

IMPACT OF THE COVID-19 PANDEMIC ON CANCER SCREENING

The U.S. Preventive Services Task Force (USPSTF) is an independent volunteer panel of experts in prevention and evidence-based medicine. The panel carefully reviews the available data and weighs the risks and benefits for the broader population before issuing cancer screening guidelines. Currently, there are USPSTF guidelines for five types of cancer, four of which apply to individuals who are at an average risk of developing breast, colorectal, prostate, or cervical cancer. Guidelines for lung cancer apply to individuals who are at a high risk of developing the disease because of current or past tobacco smoking. Screening rates for all five cancers declined significantly during the peak of the pandemic, although more recent data suggest that screening rates for some cancer types are returning to prepandemic levels:

Breast Cancer



USPSTF Recommendation: Mammogram every other year for women ages 50-74.

COVID-19 Impact: An **87 percent decline** was observed in breast cancer screening in April 2020 compared to the average for the same month over the previous five years.

Cervical Cancer



USPSTF Recommendation: Cervical cytology every three years for women ages 21-65; high-risk human papillomavirus testing alone, or in combination with cytology, every five years for women ages 30-65.

COVID-19 Impact: An **84 percent decline** was observed in cervical cancer screening in April 2020 compared to the average for the same month over the previous five years.

Colorectal Cancer



USPSTF Recommendation: Stool-based tests every 1-3 years, and/or imaging-based tests every 5-10 years, for all adults ages 45-75.

COVID-19 Impact: An **80 percent decline** was observed in colorectal screening from March 18, 2020, to May 4, 2020 compared to the period from January 29, 2020, to March 17, 2020.

Lung Cancer



USPSTF Recommendation: Low-dose computed tomography (LDCT) every year for all adults ages 50-80, who are current smokers or who quit within the past 15 years, with a 20 pack-year smoking history.

COVID-19 Impact: Although some reports have shown a decline, a large, population-based study showed **no significant change** in uptake of lung cancer screening between 2019 and 2020. It is important to note that the uptake of LDCT was suboptimal even before the pandemic.

Prostate Cancer



USPSTF Recommendation: Periodic prostate-specific antigen-based test, as recommended by the health care provider, for men ages 55-69.

COVID-19 Impact: A **36 percent decrease** was observed in prostate cancer screening in April 2020 compared to April 2019 and April 2018.

Variable Recovery of Screening Rates

Recent evidence indicates that cancer screening rates are rebounding to prepandemic levels. As one example, one study compared screening rates for breast and colorectal cancer among commercially insured American adults before and after March 13, 2020. Findings showed that screening rates for breast cancer have recovered almost completely (88 per 10,000 beneficiaries before March 2020 versus 88 per 10,000 beneficiaries in July 2020), while for colorectal cancer, the screening rates are on an upswing but have not yet fully recovered (15 per 10,000 beneficiaries before March 2020 versus 13 per 10,000 beneficiaries in July 2020).