

## **Talking Points and Frequently Asked Questions: Lung Cancer Diagnosis Decline During COVID-19**

*The following background information and frequently asked questions are designed to help your institution address key issues and potential media questions around the nationwide decline in lung cancer diagnoses resulting from the COVID-19 pandemic.*

### **Background**

- The US has seen a significant disruption in cancer care and diagnosis due to COVID-19, including an alarming decline in lung cancer diagnoses. Lung cancer is the nation's leading cause of cancer death.
- Despite relatively stable diagnosis rates for 13 months before the pandemic, recent data show an average ~49% decline in the number of lung cancer diagnoses across states most severely impacted by COVID-19 (CA, FL, IL, MI, NY, OH, PA, TX, TN) as of May 2020.  
**Compared to the pre-COVID baseline timeframe of January 2019 through February 2020<sup>1</sup>:**
  - In **California**, lung cancer diagnoses have declined by ~61% in May 2020
  - In **Florida**, lung cancer diagnoses have declined by ~43% in May 2020
  - In **Illinois**, lung cancer diagnoses have declined by ~50% in May 2020
  - In **Michigan**, lung cancer diagnoses have declined by ~46% in May 2020
  - In **New York**, lung cancer diagnoses have declined by ~55% in May 2020
  - In **Ohio**, lung cancer diagnoses have declined by ~42% in May 2020
  - In **Pennsylvania**, lung cancer diagnoses have declined by ~47% in May 2020
  - In **Texas**, lung cancer diagnoses have declined by ~45% in May 2020
  - In **Tennessee**, lung cancer diagnoses have declined by ~48% in May 2020
- This decline does not mean that fewer people are developing lung cancer, but rather that more people are facing significant delays in treatment, or worse, going completely undiagnosed – which may lead to poorer outcomes as treatment options are more limited for advanced stages of disease.
- An increase of excess cancer deaths are predicted over the next decade due to missed screenings, delays in diagnosis, and reductions in oncology care caused by the pandemic.
- Despite the risks and challenges associated with COVID-19, it remains important for people to stay connected with their health care providers, especially those who are at increased risk for developing lung cancer, and to seek care in whatever way they feel most comfortable.

### **Frequently Asked Questions**

#### **Q. How can a person tell the difference between lung cancer symptoms and COVID-19 symptoms?**

A: People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Most lung cancers do not cause any specific symptoms until they have spread, but some people with early lung cancer do have symptoms. Some of the symptoms of COVID-19 and lung cancer overlap, but this does not mean that all symptoms are either related to COVID-19 or not a cause for concern.

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<sup>1</sup>This is based on information licensed from IQVIA Oncology Real World Insights for the period of January 2019 to May 2020 reflecting estimates of real-world activity. All rights reserved. Study details and information maintained by AZ.

Symptoms of COVID-19 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, and sore throat. Some of the most common symptoms of lung cancer are a cough that does not go away or gets worse, shortness of breath, coughing up blood or rust-colored sputum, chest pain that is often worse with deep breathing, coughing or laughing, hoarseness, and loss of appetite. If you have any of these problems, it's important to see your doctor right away so the cause can be found and treated, if needed.

**Q: If a person has symptoms that may indicate lung cancer, should that person proceed with diagnosis in the COVID-19 environment?**

A: It is critically important for patients to think about their health beyond COVID-19 and for those at risk for lung cancer to be aware of the signs and symptoms. Some lung cancer symptoms may be similar to those of COVID-19, so it's crucial for people to talk to their doctor about any concerns they may have. At [INSERT INSTITUTION NAME], we are working to ensure the safety and appropriate care of our patients. Keeping in close contact with your doctor is just as important as ever for patients, especially those at a higher risk for developing lung cancer.

**Q: Is it safe to receive treatment for lung cancer during COVID-19?**

A: [Hospitals and clinics are/INSERT INSTITUTION NAME is] doing all [they/we] can to ensure the health and safety of patients during the COVID-19 pandemic. Many institutions [,such as INSERT INSTITUTION NAME,] have implemented measures to protect patients from COVID-19 exposure, including increase in cleaning and screening measures, the use of personal protective equipment (PPE) for patients and health care providers and designating specific units to separate COVID-19 patients from the rest of the facility. Ultimately, the risk of COVID-19 must be balanced against the risk to the patient of lung cancer progression, and in most cases lung cancer still represents the greater risk of mortality for patients. Talk to your doctor about a treatment plan if you are diagnosed with lung cancer.

**Q: Have you noticed a decline in lung cancer diagnoses at [INSTITUTION NAME]? How has COVID-19 impacted your ability to screen patients?**

A: [If located in one of the high-impact states] While a significant decline in the number of lung cancer diagnoses due to COVID-19 is evident on a nationwide scale, [state] is one of several states with a particularly high prevalence of lung cancer where the decline is most notable. Compared to the pre-COVID baseline timeframe of January 2019 through February 2020, lung cancer diagnoses in our state have declined by [xx%] in May 2020. [Insert specifics regarding lung cancer screening/diagnosis changes you may have noticed at your practice/institution.]

**Q: How has the decline in lung cancer diagnoses due to COVID-19 impacted your patients?**

A: [Our hypothesis is that,/In our practice,] many patients who otherwise would have come in for routine check-ups or with specific health concerns have postponed these visits in an effort to decrease the risk of potential exposure to COVID-19. [Insert specifics regarding lung cancer screening/diagnosis changes you may have noticed at your practice/institution.]

**Q: What are the long-term implications of the declining trend in lung cancer diagnoses due to COVID-19?**

A: As the duration of the COVID-19 pandemic continues, the number of patients awaiting their routine screenings will increase—which will further cause delays in diagnosis. During this time,

patients may progress into later stages of their disease that will result in higher morbidity and mortality rates.

**Q: Should patients continue getting screened for cancers during COVID-19?**

A: Patients should absolutely continue getting screened for cancers during the COVID-19 pandemic. At [INSERT INSTITUTION NAME], we are working to ensure the safety and appropriate care of our patients [and we are continuing to conduct screenings and diagnostic services for lung and other cancers, following public health guidelines and protocols]. Patients should feel comfortable reaching out to their health care providers with questions and concerns, even if it means conducting visits through methods other than in-person check-ups. [Insert additional specifics on your institution's current practices regarding lung cancer screenings and safety protocols, such as telehealth service offerings.]

**Q: Whom should patients contact if they are having difficulty getting a telehealth appointment or have barriers to telehealth access such as lack of internet, a computer or a cell phone?**

A: At [INSERT INSTITUTION NAME], we are working to ensure the safety and appropriate care of our patients. Patients should feel comfortable reaching out to their health care providers with questions and concerns, even if they do not have internet access or a cell phone. These patients should [insert additional specifics on your institution's current practices as to the procedure for patients who do not have a cell phone, computer and/or internet access.]

*Disclaimer: All data and talking points are not affiliated with any brands/generic names, products or vaccines owned by any pharmaceutical company.*