



Canadian Cancer Society  
Société canadienne du cancer

Canadian Cancer Society Submission to Standing  
Committee on Health  
Emergency Situation Facing Canadians in Light of the  
COVID-19 Pandemic

April 2021

## Introduction

The Canadian Cancer Society (CCS) is the only national charity that supports all Canadians living with all cancers across the country. Thanks to our donors and volunteers, we're able to fund groundbreaking cancer research into all types of cancer, offer support services to help people better manage life with cancer, shape health policies to prevent cancer and support those living with the disease, and offer trusted cancer information for all Canadians.

This is an unprecedented time in our history – the COVID-19 health crisis is far-reaching and is having an undeniable impact on people across Canada and around the world. More than 1 million Canadians are living with and beyond cancer. Unfortunately, cancer does not stop being a life-changing and life-threatening disease in the middle of a global health crisis. Those with cancer are among the most vulnerable in our communities right now and may be at greater risk of more serious outcomes from COVID-19. While the impacts of COVID-19 will be felt for months and years to come, so too will the needs of people with cancer and their caregivers change as the impacts of the pandemic evolve. Each province and territory has experienced and responded to the pandemic differently, which requires a unique response to address the concerns of people with cancer across regions.

## Collateral Damage of Pandemic

### Delayed cancer surgeries

The impact of COVID-19 on cancer treatment and screening programs is both significant and varied depending on province. While most provinces postponed elective surgeries in some form or another during the first wave of the pandemic, some have fared better than others in addressing this backlog, and in certain areas, the surgical backlog continues to grow. According to data from the Canadian Institute for Health Information, during March to June 2020, most people with conditions requiring life-saving and urgent surgery received care.<sup>1</sup> That said, Nationwide, cancer surgeries were 20% lower compared to the same time period in 2019.

In Ontario, nearly 36,000 fewer cancer surgeries were performed in the spring of 2020, compared to the year before, with an immediate 60% decrease in surgical volume on March 15, 2020.<sup>2</sup> Studies done on the first wave estimated that the timeline to clear the backlog accumulated between March 15 and June 13, 2020 was 84 weeks—and this does not account for the continued accumulation through the second and third waves of COVID-19. Going into the third wave of the pandemic, Ontario accumulated a total backlog of 227,410 surgeries across all categories.<sup>3</sup>

According to recent data received from the MSSS in Quebec, 6% fewer surgical cancer procedures were performed between 2019-2020 and 2020-2021. That represents about 2,200 surgeries. Through most of the year, wait times for cancer surgeries in Quebec were

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<sup>1</sup> Canadian Institute for Health Information. (November 19, 2020). COVID-19's effect on hospital care services. Retrieved from: <https://www.cihi.ca/en/covid-19-resources/impact-of-covid-19-on-canadas-health-care-systems/covid-19s-effect-on-hospital>.

<sup>2</sup> Eskander A, Li Q, Hallet J, et al. Access to Cancer Surgery in a Universal Health Care System During the COVID-19 Pandemic. *JAMA Netw Open*. 2021;4(3):e211104. doi:10.1001/jamanetworkopen.2021.1104

<sup>3</sup> Brown, Dr. Adalsteinn, "Update on COVID-19 Projections: Science Advisory and Modelling Consensus Tables," Update, Ontario COVID-19 Science Advisory Table, March 11, 2021.

significantly higher than previous years due to this backlog.<sup>4</sup> In Western Canada, B.C. did not report major delays or deferrals of cancer surgeries through 2020 but did accumulate a backlog of over 30,000 non-urgent surgeries in the first wave.<sup>5</sup> Alberta saw cancer surgeries delayed or deferred for less than 4 weeks and Manitoba was only marginally impacted.<sup>6</sup> In Eastern Canada, Nova Scotia reported a backlog of 3,200 cancelled surgeries and procedures in August 2020 with estimates that it would be cleared by the fall.

The severity of surgical backlogs must not be underestimated. Results of a study involving Canadian cancer patients published recently in the British Medical Journal, suggest that people whose treatment for cancer is delayed by even one month have about a 10% higher risk of dying. The risk varies from 6 to 13% depending on cancer type and type of treatment.<sup>7</sup>

Risk also increases the longer it takes for treatment to start. Short delays in cancer surgery may not have a significant impact on prognosis in most cases, but longer delays may impact survival. Wait times are considered a measure of timely access as well as a gauge for patient satisfaction with the health care system. Wait times are already lengthy for cancer surgery, varying depending on where you live in Canada and what treatment you need. The backlog of delayed or postponed cancer screening programs, diagnostics, cancer surgeries and follow-up appointments due to COVID-19 will increase the wait times to get quality care and may compromise care

CCS calls for transparency around how decisions are made to prioritize treatment plans. Innovative solutions are necessary to address the clinical backlog, which includes delayed surgeries and cancer screenings. One strategy to address the backlog may include designating some hospitals, health clinics or cancer centres as “COVID-19 free” sites within regions. This will allow these locations to resume services and address the clinical backlog while minimizing risk of COVID-19 exposure. Another strategy to address the surgery backlog may include centralizing surgery wait lists to allow health professionals and cancer centres with lighter caseloads to take on more patients and decrease wait times. Similarly, to the tactics to ensure safe delivery of care, managing cancer surgeries and applying innovative solutions to address clinical backlog may require additional funding, increased human health resources capacity and extended hours to further address the clinical backlog.

Through trends in our information and support programs and ongoing national surveys of people facing cancer and their caregivers, we have a sightline into the continued impact disruptions to care are having on people impacted by cancer.<sup>8</sup> CCS has conducted 3 engagement surveys with people with cancer and caregivers to learn more about their experience during COVID-19, including one survey with a reflection looking back on the first wave of the pandemic (July 2020) and two surveys during the second wave (Nov 2020 and

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<sup>4</sup> [Analyse des répercussions de la pandémie de la COVID-19 sur les soins et les services en oncologie au Québec / Résultats couvrant les premiers mois de la pandémie : printemps 2020 \(gouv.qc.ca\)](#)

<sup>5</sup> Culbert, Lori, “COVID-19: B.C.’s 30,000-piece surgery puzzle — officials grapple with challenge of rescheduling cancelled procedures,” Vancouver Sun, May 22, 2020.

<sup>6</sup> Rittberg R. Mann A., Desautels D., Earle C., Navaratnam S., & Pitz M. (2020). Canadian Cancer Centre Response to COVID-19 Pandemic: A National and Provincial Response. *Current Oncology*. 28 (1), 233-251.

<sup>7</sup> *BMJ* 2020;371:m4087 <http://dx.doi.org/10.1136/bmj.m4087>

<sup>8</sup> CCS has conducted 3 engagement surveys with people with cancer and caregivers to learn more about their experience during COVID-19, including one survey with a reflection looking back on the first wave of the pandemic (July 2020) and two surveys during the second wave (Nov 2020 and Jan 2021). In total, we received over 3,200 responses from across the country.

Jan 2021). In total, we received over 3,200 responses from across the country. The survey findings have shown that people with cancer in January before the start of the third wave in most provinces were experiencing less anxiety compared to the start of the COVID-19 pandemic.<sup>9</sup> Caregivers have consistently reported feeling more anxious than those living with cancer, a strong reminder that cancer affects more than just the person receiving the diagnosis.

Patients reported level of anxiety (i.e. very/somewhat anxious) of about receiving appropriate cancer care remains high, but has decreased over time / across each survey:

- Survey 1 – Before March 2020: 42%, From mid-March to June 2020: 71%, July 2020 and after: 55%
- Survey 2 – Mid-October to mid-November 2020: 45%
- Survey 3 – November 2020-present: 36%

As for caregivers, they continue to have a higher level of anxiety (i.e. very/somewhat anxious) than patients across all points in time:

- Survey 1 – Before March 2020: 51%, From mid-March to June 2020: 82%, July 2020 and after: 69%
- Survey 2 – Mid-October to mid-November 2020: 70%
- Survey 3 – November 2020-present: 76%

#### Postponed cancer screening programs

Along with the immediate impact that COVID-19 is having on cancer surgeries and treatments, we are concerned about the tsunami of cancers yet to be diagnosed. Since the start of the pandemic, global cancer diagnoses have seen a dramatic decline estimated to be about 40%. All provincial screening programs for breast, cervical and colorectal cancer in Canada were paused through the first wave of the pandemic with program resumption starting in June 2020.<sup>10</sup>

A Canadian study estimated the long-term clinical impact of breast and colorectal cancer screening program interruptions using a validated mathematical model.<sup>11</sup> The simulation models suggest that a six-month interruption of breast cancer screening due to COVID-19 would result in a 14% decrease in the new breast cancer cases diagnosed. This could lead to 670 additional advanced breast cancers and 250 additional breast cancer deaths. For colorectal cancer, if screening were interrupted for six months, the opportunity for an earlier diagnosis of 19,000 adenomas and colorectal cancers would be missed; of these, about 9,700 would be advanced adenomas and cancers. A six-month suspension of primary colorectal cancer screening could increase colorectal cancer incidence by 2,200 cases with 960 more colorectal cancer deaths in the Canadian population.

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<sup>9</sup> While patient anxiety decreased over time, it is still quite high. All 3 surveys were conducted before the third wave and any impact it has on cancer care.

<sup>10</sup> Rittberg R, Mann A, Desautels D, Earle C, Navaratnam S and Pitz M. (2020). Canadian Cancer Centre Response to COVID-19 Pandemic: A National and Provincial Response. *Current Oncology*. 28 (1), 233-251.

<sup>11</sup> Yong, JH et al. (2020). The impact of episodic screening interruption: COVID-19 and population-based cancer screening in Canada. *Journal of Medical Screening*. Retrieved from: [https://journals.sagepub.com/doi/10.1177/0969141320974711?url\\_ver=Z39.88-2003&rfr\\_id=ori%3Arid%3Acrossref.org&rfr\\_dat=cr\\_pub++0pubmed&](https://journals.sagepub.com/doi/10.1177/0969141320974711?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed&).

In Ontario, from March to December of 2020, nearly one million fewer cancer screening tests were performed compared to the same period in 2019. Through provincial screening programs breast cancer screening was down about 53%, cervical cancer screening was down about 47% and colon cancer screening was down about 56% over the ten-month period.<sup>12</sup>

In Québec, recent estimates indicate that more than 5,000 Quebecers may have gone undiagnosed with cancer. A recent study from McGill University estimates that the impact of the pandemic on screening services and surgical procedures in oncology will increase the number of deaths related to cancer by 8,000 by 2025<sup>13</sup>. This number could go up to more than 10,000 deaths if the care facilities are not able to exceed pre-pandemic capacity.

Regarding the screening services in Québec, there are around 30% fewer activities compared to last year. For colorectal cancer, FIT tests are down by 28%, colonoscopies are down by 27% and 63% of the colonoscopies are delayed. For breast cancer, the screening program was stopped for the first three months and there was a 30% reduction in the overall breast cancer screening compared to last year. Even if the cancer facilities, in the last months, operate close to their pre-pandemic activity rate, the impact of the first three months of the pandemic was significant and will have consequences if not addressed.

In Alberta, media reports note that more than 170,000 tests, including an estimated 40,000 mammograms, were suspended for two months starting at the end of March. Alberta Health Services noted that approximately 20,000 colonoscopies were rescheduled due to the pandemic.<sup>14</sup> In Nova Scotia, colonoscopies resumed the end of May, but there was a backlog of 1,600 Nova Scotians waiting for a screening colonoscopy.<sup>15</sup>

A collaboration between Canadian Partnership Against Cancer, cancer screening community, government and patient and family advisors, has developed recommendations on building resilient screening services and programs, Management of Cancer Screening Services During the COVID-19 Pandemic and Building Resilient, Safer and Equitable Screening Services.<sup>16</sup> This guidance document includes 19 recommendations across 7 themes, included in Appendix A.

Lower rates of screening uptake are shown among underserved communities, including First Nations, Inuit, Métis, immigrants, visible minorities, people living with low-income and rural-remote populations. Inequities in screening uptake may potentially be exacerbated during the pandemic. Therefore, screening resumption plan and addressing screening backlogs should include program activities to ensure equitable access and participation in screening services.

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<sup>12</sup> Duggal, Sneh, "Nearly one million fewer cancer screening tests performed during COVID-19 pandemic last year," QP Briefing, March 11, 2021.

<sup>13</sup> [Jusqu'à 8000 décès du cancer de plus d'ici 2025 en raison de la pandémie | Le Devoir](#)

<sup>14</sup> Lee, Jennifer, "Thousands of cancer screening tests halted during pandemic restart in Alberta," CBC News, May 27, 2020.

<sup>15</sup> Government of Nova Scotia, Nova Scotia Health "Colon Cancer home screening kits back in the mail as program resumes after temporary suspension due to COVID-19," Press Release, Oct. 14 2020: <https://www.nshealth.ca/news/colon-cancer-home-screening-kits-back-mail-program-resumes-after-temporary-suspension-due-covid>

<sup>16</sup> Canadian Partnership Against Cancer. Management of Cancer Screening Services During the COVID-19 Pandemic and Building Resilient, Safer & Equitable Screening Services. Toronto, ON: Canadian Partnership Against Cancer; 2020. <https://www.partnershipagainstcancer.ca/topics/cancer-screening-covid-19/>

## Clinical trials

COVID-19 has disrupted oncologic care across the spectrum of cancer care. Clinical trials were affected to various degrees across the country. Clinical trials can provide access to promising therapies to people with cancer. In many cases, patient accrual was paused provincially due to assessment of available staff, healthcare resources and patient safety.

## Shifting most public health resources to infectious disease prevention

In many cases, COVID-19 has undermined public health efforts at disease prevention and health promotion. For example, local public health units have shifted staff and resources away from prevention to work on COVID-19. A good example is tobacco control. Inspectors who would be working on enforcing tobacco and vaping product sales to minors laws, smoking bylaws and other laws have very often been shifted to enforce COVID-19 orders. Public health staff who work on smoking cessation have, in a large number of cases, shifted to COVID-19 activities. Smoking tobacco may put individuals at higher risk for more serious outcomes of COVID-19.

Public health measures and coping mechanisms for COVID-19 have impacted behaviours that increase cancer risk. Close to one in five Canadians (19%) said that their consumption of alcohol had increased, and over 1 in 3 (35%) responded that they had increased consumption of junk food and sweets. Sedentary behaviour also increased as over half of Canadians replied that their time watching television or time on the internet had increased.<sup>17</sup> Lastly, in April 2020, about 4 in 10 Canadians indicated they were exercising “less often” now than they were before the pandemic.<sup>18</sup> Governments must continue chronic disease prevention programs and policies through the pandemic.

## Recommendations

- Governments must lead the response with a comprehensive and coordinated plan of action to address the future burden of cancer in Canada. This response must include all levels of government, the public, charitable and private sectors, academics, policy-makers, politicians and citizens
  - On addressing the surgical backlog, we encourage health care providers to prioritize treatment plans for people with cancer. CCS supports the guidance for management of cancer surgery as compiled by the Canadian Partnership Against Cancer in consultation with surgical oncology societies, cancer leaders and experts across the country:<sup>19</sup>
  - Cancer surgery must remain “essential” and should be among the last type of surgeries to be delayed.
  - Transferring cancer surgery patients to less overwhelmed institutions should be the first-line strategy, requiring planning at a regional or jurisdictional level.
  - If delays are necessary, they should be based on transparent jurisdiction-level clinical prioritization criteria.
  - Plans should be in place to carry out staggered or delayed cancer surgeries within a reasonable time period, even if the pandemic is not over.

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<sup>17</sup> Statistics Canada. (June 2020). Canadian Perspectives Survey Series 2: Monitoring the effects of COVID-19, May 2020. Retrieved from: <https://www150.statcan.gc.ca/n1/daily-quotidien/200604/dq200604b-eng.htm>.

<sup>18</sup> The Vanier Institute of the Family. (April 2020). Health Habits During the COVID-19 Pandemic. Retrieved from: <https://vanierinstitute.ca/health-habits-during-the-covid-19-pandemic/>

<sup>19</sup> Finley C et al. (2020). Guidance for management of cancer surgery during the COVID-19 pandemic. Canadian Journal of Surgery 63 (2 Suppl 1). Retrieved from: <https://canisurg.ca/wp-content/uploads/2020/04/covid-supplement.pdf>.

- Once the pandemic is over, there will be a surge in cases that we must anticipate, mitigate and plan for now
- To ensure screening programs remain open during and beyond COVID-19, we encourage the adoption of the recommendations in Management of Cancer Screening Services During the COVID-19 Pandemic and Building Resilient, Safer and Equitable Screening Services.
- The impacts of the COVID-19 across cancer control as well as the increase in the number of cancer cases due to an aging and growing population highlights an increased need for healthcare services and providers, infrastructure, caregivers, family support and other types of programs and services.
- There will be a need for more support for the increasing numbers of cancer survivors.
- Focus is required on the planning of cancer control programs for prevention, screening, early detection, treatment, palliative and other medical care.
- Research is needed to help plan for this increase in cancer cases, and longer term, to find better ways to prevent cancers, and more solutions for effective treatment and supportive care for those with cancer.
- Governments must commit to measuring how public health measures and the response of the health system during COVID-19 affect people living with cancer and caregivers are needed as part of data monitoring and research.
- Canada must prepare for the greater numbers of people with cancer. This will involve coordinated planning in areas such as:
  - Education and training for medical specialists needed to care for the growing number of Canadians diagnosed with cancer, such as oncologists, family doctors, nurses, technicians, and personal support workers;
  - Infrastructure, such as diagnostic and treatment facilities, cancer care centres, and infrastructure to support community-based care;
  - Research into cancer care planning and effective public policy development, including human resources planning;
  - And improved support for family caregivers and better support for cancer survivors.

## Appendix A: Management of Cancer Screening Services During the COVID-19 Pandemic and Building Resilient, Safer and Equitable Screening Services

1. Managing screening programs when dealing with constrained resources
  - a. Work with partners to develop pathways and prioritization frameworks and to support the sharing of information to ensure equitable screening during periods of constrained resources.
  - b. Utilize screening program data to inform capacity planning during periods of constrained resources.
  - c. Consider rationing proactive recruitment and correspondence to manage screening services
2. Using evidence to focus screening activities on people who stand to benefit the most
  - a. Leverage FIT triage to improve colonoscopy access
  - b. Implement risk-based management for individuals referred to diagnostic mammograms, colposcopy, and colonoscopy.
  - c. Develop a centralized referral uptake process (e.g. coordinated points of entry for receiving referrals)
3. Delivering cancer screening programs in a culture of safety
  - a. Ensure masks are worn by screening participant and staff, and provide hand sanitizing stations
  - b. Ensure screening centres are set up to enable patient flow and adequate physical distancing, and maintain a clean environment.
  - c. Perform pre-screening for COVID-19 symptoms and possible exposures prior to in-person screening test.
  - d. All healthcare providers should play a role in communicating current information on infection control practices within their clinical setting and responding to concerns of screening participants.
4. Using digital health to optimize the screening journey
  - a. Provide virtual care when safe and feasible, especially for those who are immunocompromised and at highest risk for COVID-19 infection
5. Increasing access to care closer to home
  - a. Implement human papillomavirus (HPV) self sampling for cervical cancer screening prioritizing populations that are more likely to be affected by COVID-19 related travel restrictions
  - b. Implement or continue mailed provision of fecal test kits for colorectal cancer screening
  - c. Continue to schedule mobile breast cancer screening clinics that visit communities so women can access breast cancer screening safely
6. Supporting health care providers
  - a. Engage and communicate with primary care providers about cancer screening on an on-going basis during COVID-19.
7. Supporting communities
  - a. Partner with members of the multidisciplinary team, subject matter experts, community partners, and members of the public to plan screening services during pandemic.
  - b. Build greater cancer awareness of the importance of cancer screening within communities
  - c. Partner with screening participants and families as core members of the healthcare team to enable a person-centred approach to care
  - d. Create a culture where feedback from screening participants, families, public is sought out every day