

WE CAN DO BETTER

Re-establishing care equity for cancer

Care Disparities

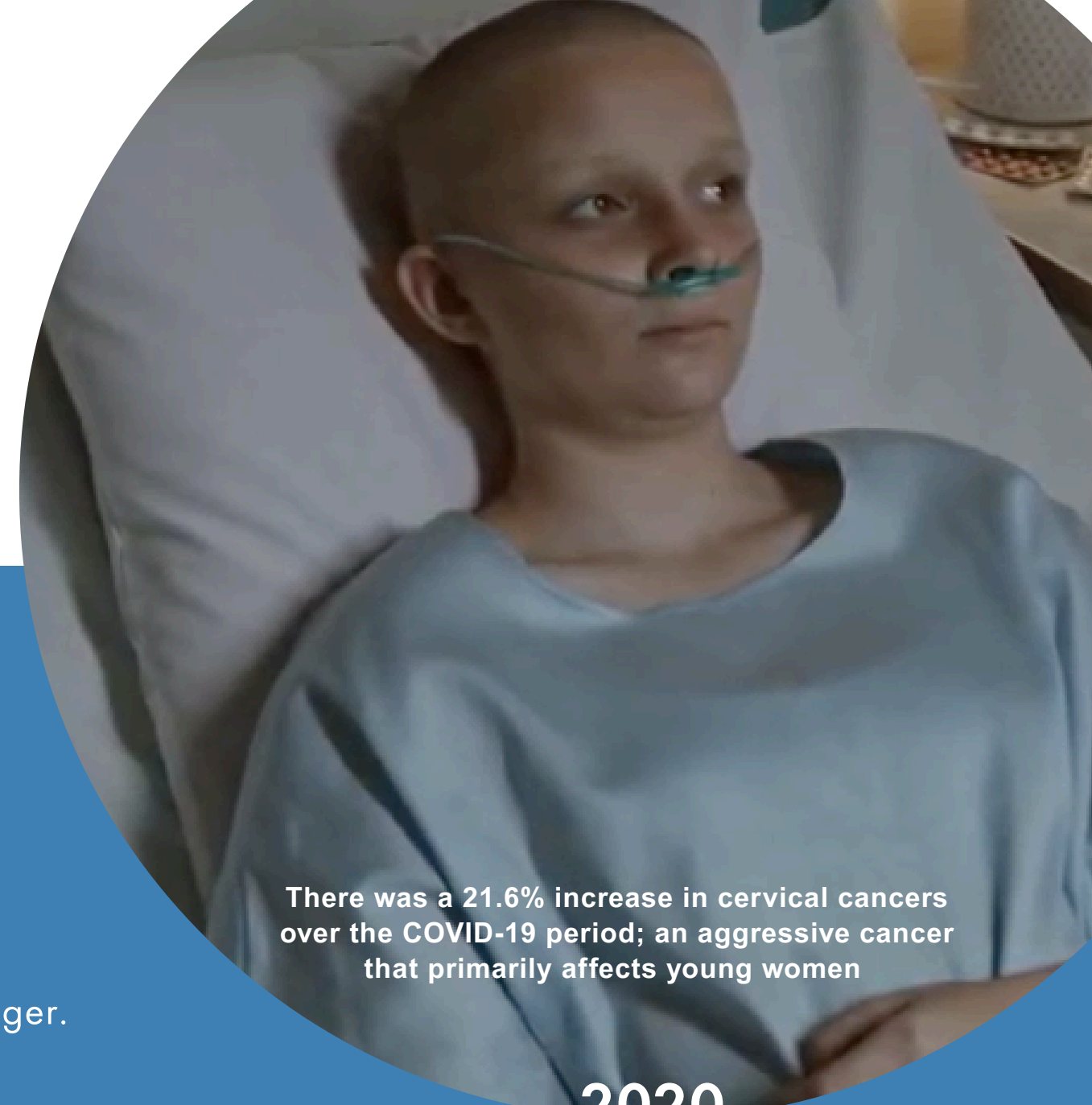
There were six-times more deaths due to cancer in 2020 than from COVID-19. During the pandemic, non-emergent care was suspended to ensure sufficient acute care capacity.

Devastating Disruptions

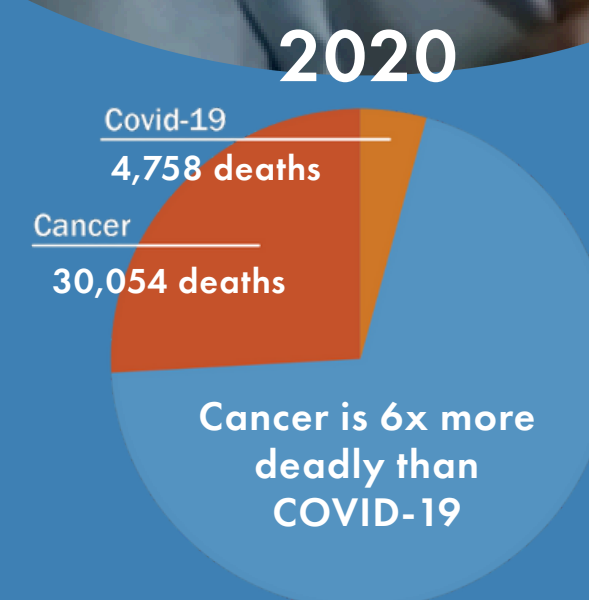
The suspension of non-emergent care decimated cancer care, producing long-lasting delays in cancer detection, diagnosis, and treatment. As a consequence, cancer was left growing and spreading in the bodies of cancer patients for longer.

Care equity must be restored

Ontario's pandemic response diverted life-saving hospital resources away from cancer patients to acute care wards, which remained largely empty. This was unjust, avoidable and exposed cancer patients to undue harm. There is an urgent need to shift pandemic planning from centralized silos to shared decision-making, empowering clinical experts to weigh reliable evidence and shape policy that balances the needs of all patients.



There was a 21.6% increase in cervical cancers over the COVID-19 period; an aggressive cancer that primarily affects young women

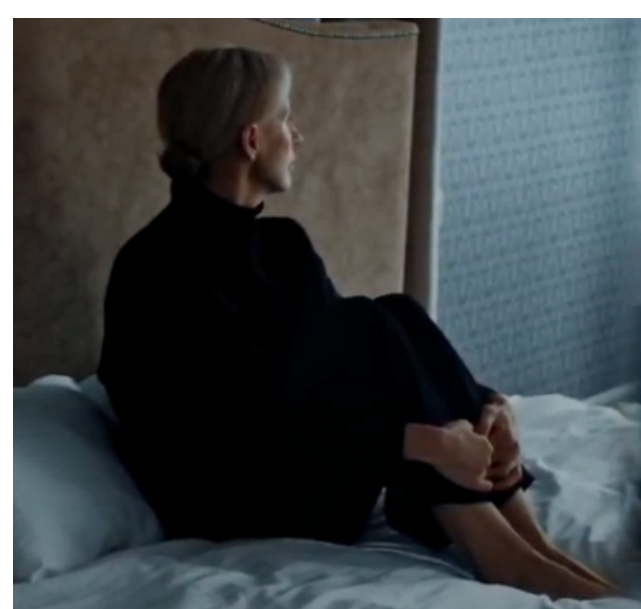


Only 333 COVID-19 deaths among cancer patients

Every Aspect of Cancer Care was Disrupted

Lockdowns negatively impacted every aspect of cancer care, especially in the first wave.

- Early Detection - Screening and in-person care suspended
- Rapid Diagnosis - Imaging and biopsies essential for cancer diagnosis suspended
- Timely Surgery - Pre-cancer surgeries, biopsies and P3-P4 surgeries suspended
- Optimal Treatment - Standard treatment regimens modified
- Prevention - Elevated stress levels and promoted poor health habits



Cataclysmic Consequences

In the first year of pandemic relative to 2019

- 636,246 fewer female screenings
- 5,894 fewer new cases of cancer
- 8,020 fewer P2 - P4 surgeries

As of September 2022, 424,428 fewer surgeries were performed and 250,000 patients were on waitlists

As of March 2024, 50% of surgeries for aggressive cancer exceeded target wait times

Dire Outcomes for female cancers

Over the COVID-19 period relative to 2019:

- 49.2% increase in visits for female cancers
- 6.7% increase in female cancers while all cancers dropped by 7.1%

In 2020 relative to 2019:

- A shift toward fewer curable breast (-2.5%) and cervical (-7.1%) cancers
- A 4.5% increase in all-cause mortality and a 2.5% decrease in 2-year survival

Were lockdowns warranted?

◆ Did lockdowns protect cancer patients from COVID-19? ◆

Case-based estimations of COVID-19 risk and protection among cancer patients are unreliable

All-cause mortality among cancer patients was largely limited to the elderly, and a minority of deaths were attributable to COVID-19 (<1%)

Spikes in excess all-cause mortality coincided with the first lockdown and booster delivery

◆ Did lockdowns preserve hospital capacity? ◆

Lockdowns decimated cancer care capacity, increasing the risk of cancer progression and death

Life-saving cancer care resources were diverted away from cancer patients toward largely empty acute care wards

ACTION REQUIRED

Ontario's COVID-19 response was unjust, avoidable, and exposed cancer patients to undue harm.

Help us re-establish equity in healthcare by

- 1) Sharing our material
- 2) Calling your MP to let them know that equity in care is non-negotiable



WeCanDoBetterTogether.ca