

Has COVID-19 driven positive innovation of cancer services?



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The impact of COVID-19 on cancer services

COVID-19 has created unprecedented challenges for healthcare systems and specifically cancer services. Cancer centres have had to adjust care pathways quickly; reallocating resources to deal with COVID-19 patients, shifting cancer care services out of hospitals to community settings, monitoring and communicating with patients remotely rather than face-to-face and often adjusting treatment pathways to reflect the new risks facing their patients¹. Cancer diagnosis has been heavily impacted with screening services on hold, fewer referrals to specialist care and a hesitancy from the general population to attend check-ups that would ordinarily spot potential warning signs and symptoms².



This has inevitably led to worry and confusion for cancer patients and the impact of the COVID-19 pandemic is likely to be felt within cancer centres for some time to come. As a consequence, the European Cancer Organisation (ECCO) has announced the establishment of a European wide network to combat the adverse effects of COVID-19³.

Some cancer specialists have predicted that new ways of working in cancer care during the COVID-19 pandemic will permanently alter oncology services⁴. Whilst we are all cognizant of the negative impact of COVID-19 on cancer pathways and services, are there any positive changes? Should cancer centres keep any new practices after the pandemic is over? Healthcare systems have had to innovate and adjust at a rapid pace, has this altered their willingness and agility to make better changes in the future?

Investigating oncologist perceptions on longer term changes to cancer services

7i Group set out to uncover how cancer services adjusted to the COVID-19 situation and to understand whether the pandemic has been an unlikely catalyst for positive innovation. A short online survey was conducted with a sample of 60 oncologists working in Europe (including UK, Spain, Italy, France and Germany). Oncologists qualified for the survey if they treated and managed one or more of the following tumour types; breast, colorectal, lung, pancreatic, prostate, stomach and liver, representing the most prevalent cancers in Europe⁵.

To supplement these insights, 7i Group used their online social media listening tool, CLARITY™, to uncover any online 'chat' around the impact on COVID-19, specifically looking out for topics relating to cancer care pathway and service changes. Together these methodologies identified oncologists' perceptions around some of the changes that have had been introduced during the COVID-19 pandemic and whether they have a place in the future treatment and management of cancer patients.

Oncologists predict the continuation of new innovations introduced during the COVID-19 pandemic

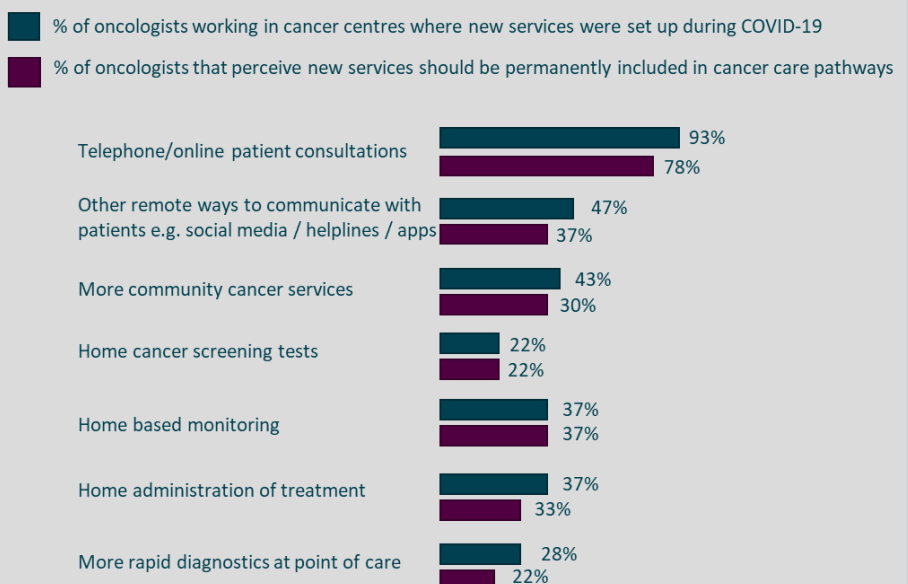
Throughout this research, the majority of oncologists have shared positive innovations introduced to tackle a challenging situation. New cancer services set-up during the pandemic include; remote consultations, patients communication through apps/helplines/social media, community cancer services, home screening tests, home based monitoring, home administration of treatment and more rapid diagnostics at point of care.

Most oncologists working in cancer centres that have introduced these services predict that **they will become a permanent part of the cancer pathway**. Highlighting that new innovations are unlikely to disappear after the COVID-19 pandemic.

In particular, **remote consultations and assessments are regarded as a welcome addition**, with 44% of oncologists

spontaneously citing these as positive developments. Some specialists elaborated further, highlighting the benefits of increased investment in new technologies and improved confidence using these platforms to engage with patients.

Most oncologists believe that some services set-up during the COVID-19 pandemic should become a more permanent part of the cancer care pathway



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“There have been improved video consultation technologies in terms of 'kit', but also in terms of familiarity with it as a way to meet and interact” UK oncologist

Additionally, our social media analysis revealed benefits associated with the continuation of remote monitoring and communications. For example, utilising these new services can help oncologists deal with a potential post-COVID influx of patients, especially in an environment where infection risk is still a concern.

“Once #COVID-19 peak is over, cancer services and others will need to start ramping up work steadily to pre-Covid levels using the new skills we have developed, such as remote consultations and assessments, and infection control measures so that we can minimise treatment delays” (oncologist Twitter post, 9th April 2020)

This research revealed a sense that some of these COVID-19 changes are more effective than anticipated and may represent a better, alternative approach to patient care in some circumstances.

There is a receptiveness to future innovation and openness to pharmaceutical industry support

Most specialists are receptive towards the future innovation of cancer services (45% of oncologists are very receptive and 49% are somewhat receptive towards future innovation).

68% of oncologists cited that the pharmaceutical industry could support in either the development, implementation of optimisation of new cancer care services. Examples given were providing patient and nurse deduction around home treatment and monitoring, funding supporting, development of new technologies such as patient apps, assisting with remote consultations and supporting digital communications between HCPS and industry.

Discussion

COVID-19 has forced innovation and some of the best of these changes are likely to be kept after the pandemic. Healthcare systems have proved that they can adopt new technologies at pace, potentially setting a precedent for future scenarios. Oncologists’ perceptions have shifted, having adopted different approaches they might have been deemed too risky or worrying under normal circumstances.

It remains to be seen what the lasting impact will be on cancer care pathways, but what is clear is that the pharmaceutical industry needs to keep abreast of the needs and requirements of these front-line staff and key centres. As well as helping to tackle the negative impact of COVID-19, it is also important to support some of these newer developments. For example, as some of these services become permanent additions to the cancer care pathways, they will inevitably have to evolve and develop in order to fit into the ‘new normal’. Healthcare professionals may be asking questions such as *when is the right time to remotely engage and assess patients versus seeing the patient in the consultation room? Am I engaging with the patients as effectively as I could? When is it safe and appropriate to assess and monitor patients in their own homes? Do nurses and patients have the right information and knowledge to be able to carry out home monitoring or in-home treatment administration effectively and safely?*

There is plenty of scope for the pharmaceutical industry to support local healthcare systems with the evolution and refinement of these services; whether it be in terms of providing education and educational materials, data collection and analysis, funding or supporting with adaptation and implementation of cancer care pathways. Not to mention continuing to invest in technological advancements to drive quality in future cancer care and outcomes. Whilst this research highlighted some high level perceptions and predictions towards future innovation, different countries, cancer centres and specialists working in different therapy areas are all likely to have their own, specific requirements and it is these subtleties that industry will need to understand to fine tune their support offerings.

**Please contact claire.jackson@7i-group.com for a free infographic of the full survey results
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