



ICSN

Survey on the Impact of COVID-19 on Cancer Screening

5.1.2e

on behalf of the ICSN Steering Committee

ICSN COVID-19 Survey timeline

- **11 March 2020:** COVID-19 declared a pandemic.
- **Mid-March 2020:** several colleagues reported suspension of cancer screening activities
- **Late March through April:** ICSN Steering Committee members develop a 33-question survey
- **12 May 2020 – 12 July 2020:** survey open
- **July 2020 – November 2020:** evidence review & analysis
- **November 2020 – early 2021:** analysis of ICSN survey results

ICSN COVID-19 Survey aims

- Capture details and **consequences of decisions** about suspending (or not) cancer screening services due to COVID-19 pandemic.
 - Understand how diverse settings handled these decisions and plans to resume services.
- Focus on the **immediate decisions** taken during the first half of 2020.
- Structured so respondents could provide as much nuanced information as possible and share documents.

ICSN COVID-19 Survey – Overall Stats

- ICSN listserv: 882 emails from participants
- Total n. of responses: 113 (13% response rate)
- N. of complete responses: 98
- N of countries represented:
 - 35 with complete responses
 - 5 with partial responses
- Classified 66 settings with complete responses

ICSN COVID-19
Survey – Setting
Characteristics

	N	%
Screening modality		
Organized screening program	54	81.8%
Opportunistic screening	19	28.8%
Pilot project	12	18.2%
Cancer sites		
Cervical	42	63.6%
Colorectal	39	59.1%
Breast	51	77.3%
Lung	14	21.2%
Research/pilots stopped (Y)	43	65.2%

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Survey –
Coordination

	N	%
Screening services suspended (Y)	60	90.9%
Month of the decision		
February	3	4.5%
March	44	66.7%
April	2	3.0%
How was the decision made		
Guided by government	51	77.3%
Guided by expert opinion	23	34.8%
Following a preparedness plan	17	25.8%
Based on a review of scientific evidence	8	12.1%
Based on earlier experience	2	3.0%
Restart plan (Y)	52	78.8%
Monitoring plan (Y)	26	39.4%

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Survey –
Coordination

	N	%
First decision about suspending (or not) screening services:		
Made at what level		
Organization/practice	29	43.9%
Local (city, county, metropolitan area, etc.)	8	12.1%
Regional (state, province, region, etc.)	30	45.5%
National	32	48.5%
By whom		
Organization/practice leadership	28	42.4%
Health authority	39	59.1%
Screening program director	22	33.3%
Healthcare facility	4	6.1%
Healthcare professional	4	6.1%
Professional organization/society	6	9.1%

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Survey –
Communication

	N	%
How was the decision communicated to:		
Clients/patients		
Directly through mailed letter	15	22.7%
Directly through electronic means (phone, email, SMS, voice messages, etc.)	35	53.0%
Indirectly through mass media (TV, radio, social media campaigns, etc.)	28	42.4%
Health professionals		
Top-down approach - communicated directly by responsible institute/director	56	84.8%
Indirectly through professional organizations	14	21.2%
Indirectly through mass media (TV, radio, social media campaigns, etc.)	11	16.7%
Communicated to other stakeholders (Y)	34	51.5%
Reaction from citizens, advocacy groups, other (Y)	29	43.9%

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Survey – Follow
up & Resources

	N	%
Patient/client follow up		
Most follow up visits continue to take place	27	40.9%
Most follow up visits have been delayed	27	40.9%
Combination of both	9	13.6%
Professionals reassigned (Y)	41	61.2%
Infrastructure repurposed (Y)	35	53.0%

ICSN COVID-19 – Next steps

- Talking to WHO EURO-IARC about expanding the survey into Eastern Europe/Central Asia (translating to Russian)
- Develop follow up survey to assess restarting of programs

- Share preliminary results with ICSN members
- Publish literature review
- Publish survey analysis

Thank you to the ICSN members who
were willing to contribute to the
survey in these challenging times!

