

Early-Stage Cancer Diagnoses Decreased Sharply in the U.S. During First Year of COVID-19 Pandemic; Underserved Greatly Affected

Researchers from the American Cancer Society suggest more ongoing cancer surveillance focusing on the uninsured and individuals who live in socioeconomically deprived areas

ATLANTA, August 1, 2023 – A new study from researchers at the [American Cancer Society](#) (ACS) found monthly adult cancer diagnoses decreased by half in April 2020 during the COVID-19 pandemic in the United States. The largest decrease was for stage I cancers, resulting in a higher proportion of late-stage diagnoses. The study is the most comprehensive research to date about the effects of the first year of the pandemic on cancer diagnoses and stage in the nation. The paper was published today in the journal [Lancet Oncology](#).

“During the emergence of the pandemic, we know health care was disrupted in the U.S. and steep declines were reported for cancer screening services,” said [Dr. Xuesong Han](#), lead author of the study and scientific director of health services research at the American Cancer Society. “These updated results for all major cancer types nationwide represent a more comprehensive view and continue to be concerning as decreased screening, as well as delayed and forgone routine check-ups or doctor visits, can lead to underdiagnosis of cancer, especially in early stages, where treatment is most effective.”

For this study, using the latest national registry data, researchers identified a total of 2,404,050 adults newly diagnosed with cancer, including 830,528 in 2018, 849,290 in 2019, and 724,232 in 2020. The number of diagnoses for all stages decreased substantially following the COVID-19 emergence in the U.S. in March 2020, though monthly counts returned to near pre-pandemic levels by the end of 2020. The decrease was largest for stage I diagnoses, leading to higher odds of late-stage diagnoses in 2020 vs. 2019. The pattern was seen in most cancer types and sociodemographic groups, though it was most prominent among individuals who have historically experienced barriers in accessing health care, including individuals who are Hispanic, Asian American and Pacific Islander, uninsured, and living in the most socioeconomically deprived areas.

“The estimates we present represent larger declines in the numbers of individuals diagnosed with early-stage cancers than in the numbers of individuals diagnosed with late-stage cancers,” added Han. “These findings likely reflect the time when individuals sought care or screening during the pandemic rather than a stage shift in cancer progression. More ongoing cancer surveillance with longer-term data is warranted to better understand the full impact of the COVID-19 pandemic.”

The American Cancer Society’s advocacy affiliate, the American Cancer Society Cancer Action Network (ACS CAN), continues to work at all levels of government to remove barriers to affordable screening through Medicaid and the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), a federal and state partnership in all 50 states, the District of Columbia, 13 tribal organizations, two U.S. territories, and five U.S.-Affiliated Pacific Islands providing breast and cervical cancer screenings, diagnostic tests, and treatment referral services to communities that are limited-income, underserved, underinsured, and uninsured.

“ACS CAN will continue to advocate for adequate funding for the NBCCEDP as well as work to obtain additional state appropriations which will preserve a critical safety net for those who continue to lack access to lifesaving screening, diagnostic, and treatment services. The program is critically important to helping to get screening rates back on track after a decline due to COVID,” said [Lisa Lacasse](#), president of the ACS CAN. “With nearly four million individuals having lost coverage following the end of pandemic era continuous enrollment, we are also urging states to undertake a careful process to evaluate Medicaid eligibility to ensure coverage isn’t erroneously disrupted for

those who have no other affordable coverage option. For many cancer patients, disenrollment from Medicaid means disruptions to treatment that could have life-threatening consequences.”

Other ACS authors participating in this study include: [Nova Yang](#), [Dr. Leticia Nogueira](#), [Dr. Nikita Wagle](#), [Jingxuan Zhao](#), [Kewei Sylvia Shi](#), [Dr. Qinjin Fan](#), [Elizabeth Schafer](#), [Dr. Robin Yabroff](#), and [Dr. Ahmedin Jemal](#).

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