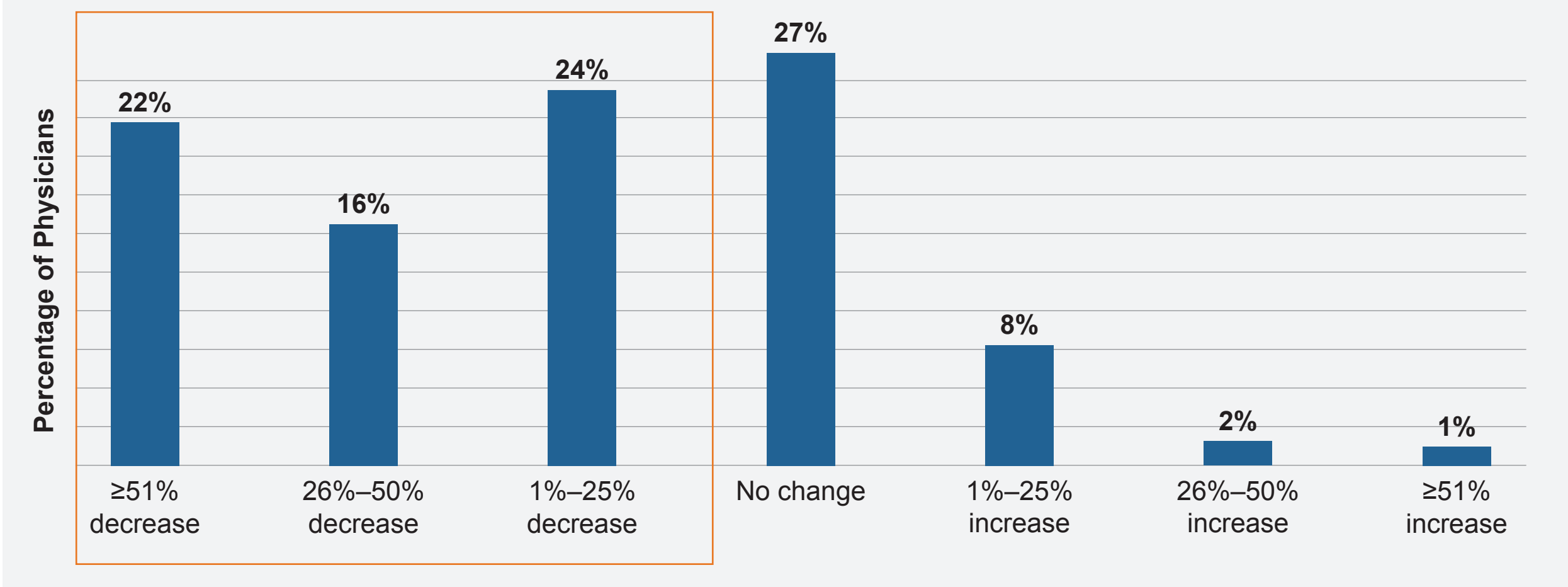


Compared with your practice before the COVID-19 pandemic, in what percentage of your current cancer patients have you shifted to remote/telehealth/virtual visits? (N = 242)



- > Most community physicians (62%) expected remote/telehealth/virtual visits to decrease once COVID-19 was under control, with nearly a quarter anticipating up to 25% decrease in telemedicine visits
- > Approximately a quarter of physicians (27%) expected no change in the setting of their patients' visits

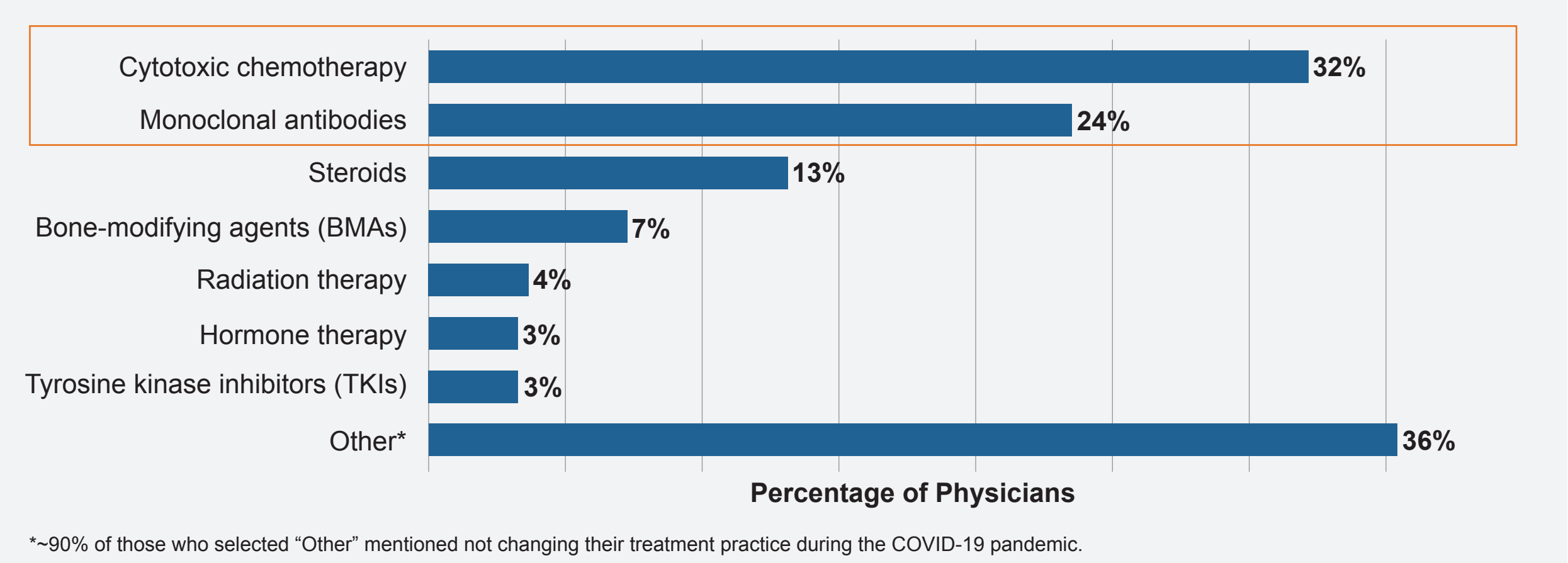
After COVID-19 is under control, how do you expect your patients' remote/telehealth/virtual visits to change from the current level? (N = 242)



### Cancer treatments during COVID-19

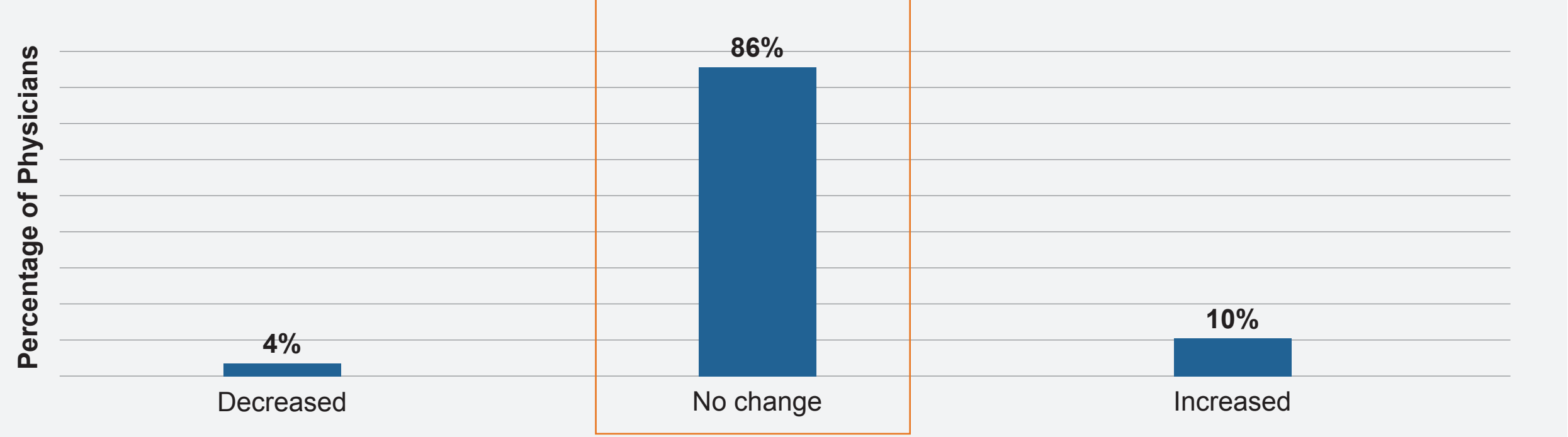
- > Overall, 32% of the community oncologists reported using cytotoxic chemotherapy less often and 24% reported using monoclonal antibodies less frequently, whereas approximately a third of the physicians did not make any changes to their treatment practice
- > The vast majority of physicians (86%) expressed no change in their willingness to assess new therapies

Compared with your practice before the COVID-19 pandemic, which of the following treatment categories did you use less during the COVID-19 pandemic? Please select all that apply. (N = 242)



\*~90% of those who selected "Other" mentioned not changing their treatment practice during the COVID-19 pandemic.

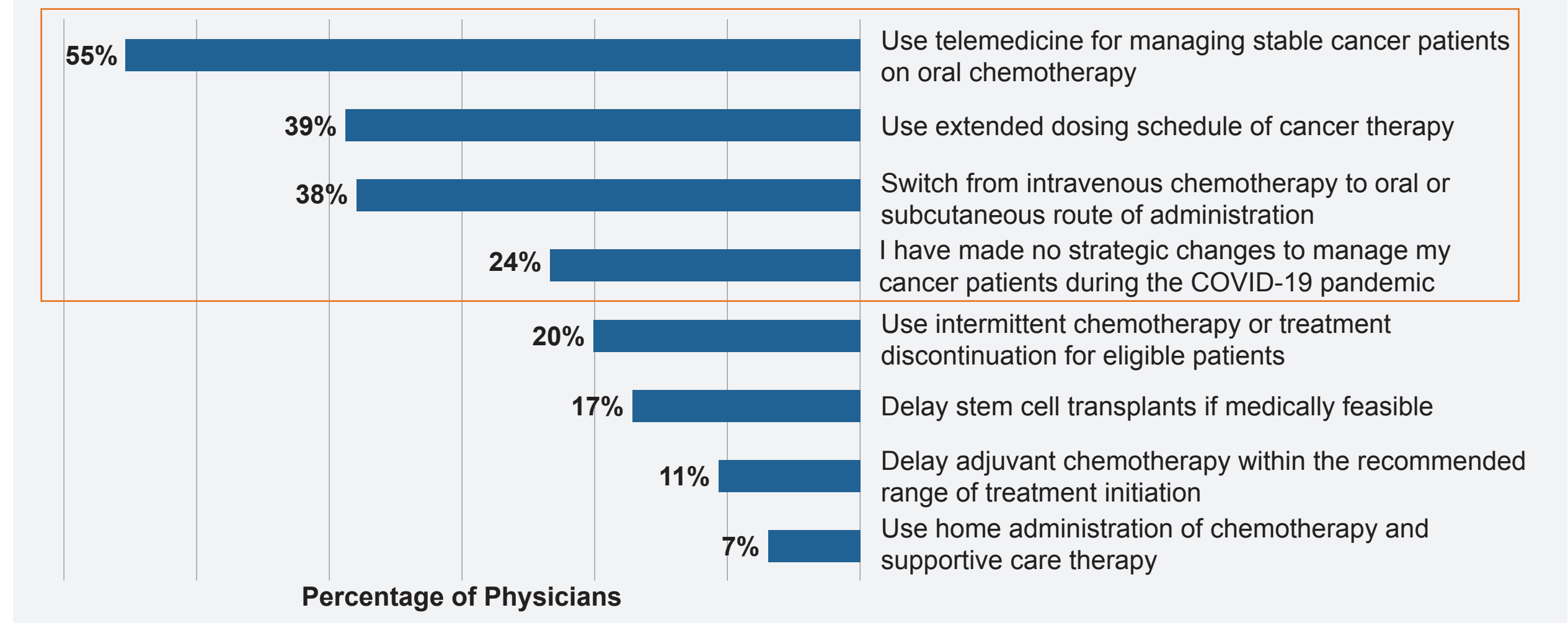
Since the emergence of COVID-19, how has your willingness to try new therapies changed? (N = 242)



### Strategies implemented to manage cancer during COVID-19 pandemic

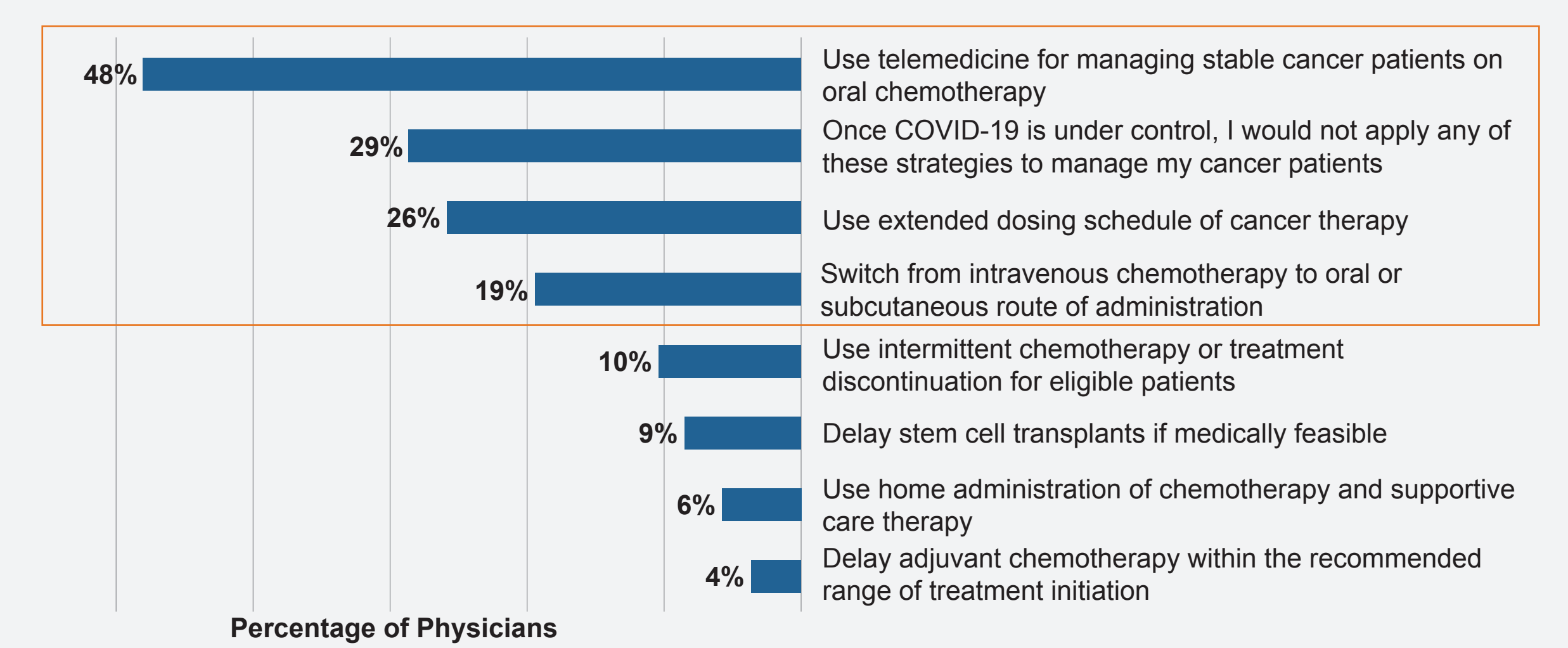
- > The most common strategies to manage cancer during the pandemic included the use of telemedicine for stable patients receiving oral chemotherapy (55%), use of extended dosing schedules (39%), and switching route of chemotherapy administration from intravenous to oral or subcutaneous (38%)
- Approximately a quarter (24%) of the physicians did not change their cancer management strategy

Since the emergence of the COVID-19 pandemic, which of the following strategies have you applied to manage your cancer patients? Please select all that apply. (N = 242)



- > The majority of oncologists expected to continue using the strategies adopted during the pandemic for cancer management
- Nearly half of the community oncologists (48%) planned to continue using telemedicine for managing disease in stable patients receiving oral chemotherapy, over a quarter intended to continue using extended dosing schedules, and 19% planned to use oral or subcutaneous chemotherapy when appropriate
- 29% of community oncologists planned to revert to their previous management strategies once COVID-19 was under control

Once COVID-19 is under control, which of the following strategies do you expect to continue for managing your cancer patients when clinically appropriate? Please select all that apply. (N = 185\*)

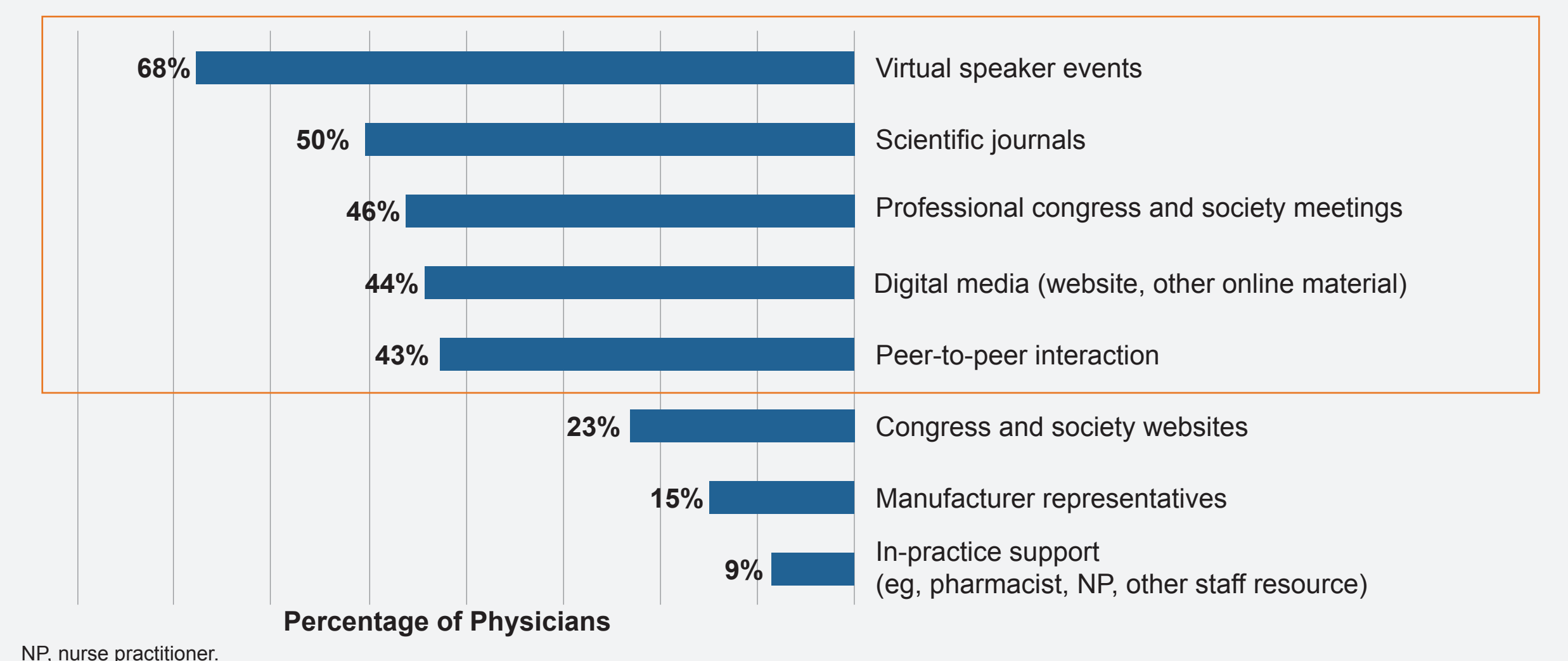


\*Physicians who did not make any strategic changes to manage their cancer patients during the COVID-19 pandemic skipped this question.

### Learning preferences for recent advances in cancer care

- > Virtual speaker events (68%), scientific journals (50%), and professional congress and society meetings (46%) were the preferred resources to obtain clinical information regarding advancements in the field
- > Digital media and peer-to-peer interactions were also reported as valuable resources by 44% and 43% of the physicians, respectively

Since the emergence of the COVID-19 pandemic, what are your top 3 valuable sources of clinical information to learn about advancements in cancer patient management? (N = 242)



NP, nurse practitioner.