

COVID-19 and Cancer Taskforce

COVID-19 and Cancer Global Modelling Consortium (CCGMC)

Whole Consortium Call 9th /10th December 2021

The call will start at 01:00 EST / 06:00 GMT / 07:00 CET / 09:00 EAT / 17:00 AET

While waiting, please introduce yourself via the comments - including your name, institution, country, and professional background.

Secretariat email: covidandcancer@nswcc.org.au



COVID-19 and Cancer Taskforce

COVID-19 and Cancer Global Modelling Consortium (CCGMC)

Whole Consortium Call 9th /10th December 2021

The call will start at 14:00 EST / 19:00 GMT / 20:00 CET / 22:00 EAT / 06:00 AET

While waiting, please introduce yourself via the comments - including your name, institution, country, and professional background.

Secretariat email: covidandcancer@nswcc.org.au



Welcome and introductions.

Session 1: Prof Karen Canfell (The Daffodil Centre –University of Sydney/ Cancer Council NSW)

Session 2: A/Prof Iris Lansdorp-Vogelaar (Erasmus Medical Center)



Aims of today's call

1. Snapshots from each working group on key activities

2. Open discussion:

- ❖ Suggestions for coordinating engagement within the CCGMC
- ❖ Suggestions for coordinating engagement with stakeholders, and setting up a dissemination & knowledge translation working group
- ❖ Plans and opportunities for next year

Please use the chat function to log questions and comments through the session for later consideration

Agenda (session 1)

1. Welcome and Introductions

Dr Ophira Ginsburg (IARC), Dr Freddie Bray (IARC), & Prof Karen Canfell (Daffodil Centre, University of Sydney/CCNSW)

2. Update on COVID-19 & Cancer Taskforce

Prof Richard Sullivan (KCL)

3. 2021 key CCGMC highlights and achievements

4. Current CCGMC funding opportunities

5. Global Observatory update

6. Update on Working Group activities

a. Working Group 1 – Treatment & outcomes

l. Covid and Cancer systematic reviews – Dr Andre Ilbawi & Felipe Roitberg (WHO)

b. Working Group 2 – Screening

l. Project team updates (Breast, Cervix, Colorectal)

c. Working Group 3 – Prevention

l. Results from Covid and smoking systematic review

7. Call for EOI: CCGMC Dissemination/KT Working Group

8. Open discussion: Suggestions for improving communication and engagement & opportunities for next year

Moderated by CCGMC Steering Group



Agenda (session 2)

1. Welcome and Introductions

A/Prof Iris Lansdorp-Vogelaar (Erasmus University), Dr Isabelle Soerjomataram (IARC), Dr Julie Torode (KCL), & Prof Karen Canfell (Daffodil Centre, University of Sydney/CCNSW)

2. Update on COVID-19 & Cancer Taskforce

Prof Richard Sullivan (KCL)

3. 2021 key CCGMC highlights and achievements

4. Current CCGMC funding opportunities

5. Global Observatory update

6. Update on Working Group activities

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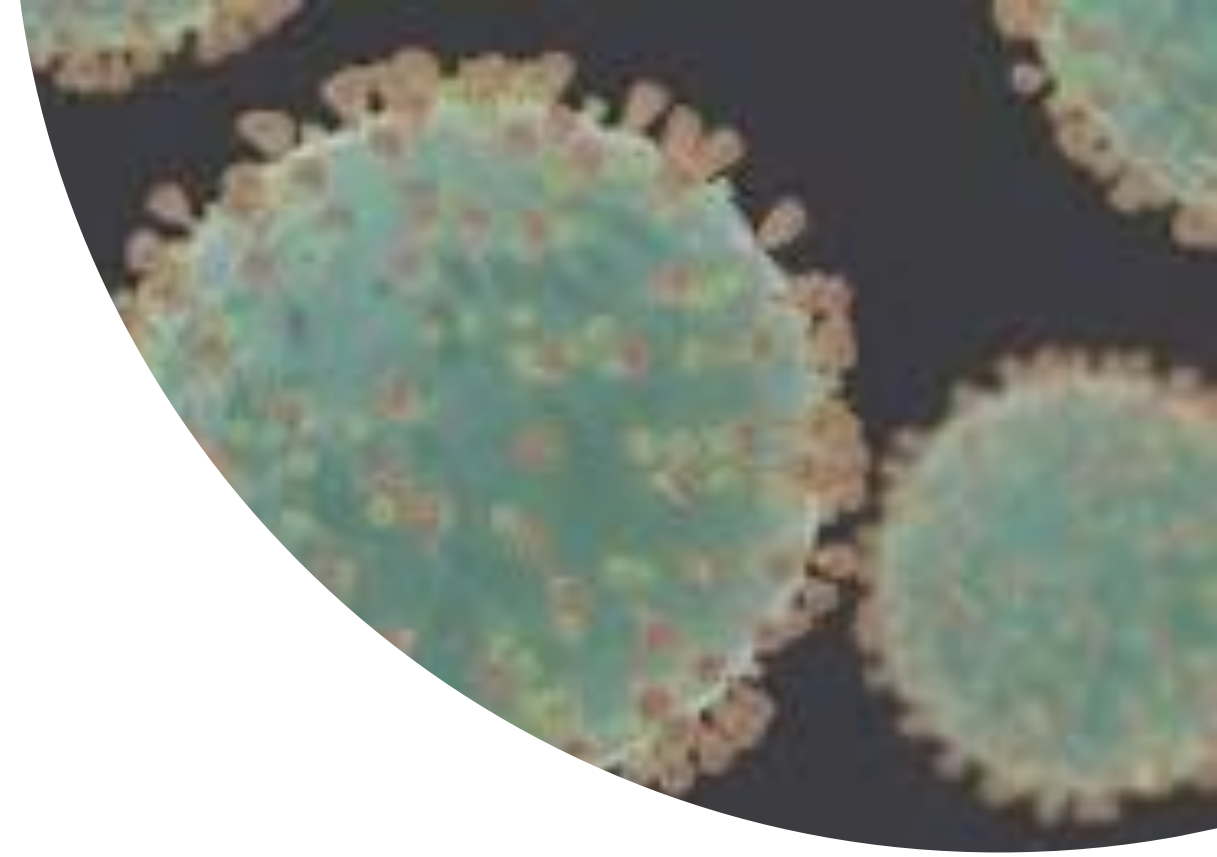
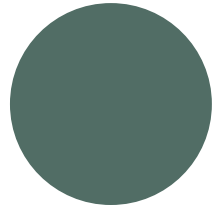
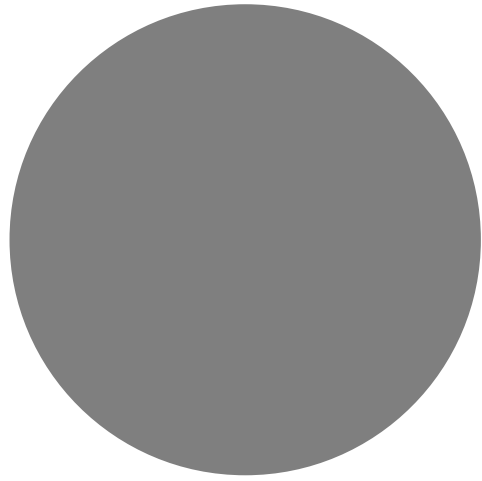
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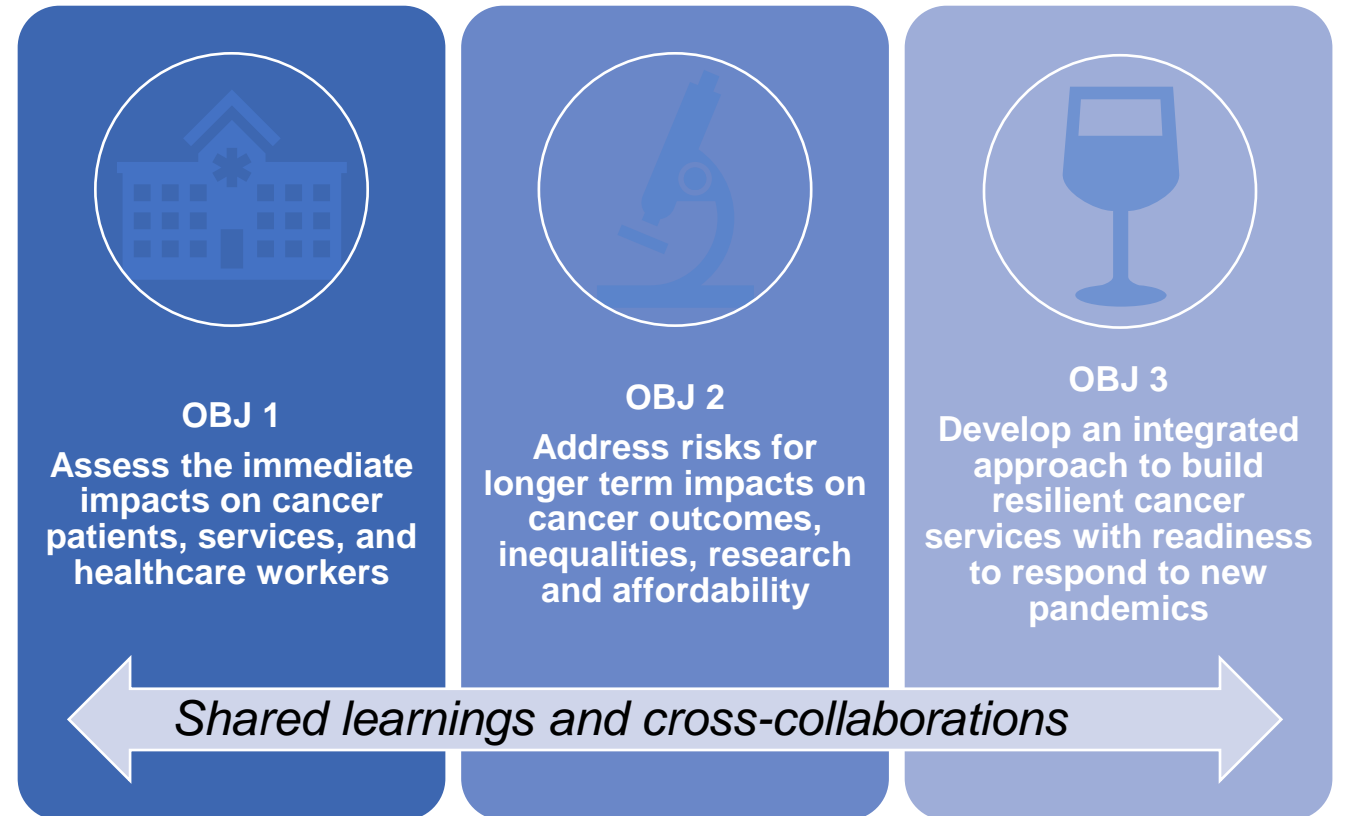
Covid-19 and Cancer Taskforce

December 2021 update
Julie Torode & Richard Sullivan



Overview

- 76 senior cancer centre directors across 47 countries
- 19 projects of varying size
- 67 publications with estimated 11 near completion
- Multiple, complex ecosystems and therapeutic geographies




Health worker survey WG

- Led by Chris Booth (Canada, UK, Malaysia, Pakistan, Jordan, Colombia, Rwanda/Boston, Australia, Japan. Common protocol
- Individual analysis publishing - meta-analysis (early 2022)
- Quantifying perceived stress & resilience to inform organisational strategies supporting mental health of HCW
- Japan has most complex and complete cohort: 2 waves (n=566, n=336) with third wave completed.

Silver linings WG

Iecancermedicalscience

Silver linings: a qualitative study of desirable changes to cancer care during the COVID-19 pandemic

Dorothy Lombe¹ , Richard Sullivan², Carlo Caduff³, Zipporah Ali⁴, Nirmala Bhoo-Pathy⁵, Jim Cleary⁶, Matt Jalink⁷, Tomohiro Matsuda⁸, Deborah Mukherji⁹, Diana Sarfati¹⁰, Verna Vanderpuye¹¹, Aasim Yusuf¹² and Christopher Booth⁷

- Semi-structured interviews (n = 20) were conducted with key opinion leaders from 14 countries
- 10 themes of positive changes: now in expanded phase
- This data plus narrative synthesis of other work will report Qtr 4 2021

Economic impact WG

ecancermedicalscience

Cancer and COVID-19: economic impact on households in Southeast Asia

Yek-Ching Kong¹, Veni-Venussha Sakti¹, Richard Sullivan² and Nirmala Bhoo-Pathy¹

ORIGINAL RESEARCH | [VOLUME 152](#), P233-242, JULY 01, 2021



PDF [840 KB]

Economic impact of avoidable cancer deaths caused by diagnostic delay during the COVID-19 pandemic: A national population-based modelling study in England, UK

[Adrian Gheorghe](#) • [Camille Maringe](#) • [James Spice](#) • [Arnie Purushotham](#) • [Kalipso Chalkidou](#) •

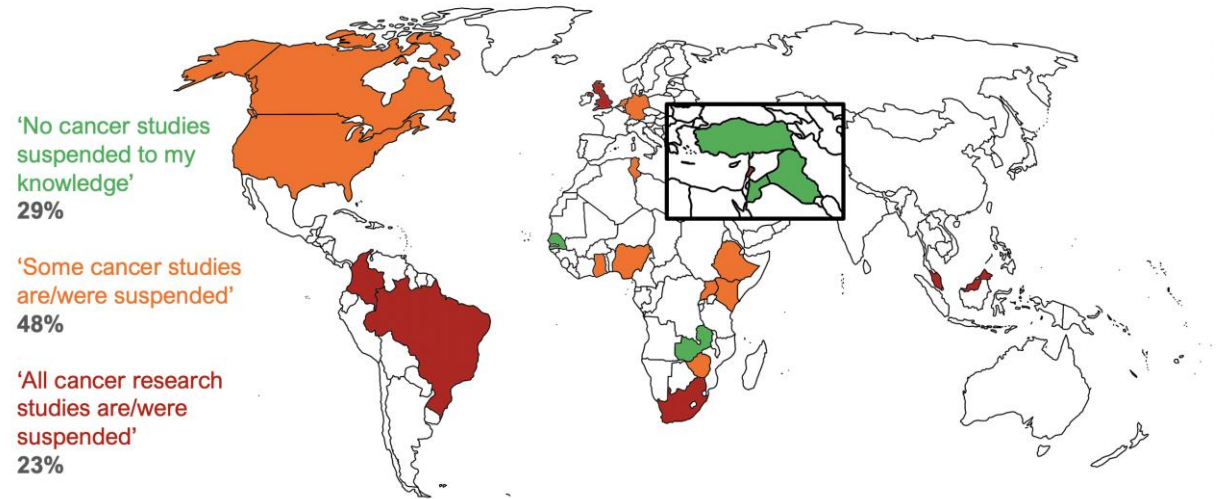
[Bernard Rachet](#) ¹ • [Richard Sullivan](#) ¹ • [Ajay Aggarwal](#)  ¹  • [Show less](#) • [Show footnotes](#)

QALYs (thousands)

Research Impact WG

Impact of COVID-19 on Global Cancer Research: an opportunity to redefine priorities (REPRISE)

- Led by Mieke v H, Debbie Mukherji, Louis Fox & Verna Vanderpuye
- Major bibliometric analysis complete and published.
- Wave 2 underway: sexing cancer research, research across SSA, etc



COMMENT | [VOLUME 22, ISSUE 12, P1652-1654, DECEMBER 01, 2021](#)

Global cancer research in the post-pandemic world

[Deborah Mukherji](#) ✉ • [Raul Hernando Murillo](#) • [Mieke Van Hemelrijck](#) • [Verna Vanderpuye](#) • [Omar Shamieh](#) • [Julie Torode](#) • [C S Pramesh](#) • [Aasim Yusuf](#) • [Chris M Booth](#) • [Ajay Aggarwal](#) • [Richard Sullivan](#) •

on behalf of the COVID-19 and Cancer Task Force • [Show less](#)

Published: December, 2021 • DOI: [https://doi.org/10.1016/S1470-2045\(21\)00602-1](https://doi.org/10.1016/S1470-2045(21)00602-1) •



COVID-19 (indirect) impact on cancer care

| ecancermedicalscience

The impact of national non-pharmaceutical interventions ('lockdowns') on the presentation of cancer patients

Arnie Purushotham^{1,2}, Graham Roberts², Kate Haire², Joanna Dodkins², Elizabeth Harvey-Jones², Lu Han³, Anne Rigg², Claire Twinn², Conjeevaram Pramesh⁴, Priya Ranganathan⁴, Richard Sullivan¹ and Ajay Aggarwal^{1,2,3}

ARTICLES | [VOLUME 22, ISSUE 11, P1507-1517, NOVEMBER 01, 2021](#)



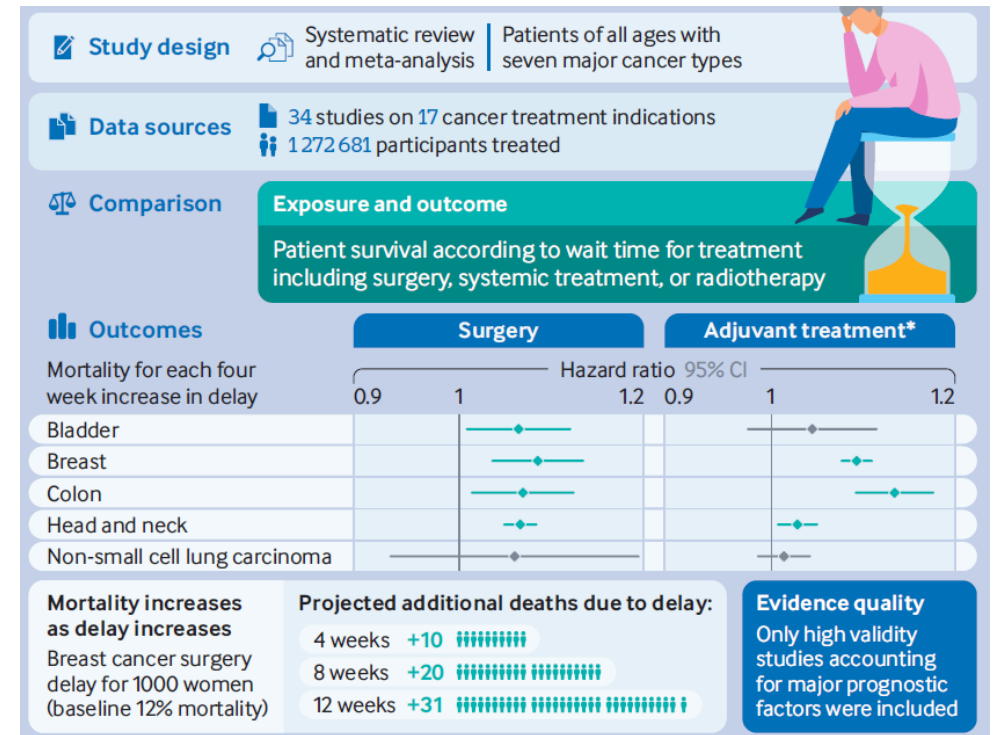
PDF [1 MB]

Effect of COVID-19 pandemic lockdowns on planned cancer surgery for 15 tumour types in 61 countries: an international, prospective, cohort study

[COVIDSurg Collaborative](#) * • [Show footnotes](#)

[Open Access](#) • Published: October 05, 2021 • DOI: [https://doi.org/10.1016/S1470-2045\(21\)00493-9](https://doi.org/10.1016/S1470-2045(21)00493-9)

- Major cancer centres as RWE sources
- Variations across systems and time
- Highly protean (omicron, etc)



Hanna T, *et al* Mortality due to cancer treatment delay: A systematic review and meta-analysis
BMJ 2020;371:m4087

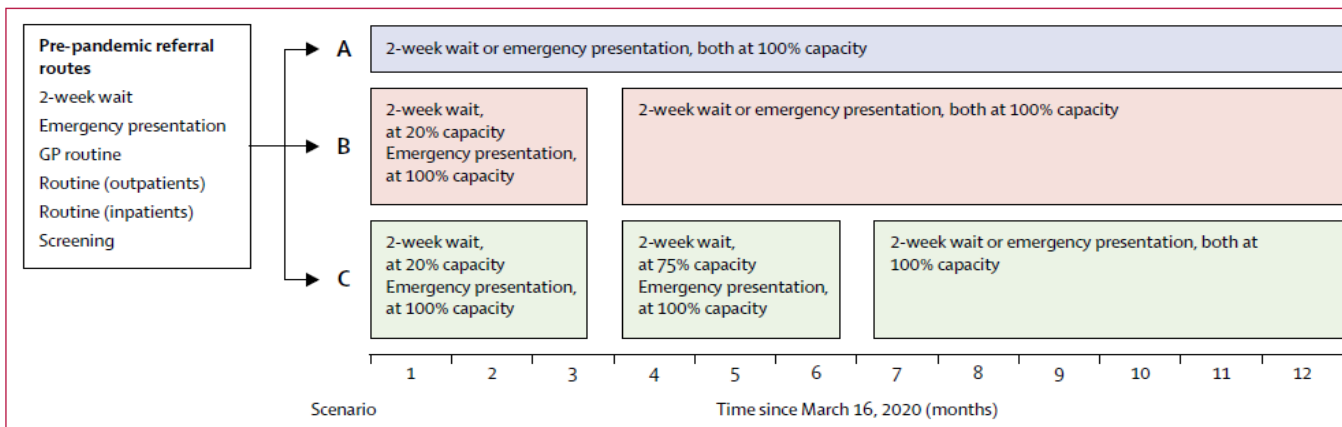


Figure 1: Conceptual framework for reallocation of pre-pandemic referral routes in three modelling scenarios (A, B, and C)

COVID-19 Vaccines WG

- Re-review Qtr 1 2022 planned
- Huge variation: but haem onc seem most 'at risk' for not seroconverting
- Very difficult to model impacts (omicron, etc)

Cancer and COVID-19 vaccines: a complex global picture



Patients with cancer can be at high risk of severe COVID-19 due to their age, disease, cancer treatment, and medical co-morbidities.¹ The pandemic has also led to substantial disruptions to diagnosis and treatment in many parts of the world.^{2,3} Patients with cancer in low-income and middle-income countries (LMICs) are further disadvantaged compared with those in high-income settings because of unequal access to COVID-19 vaccines in already fragile health-care systems.

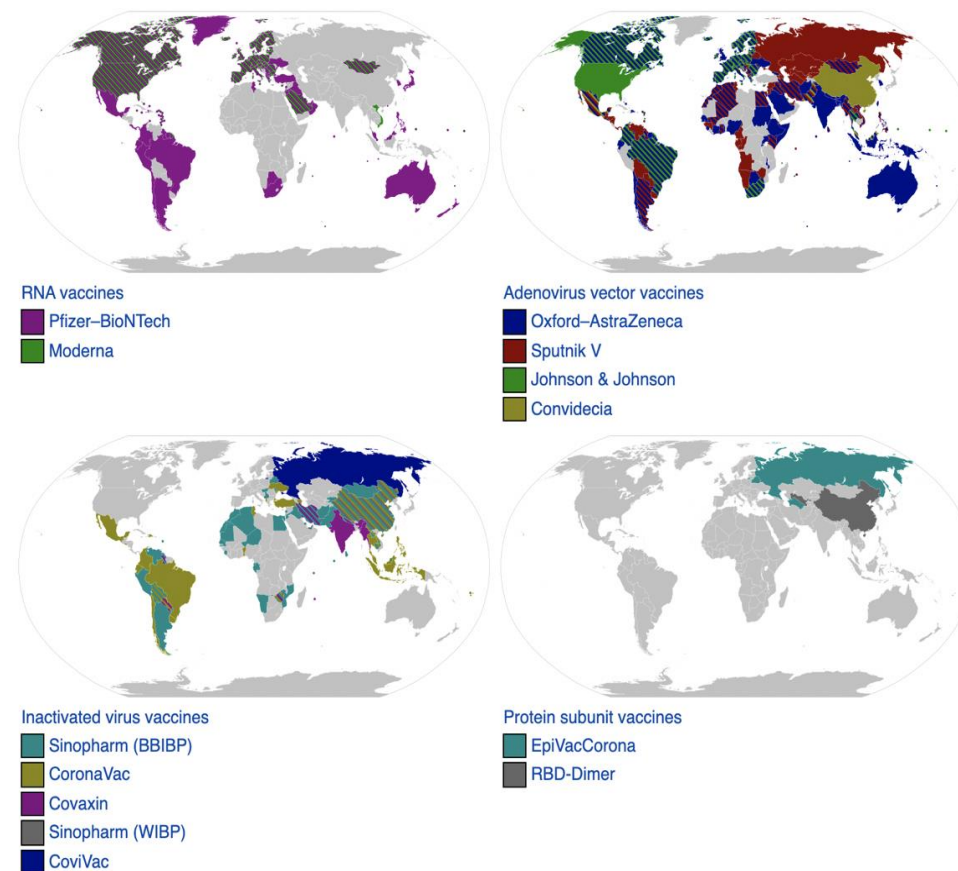
What do we know so far about the safety and efficacy of COVID-19 vaccines for patients with cancer? Notably, the published data only reflect certain vaccines in specific, mostly high-income, settings. With this caveat in mind. n

resources, especially if vaccines become available in the private sector, rather than exclusively through government-led national programmes.

In light of the challenging and rapidly changing vaccine landscape for patients with cancer, the **COVID-19 and Cancer Taskforce** undertook a rapid assessment of the current global availability of COVID-19 vaccines and their strategies for covering cancer patients and health-care workers, up to and including March 31, 2021. We surveyed members of the Taskforce from 38 countries covering the full spectrum of development from low-income to high-income settings and received completed responses from

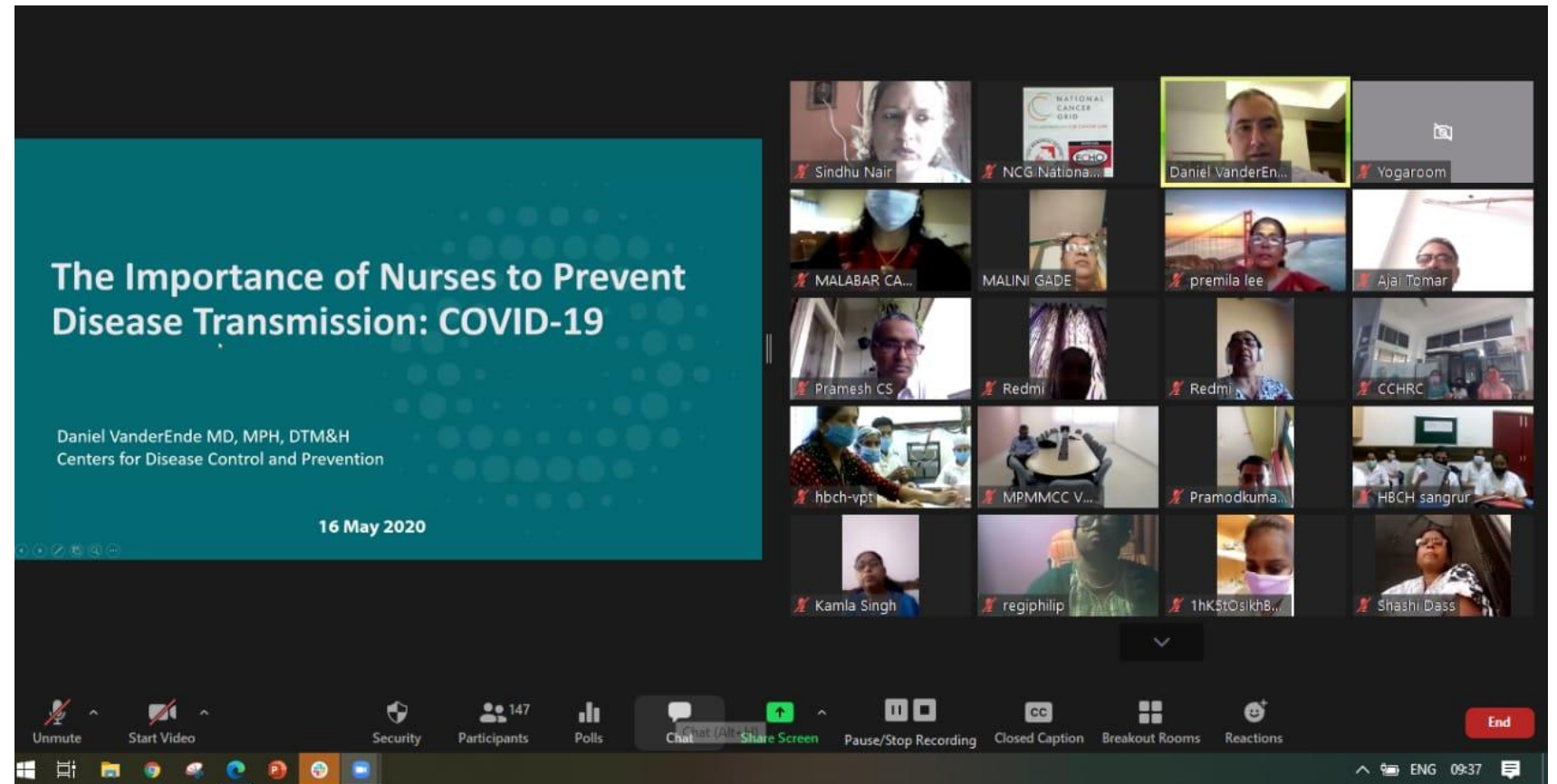


Lancet Oncol 2021
For the COVID-19 and Cancer Taskforce see covidcancertaskforce.org



Engagement: national and international

- Eleven major webinar series: National Cancer Grid of India; King's College London-Queens University Kingston,
- 4 symposiums held to date
- 2 planned Qtr 1 2022



4. CCGMC 2021 key highlights and achievements.

Session 1: Dr Freddie Bray (IARC)
Session 2: Prof Karen Canfell (The Daffodil Centre)



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The Daffodil Centre



Building back better COVID-19 and Cancer Global Taskforce

<https://covidcancertaskforce.org/>



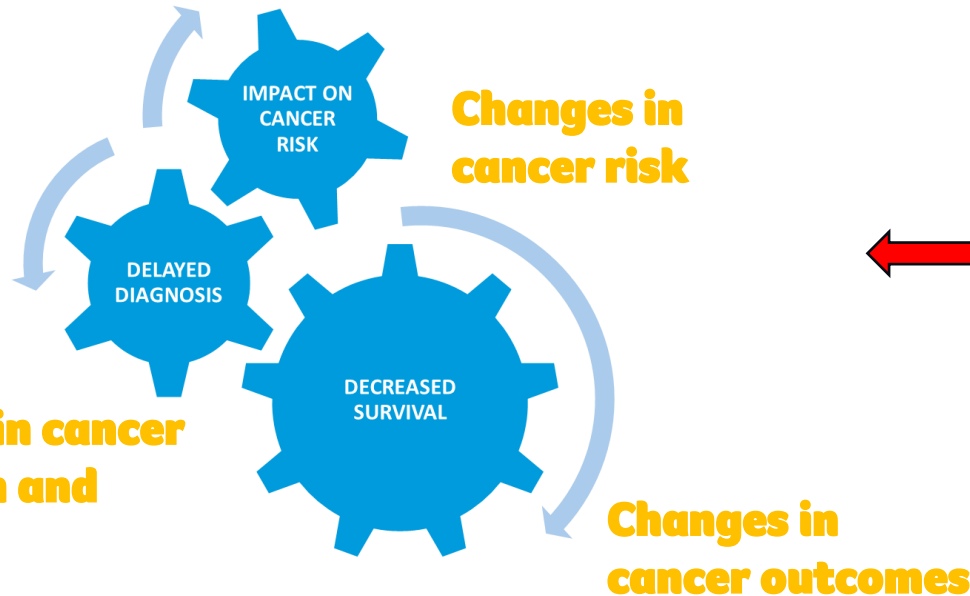
Address risks for longer-term impacts on cancer outcomes, inequalities, research



COVID-19 and Cancer Global Modelling Consortium

With acknowledgement to the contributions of our Affiliates:





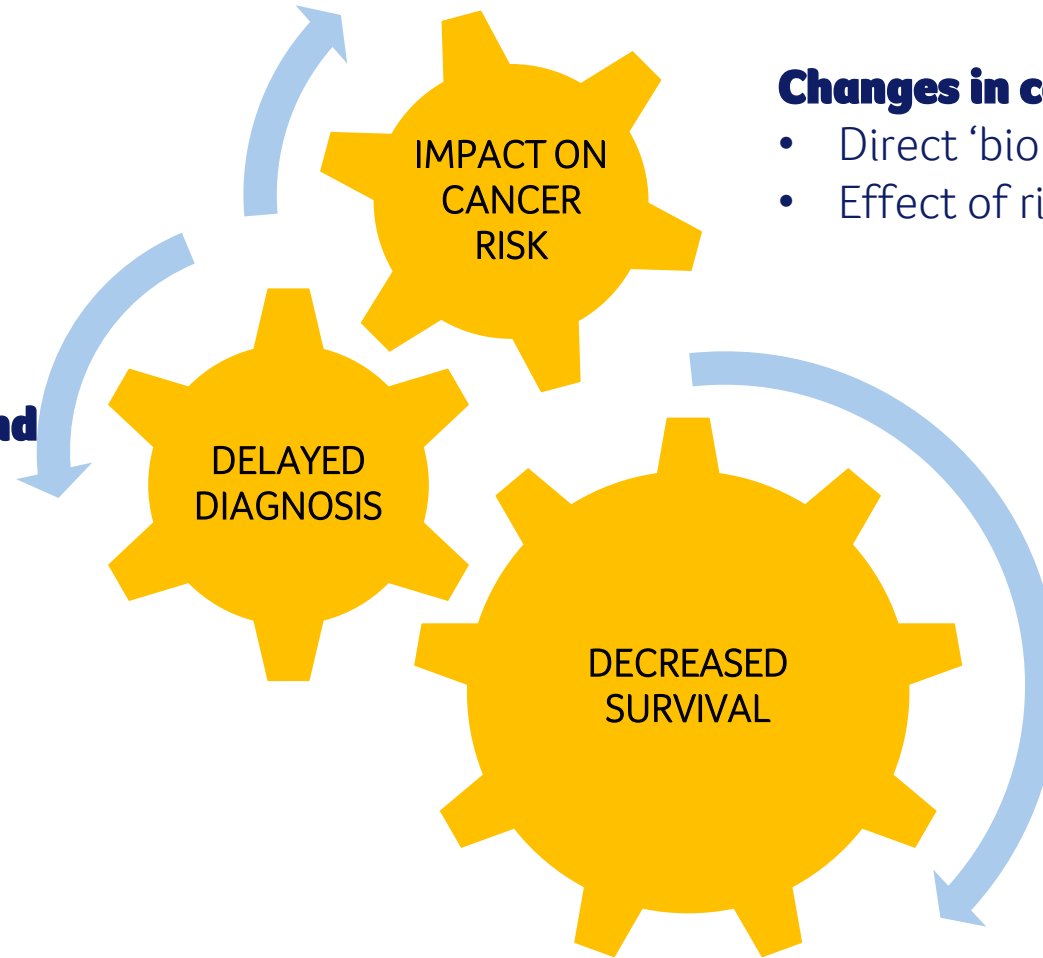
<https://ccgmc.org/>

Overview of working groups

~250 members signed up in working groups

Changes in cancer detection and staging (WG1&2):

- Disruptions to screening programs (WG2)
- Delays in symptomatic presentation (WG1)



Changes in cancer risk (WG3):

- Direct 'biological' impact on risk
- Effect of risky behaviours during the crisis

Changes in cancer outcomes (WG1):

- Impact of treatment disruptions
- Direct 'biological' impact on survival
- Effects on co-morbid conditions
- Competing mortality risk from infection

2021 highlights & achievements

Funding & Resources

- New dedicated senior systematic reviewer (Daffodil Centre) and IARC postdoc
- Cancer Research UK Project
- Formal collaboration with World Health Organisation on next iteration of Covid and Cancer systematic reviews

Engagement & collaborations

- Established Australian & Canada 'AUSCAN' expert modelling group
- Confirmed leads for Stage 2 living systematic reviews
- Established working groups for WHO Covid and Cancer systematic reviews
- Ongoing collaborations and participation within WG1 technical team; WG2 Breast, Cervical and Colorectal cancer project teams.



Submissions & publications

- Total of 6 publications in 2021
- We recently submitted 3 systematic reviews :
 - 1) Covid and mortality amongst cancer patients
 - 2) Risk of Covid infection amongst cancer patients
 - 3) Covid and changes in smoking behaviour

Invited presentations

- World Cancer Leader's Summit
- European Cancer Summit
- Preventing Cervical Cancer in the Indo-Pacific Conference (PCC)
- International Cancer Screening Network (ICSN) webinar
- ARC Conference (Canadian Centre for Applied Research in Cancer Control)
- The Daffodil Centre Flagship seminar
- 34th International Papillomavirus Conference (IPVC)
- International Cancer Control Partnership (ICCP)
- Alberta Cancer Research Conference (ACRC)
- HPV Prevention Board

Thank you all for your hard efforts and active participation!

Recent publications to highlight

van Wifferen, F., de Jonge, L., Worthington, J., Greuter, M. J. E., Lew, J.-B., Nadeau, C., van den Puttelaar, R., Feletto, E., Yong, J. H. E., Lansdorp-Vogelaar, I., Canfell, K., & Coupé, V. M. H. (2021). **Prioritisation of colonoscopy services in colorectal cancer screening programmes to minimise impact of COVID-19 pandemic on predicted cancer burden: A comparative modelling study.** *Journal of Medical Screening*. <https://doi.org/10.1177/09691413211056777>

Figueroa JD, Gray E, Pashayan N, et al.(2021) **The impact of the Covid-19 pandemic on breast cancer early detection and screening.** *Preventive Medicine*. <https://doi.org/10.1016/j.ypmed.2021.106585>

Smith MA, Burger EA, Castanon A, de Kok IMCM, Hanley SJB, Rebolj M, Hall MT, Jansen EEL, Killen J, O'Farrell X, Kim JJ, Canfell K. **Impact of disruptions and recovery for established cervical screening programs across a range of high-income country program designs, using COVID-19 as an example: A modelled analysis.** *Preventive Medicine*. <https://doi.org/10.1016/j.ypmed.2021.106623>

Castanon, A., Rebolj, M., Burger, EA., de Kok, I., Smith, MA., Hanley, S., Carozzi, FM., Peacock, S., O'Mahony, JF (2021). **Cervical screening during the COVID-19 pandemic: optimising recovery strategies.** *The Lancet Public Health*. [https://doi.org/10.1016/S2468-2667\(21\)00078-5](https://doi.org/10.1016/S2468-2667(21)00078-5)

For full list of CCGMC-related publications please visit: <https://ccgmc.org/publications/>



5. Current commissioned projects

Prof Karen Canfell & Dr Julie Torode



Covid and Cancer systematic reviews:

1. Cancer and risk of COVID-19-related mortality
2. Impact of COVID-19 on cancer care delays and disruptions
3. Impact of strategies for mitigating delays and disruptions in cancer care due to COVID-19

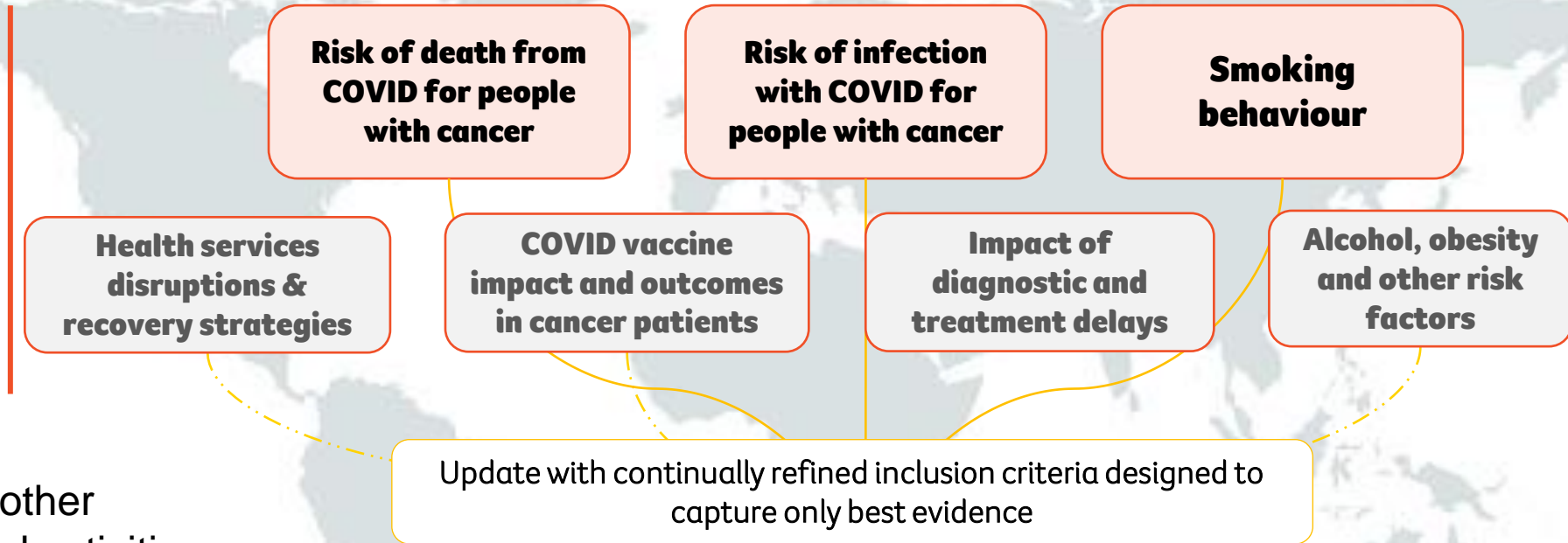
The impact of HPV vaccination disruptions and best-practice recovery strategies in LMIC:
Development of policy briefs and interactive tools to support decision-making (incl. establishment of the CCGMC Global Observatory)



6. The COVID-19 & Cancer Global Observatory

Prof Karen Canfell

Initial systematic reviews and modelling & potential extensions to current work



Facility to track other relevant SRs and activities underway by other groups

CCGMC Observatory
Living systematic reviews and modelling results
Provide ongoing live evidence assessments



First *Observatory* iteration will build on cervical cancer elimination policy briefs



Cervical Cancer Elimination

Country review and roadmap for action

Afghanistan

Cervical cancer is one of the most preventable cancers. However, in 2018, an estimated 31,000 women died from cervical cancer globally. Most of these deaths occurred in low- and lower-middle income countries (LMICs) due to inadequate access to cervical cancer prevention.

In November 2020, the WHO launched a Strategy to accelerate the elimination of cervical cancer as a public health problem. The Strategy proposes an elimination threshold of 4 cases per 100,000 women, achieved by implementing triple intervention targets by 2030:

- 90% of girls fully vaccinated with the vaccine by age 15.
- 70% of women screened with a high-performance test (such as the HPV test) by 35, and again by 45 years.
- 90% of women identified with cervical precancer or cervical cancer receive adequate treatment and care.

If this Strategy is adopted, a total of 74 cervical cancer cases could be prevented and 62 million women's lives could be saved over the next century.¹ This Strategy also represents the most cost-effective approach across 95% of countries analyzed, and is expected to offer immense economic and social benefits, rising to US\$ 26.00 when societal benefits are incorporated, for every dollar invested through 2050 due to increases in women's participation in the workforce.²

Cervical Cancer Elimination

Country review and roadmap for action

Cambodia

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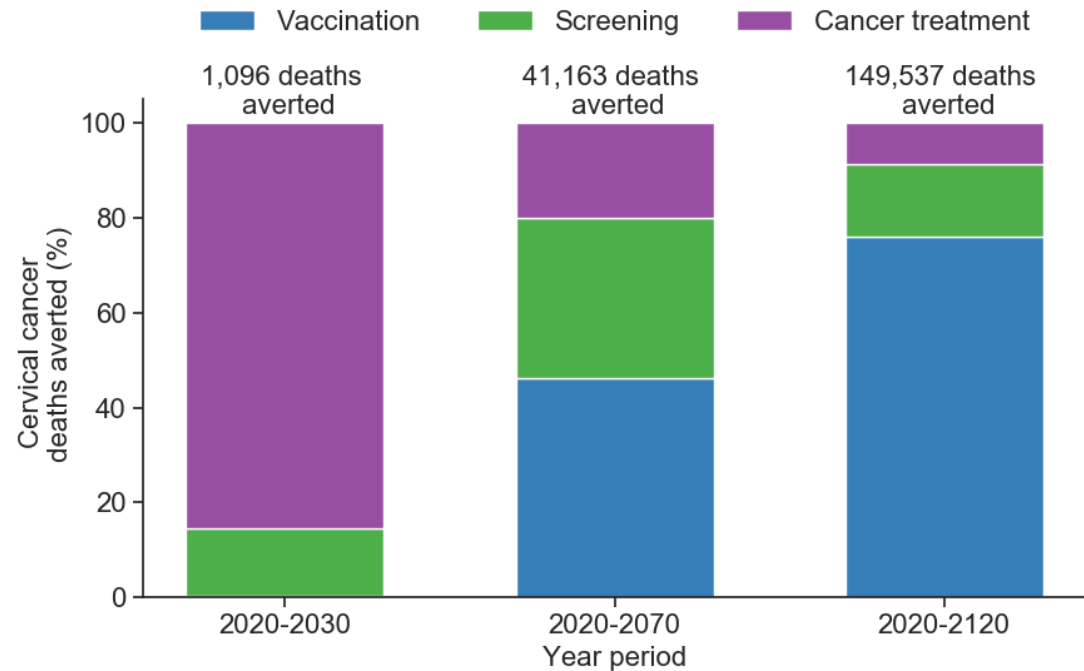
Pakistan

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- Canfell K, Kim J J, Brisson M, et al. Mortality impact of achieving WHO cervical cancer elimination targets: a comparative modelling analysis in 78 low-income and lower-middle-income countries. *Lancet* 2020;395:591-603.
- Brisson M, Kim J J, Canfell K, et al. Impact of HPV vaccination and cervical screening on cervical cancer elimination: a comparative modelling analysis in 78 low-income and lower-middle-income countries. *Lancet* 2020;395:575-590.

7. Update on Working Group activities.



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CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER



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WG1 – Treatment & outcomes.



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CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER



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WHO Covid and Cancer Systematic reviews.

Dr André Ilbawi and Dr Felipe Roitberg (World Health Organisation)



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COVID-19 and Cancer: Impact and Response



1

Setting context:
measuring impact of
COVID-19 on cancer

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2

Global response:
Generating evidence-driven
response in line with
political commitments

CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER



3

WHO signature solutions.
Building back better and
WHO Global Cancer Initiative

The Daffodil Centre
World Health Organization





Bottom Line – IMPACT

EXCESS MORTALITY (2020)

COVID-19 DEATHS (2020)

1,8 mi

EXCESS MORTALITY (2020)

3 mi

0 0.5 1 1.5 2 2.5 3 3.5

225,024,781 confirmed Covid-19

4,636,153 deaths

5,534,977,637 vaccine dosis
(2% África)

Pandemia



Syndemia ?



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CONTRE LE CANCER



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WHO response



**COVID-19
RESPONSE**

Global Goods

Leadership

Country Support

Delays and Disruptions in Cancer Health Care Due to COVID-19 Pandemic: Systematic Review

**GUIDE TO CANCER
EARLY DIAGNOSIS**

Second round
survey on
health services
pandemic

**Building
Back Better**
Sustainable Mental Health Care
after Emergencies

**COVID-19
PREPAREDNESS
PLAN**



CANADIAN PARTNERSHIP AGAINST CANCER / PARTENARIAT CANADIEN CONTRE LE CANCER



The Daffodil Centre





COVID-19 and Cancer: Impact and Response



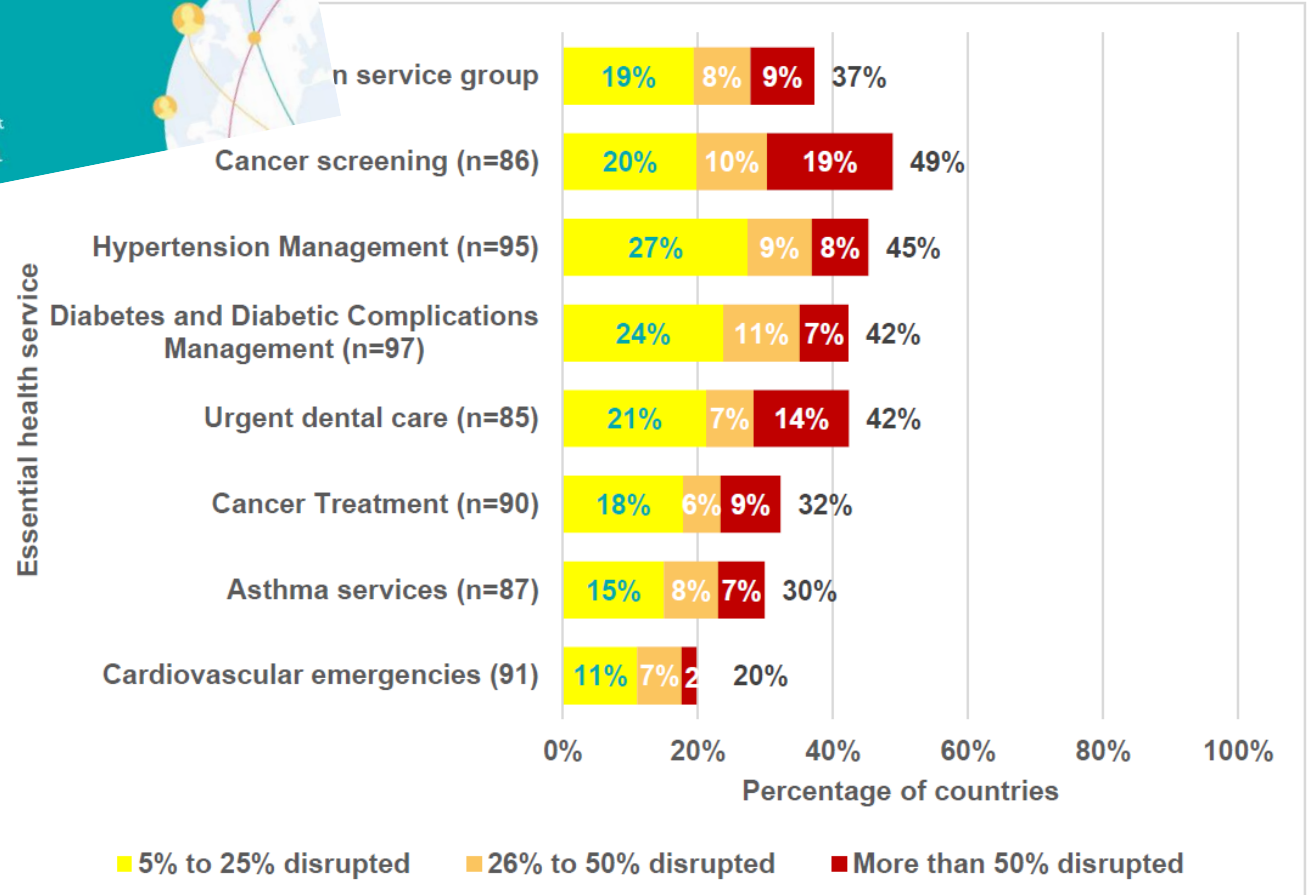
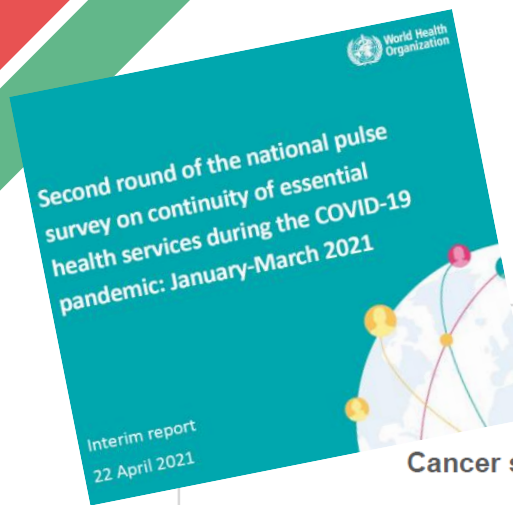
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- Service disruption – severity, type
- Mitigation strategies & evidence-informed policies

Setting context:
measuring impact of
COVID-19 on cancer

International Agency for Research on Cancer

WHO Service Disruption Survey



Magnitude of disruptions decreased 42% → 32% (cancer 2000 → 2021)

- **Supply-side:** health workforce-related
- **Demand-side:** community fear & mistrust, patients not presenting (57%)

HIC: disruptions → intentional strategic modifications;
LMIC: unplanned > intentional



Service Disruptions



Delays and Disruptions in Cancer Health Care Due to COVID-19 Pandemic: Systematic Review

Author: Elina, PhD; An, PhD; Maria, PhD; M, PhD; E, PhD; L, PhD; P, PhD; M, PhD; D, PhD; O, PhD; P, PhD; H, PhD; S, PhD; M, PhD; K, PhD; B, PhD; T, PhD

review articles

COVID-19 and Cancer: Impact and Response



1

Setting context:

measuring impact of

COVID-19 on cancer



2

Global response:

Generating evidence-driven

response in line with

CANADIAN PARTNERSHIP AGAINST CANCER / PARTENARIAT CANADIEN CONTRE LE CANCER



3

WHO signature solutions.

Building back better and

WHO Global Cancer Initiative



The Daffodil Centre



#COVID19 is the greatest challenge of our time. But we are not powerless. We must persevere and confront this crisis together.

Resolution A/RES/74/306

Comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic

OP9. "Also calls upon Member States to further strengthen efforts to address non-communicable diseases as part of universal health coverage, **recognizing that people living with non-communicable diseases are at a higher risk of developing severe COVID-19 symptoms and are among the most impacted by the pandemic.**"

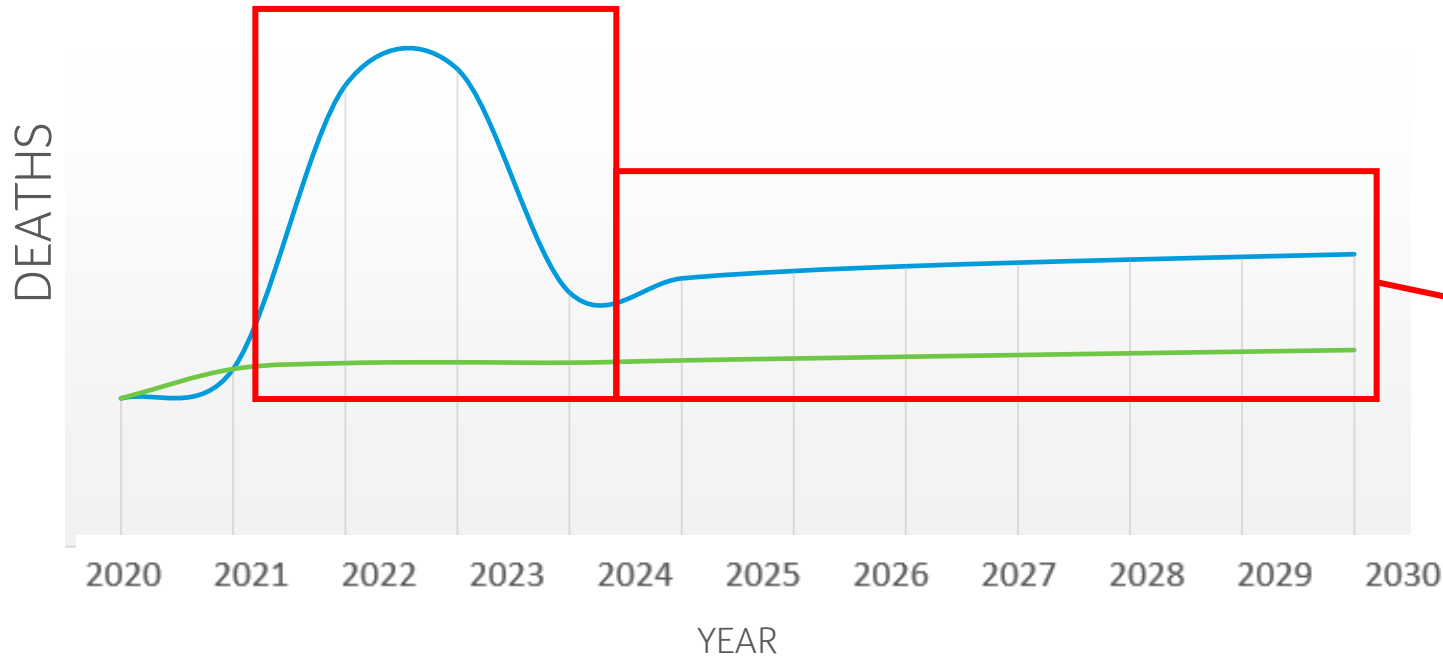




Responding to the challenge:

- Resilient health system investment
- saving lives

Covid-19 Impact on Cancer Mortality



Mid-term impact

- Altered capacities related to
- (1) Service availability/workforce
 - (2) Service financing
 - (3) Product availability



Mitigation Strategies

NCDs in EHS

33/87 countries have included NCDs in EHS



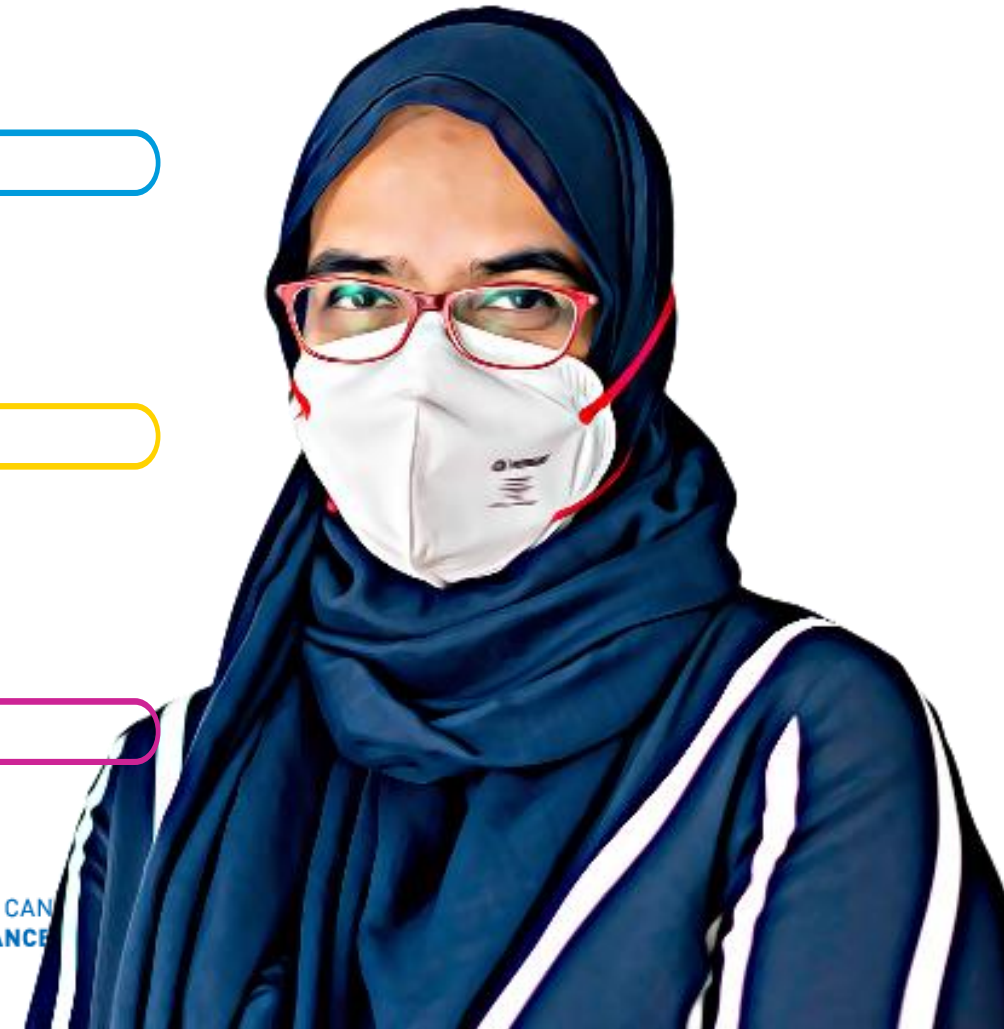
with \$

3/87 countries have a budget line for NCDs € EHS



NCD management

9/87 countries have who provided guidance on how and when to access care and treatment



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CANADIAN PARTNERSHIP AGAINST CANCER



PARTENARIAT CANADIEN CONTRE LE CANCER

Mitigation Strategies

Define best practices

Set national priorities

Support implementation

WHO normative guidance

WHO Case studies, Communities of practice

Collaboration across communities

Maintaining essential health services: operational guidance for the COVID-19 context
Interim guidance
1 June 2020

Impact of Strategies for Mitigating Delays and Disruptions in Cancer Care Due to COVID-19: Systematic Review

Rafael Lobo Pires, MSc^{1,2}, Ana Lúcia Cabral Martins, PhD^{1,2}, Felipe Rolberg, PhD^{3,4}, Anne Ewert, PhD⁵, and Rachel Haas, PhD^{6,7}

World Health Organization

Action Brief: Online call for submissions

The World Health Organization (WHO) is seeking input for the WHO COVID-19 Health Services Learning Hub. The Hub will provide a platform for the collection, synthesis, and dissemination of evidence on the impact of COVID-19 on health services, and to support the development of strategies to address these challenges. The Hub will also provide a platform for the sharing of best practices and lessons learned. The Hub will be a key component of the WHO COVID-19 Health Services Learning Hub, which is a global network of experts and practitioners working to address the challenges of COVID-19 on health services. The Hub will be a key component of the WHO COVID-19 Health Services Learning Hub, which is a global network of experts and practitioners working to address the challenges of COVID-19 on health services.

aspho **WILEY**

SPECIAL REPORT

The COVID-19 pandemic: A rapid global response for children with cancer from SIOP, COG, SIOP-E, SIOP-PODC, IPSO, PROS, CCI, and St Jude Global

Michael Sullivan¹ | Eric Bouffet² | Carlos Rodriguez-Galindo³ | Sandra Luna-Fineman⁴ | Muhammad Saghir Khan⁵ | Pam Kearns⁶ | Douglas S. Hawkins⁷ | Julia Challinor⁸ | Lisa Morrissey⁹ | Jörg Fuchs¹⁰ | Karen Marcus¹¹ | Adriana Balduzzi¹² | Luisa Basset-Salom¹³ | Miguela Caniza¹⁴ | Justin N. Baker¹⁵ | Rejin Kebudi¹⁶ | Laila Hessissen¹⁷ | Richard Sullivan¹⁸ | Kathy Pritchard-Jones¹⁹

World Health Organization

Vaccine Considerations: guidance



Prioritization of Community

Overall public health strategy for this epidemiological setting: Initial focus on direct reduction of morbidity and mortality, maintenance of most critical essential services and reciprocity. Expand for further reduction of mortality and morbidity and to contribute to reduction in transmission, to reduce disruption of social and economic functions. (A1) (A2) (A3) (B1) (B2) (C1) (C2) (D1) – labels explained in Legend 1

Vaccine supply scenario	Priority-use groups
Stage I (very limited vaccine availability, for 1–10% of national population)	<p>Stage Ia (initial launch):</p> <ul style="list-style-type: none"> Health workers at <i>high to very high risk</i> of acquiring and transmitting infection, as defined in Annex 2. (A1) (A3) (D1) <p>Stage Ib:</p> <ul style="list-style-type: none"> Older adults defined on the basis of age-based risk specific to country/region; specific age cut-off to be decided at country level. (A1) (C1)
Stage II (limited vaccine availability, for 11–20% of national population)	<ul style="list-style-type: none"> Older adults not covered in stage I. (A1) (C1) Health workers at <i>medium risk</i> of acquiring and transmitting infection, as defined in Annex 2. (A1) (A3) (D1) Groups with comorbidities^c or health states (such as pregnancy), determined to be at <i>significantly higher risk</i> of severe disease or death. Efforts should be made to ensure that disadvantaged groups in which there is underdiagnosis of comorbidities are equitably included in this category. (A1) (C1) (C2) Sociodemographic groups at <i>significantly higher risk</i> of severe disease or death (depending on country context, examples may include: disadvantaged or persecuted ethnic, racial, gender, and religious groups and sexual minorities; people living in extreme poverty, the homeless and those living in informal settlements or urban slums; low-income migrant workers; refugees, internally displaced persons, asylum-seekers, populations in conflict settings or those affected by humanitarian emergencies, vulnerable migrants in irregular situations; nomadic populations; and hard-to-reach population groups such as those in rural and remote areas). (A1) (B1) (B2) (C1) (C2) Health workers engaged in immunization delivery (routine programmes and COVID-19 vaccination). (A1) (A2) (B2) (C1) (C2) (D1) High-priority teachers and school staff (depending on country context, examples may include: preschool and primary school teachers because of the critical developmental stage of the children they teach, teachers of children for whom distance learning is very difficult or impossible). (A2) (A3) (B1) (C1) (C2)

Efficacy, Safety and Dosing

- Guidance produced per vaccine and in-line with published studies (eg, Pfizer)

“Immunocompromised persons are at higher risk of severe COVID-19. **Available data are currently insufficient to assess vaccine efficacy or vaccine-associated risks in severely immunocompromised persons.**

It is possible that the immune response to the vaccine may be reduced.”

^c Comorbidities known to increase the risk of severe COVID-19 include diabetes, hypertension, obesity, neurodevelopmental disorders, cancer, conditions

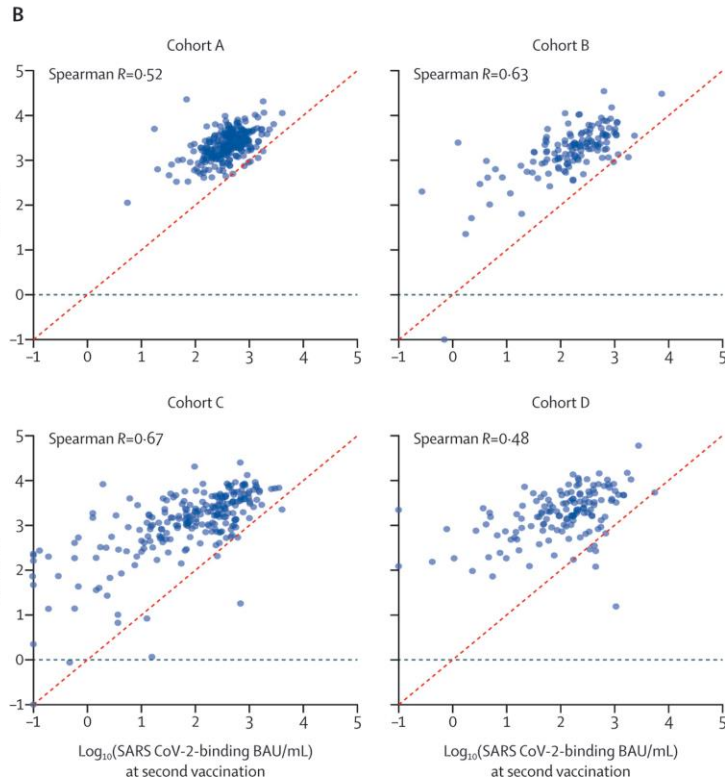
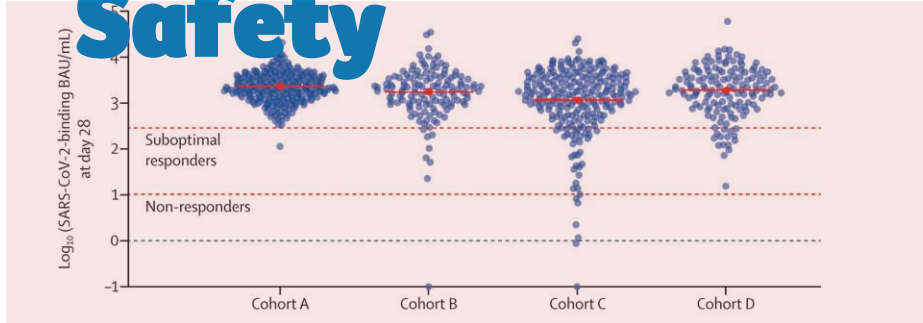


Better evidence from CT: Efficacy and

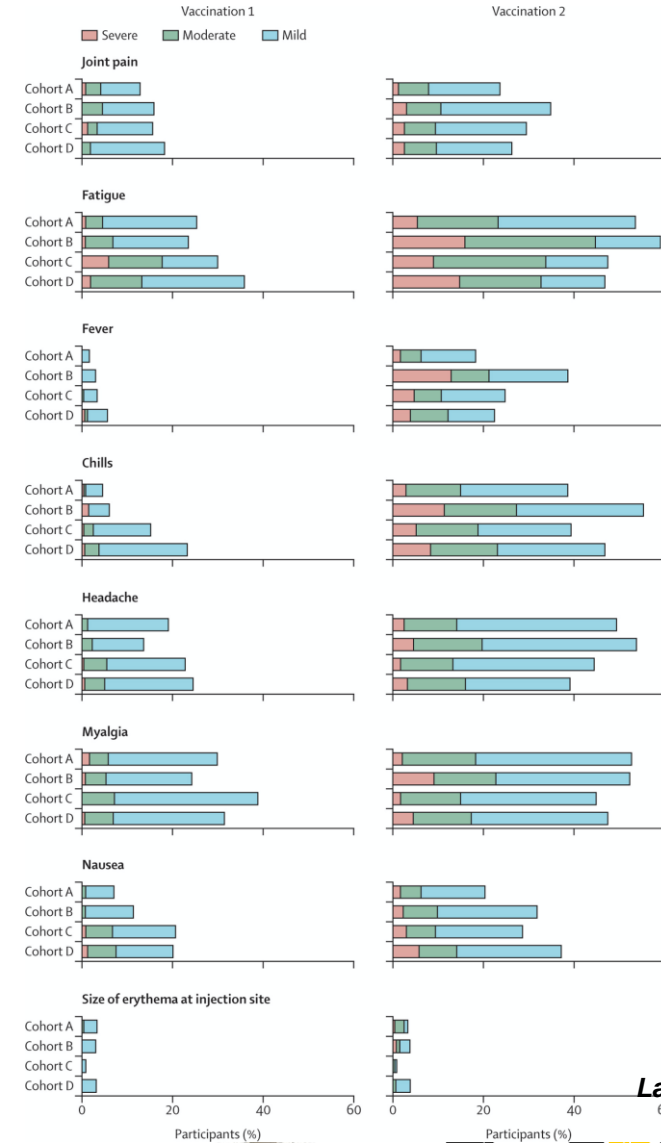
Safety

mRNA-1273 vaccine

- A: No Cancer
- B: immunotherapy
- C: chemotherapy
- D: chemoimmunotherapy



Prospective Multicenter Non-Inferiority



Lancet Oncol 2021; 22: 1681–91



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The Dorriford Centre



Better evidence from Real World: Efficacy

Retrospective, multicenter, nationwide cohort study of SARS-CoV-2 vaccination

29 152 vaccinated patients (74.1 [70.2–79.3] years)

Effectiveness: 58% (95% CI, 39% to 73%)

Solid vs Haematological: 66% vs 19%

Systemic Therapy:

>6months: 85%

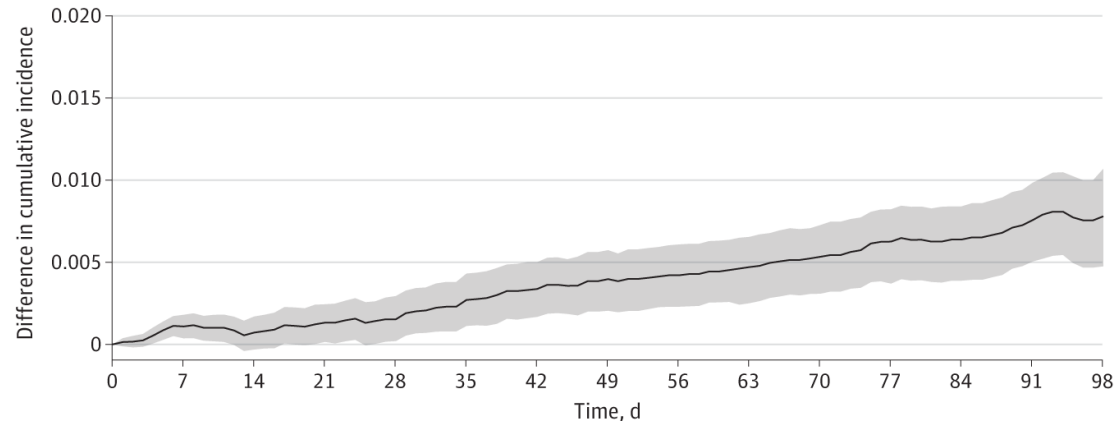
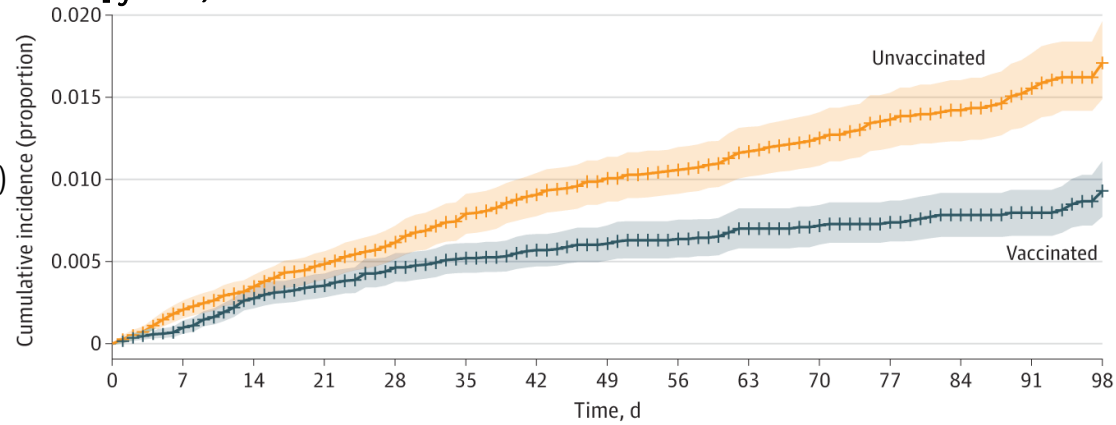
3–6months: 63%

>6months: 54%

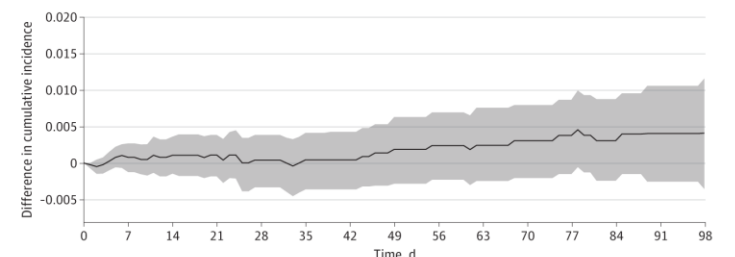
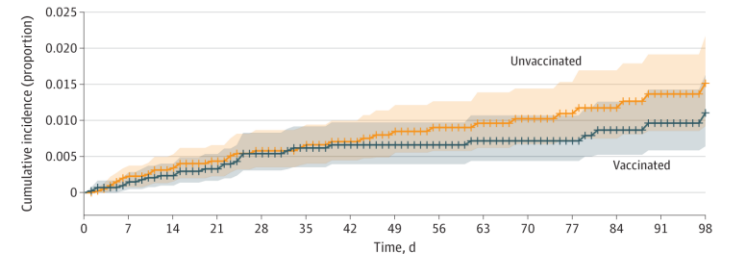
Chemo vs Endocrine Therapy:

Chemo: 57%; 95% CI, –23% to 91%)

Endocrine: 76%; 95% CI, 50% to 91%



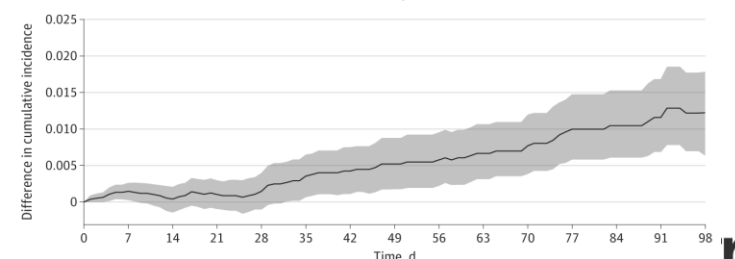
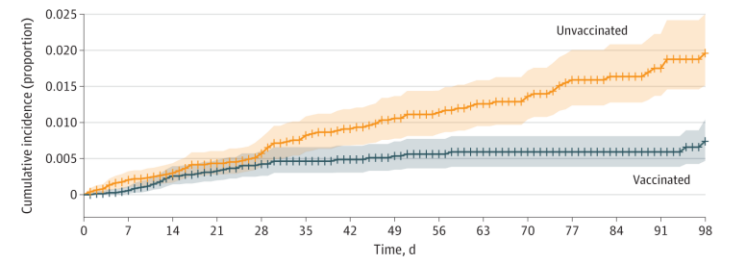
A Chemotherapy containing



Cumulative No. of events

Unvaccinated	0	9	13	16	20	22	23	26	27	28	29	30	31	33	34
Vaccinated	0	6	9	12	18	20	21	21	21	22	22	22	24	25	26
No. at risk	4226	3760	3294	2873	2580	2337	2109	1924	1749	1563	1385	1222	1038	823	602
Unvaccinated	4226	3780	3333	2929	2643	2403	2189	2015	1853	1677	1494	1336	1141	904	670

B Endocrine



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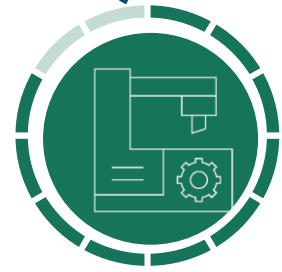


JAMA Oncol. 2021 Dec 2

A partnership between



Qualified Decision-Making: actionable



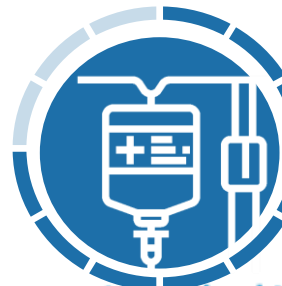
↓ 40% Radiotherapy



↓ 43% Diagnostic

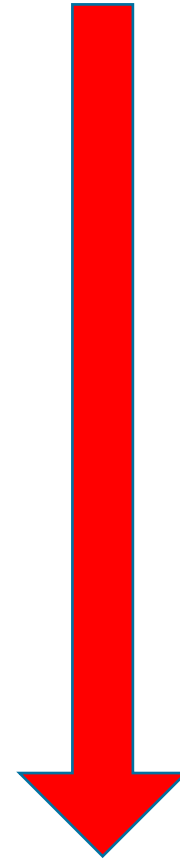


↓ 70% Surgery



50% Chemo modified

“TRADE-OFFS”



Covid-19 severe event for Ca. patients

- Exposure
- Type of Cancer
- Treatment
- Comorbidades (NCD) Burden
- Vaccines (access + efficiency + safety)

Risk-Benefit ? → Health Dimension
Cost-benefit ? → Economic Dimension



COVID-19 and Cancer: Impact and Response



1

Setting context:
measuring impact of
COVID-19 on cancer



2

Global response:
Generating evidence-driven
response in line with
political commitments



3

WHO signature solutions.
Building back better and
WHO Global Cancer Initiative





WHO and UN activities in cancer

SEVENTIETH WORLD HEALTH ASSEMBLY
Agenda item 15.6

Cancer prevention and control in the an integrated approach

The Seventieth World Health Assembly,
Having considered the report on cancer prevention and control in the world, and the integrated approach;

Acknowledging that, in 2012, cancer was the second leading cause of death in the world, 8.2 million cancer-related deaths, the majority of which occurred in low- and middle-income countries;

Recognizing that cancer is a leading cause of morbidity globally and a growing public health concern, with the annual number of new cancer cases projected to increase from 14.1 million in 2012 to 21.6 million by 2030;

Aware that certain population groups experience inequalities in risk factor exposure and in access to screening, early diagnosis and timely and appropriate treatment, and that they also experience poorer outcomes for cancer; and recognizing that different cancer control strategies are required for specific groups of cancer patients, such as children and adolescents;

Noting that risk reduction has the potential to prevent around half of all cancers; and recognizing that early diagnosis and prompt and appropriate palliative care can reduce mortality and improve quality of life for cancer patients;

Reaffirming the commitment of the World Health Assembly to the continued and increased prevention and control of cancer, and the progress achieved in the prevention and control of cancer, and the continued and increased commitments that are essential for the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, including four time-bound national commitments;

Reaffirming the commitment of the World Health Assembly to the continued and increased prevention and control of cancer, and the progress achieved in the prevention and control of cancer, and the continued and increased commitments that are essential for the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, including four time-bound national commitments;



WHO Cancer Initiatives

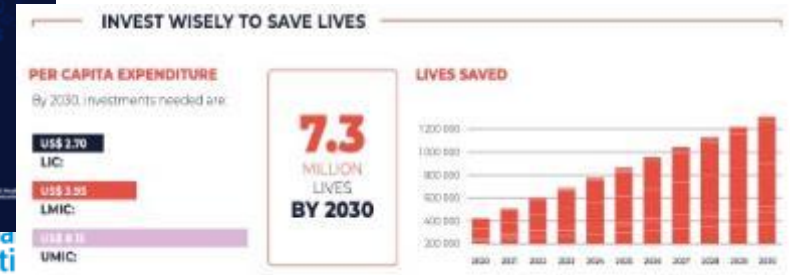


Cancer early detection



Cancer workforce

Cancer plans & investments



Access to cancer products, innovation

Partnerships for Innovation

International Cancer Screening Network

Site No.	Screening Method	Population	Screening Frequency	Yearly Cost	Cost per Person
1	Visual Inspection	100,000	Annually	\$20,000	\$0.20
2	Visual Inspection	100,000	Annually	\$20,000	\$0.20
3	Visual Inspection	100,000	Annually	\$20,000	\$0.20
4	Visual Inspection	100,000	Annually	\$20,000	\$0.20
5	Visual Inspection	100,000	Annually	\$20,000	\$0.20
6	Visual Inspection	100,000	Annually	\$20,000	\$0.20
7	Visual Inspection	100,000	Annually	\$20,000	\$0.20
8	Visual Inspection	100,000	Annually	\$20,000	\$0.20
9	Visual Inspection	100,000	Annually	\$20,000	\$0.20
10	Visual Inspection	100,000	Annually	\$20,000	\$0.20



SDGs





WHO Global Initiatives

WHO Global Initiative for Childhood Cancer

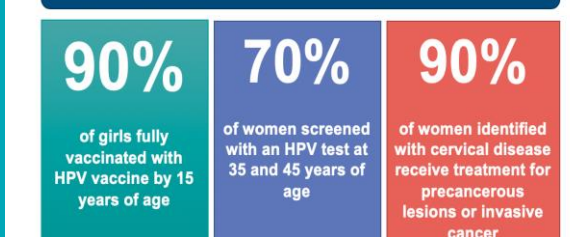


ONLY ABOUT 20% OF CHILDREN WITH CANCER WILL SURVIVE
IN LOW- & MIDDLE-INCOME COUNTRIES

80% OF CHILDREN WITH CANCER WILL SURVIVE
IN HIGH-INCOME COUNTRIES

Target: >60% survival
Save 1 mil lives by 2030

Global strategy to accelerate the elimination of cervical cancer



Target: Elimination of cervical cancer by 2100

WHO Global Breast Cancer Initiative

Health promotion, early detection:
↑ early stage disease

Timely breast cancer diagnosis:
↓ time to diagnosis

Comprehensive management:
↑ coverage



Target: ↓ mortality 2.5%/yr
Save 2.5 mil lives by 2040

Active in >30 countries
National strategies, medicines procured

Partners: International Agency for Research on Cancer, World Health Organization

Active in >10 countries
Product support, training, guidelines

Partners: CANADIAN PARTNERSHIP AGAINST CANCER, PARTENARIAT CANADIEN CONTRE LE CANCER

Launched in 2012
>50 participating organizations

Partners: The Breast Modelling Centre, ICSN (International Cancer Screening Network), A partnership between Cancer Council Australia, The University of Sydney



Next steps: three systematic reviews in formal collaboration: WHO - CCGMC

1. Risk of COVID-19-related death for people with cancer – SR with CCGMC
2. Magnitude of cancer care delays and disruptions during the COVID-19 pandemic – SR with CCGMC
3. Impact of strategies for mitigating delays and disruptions in cancer care due to the COVID-19 pandemic– SR with CCGMC
4. Covid-19 Model – WHO publication + Peer Review
5. Model impact for Mozambique framing the investment case as default for mitigate strategies adoption + Healthcare resilience building 
6. Covid-19 + NCCP framework → Build it back better (Phyton Interactive model)



Conclusion: *Key role for all stakeholders*

Civil society

- Advocate for **evidence-based programme**
- **Align** strategy with national programme

Professional societies & academia

- **Generate evidence** on priority cancer intervention, **innovate**
- Support implementation through **training**

Private sector

- Enable access to priority cancer products, expand markets
- Facilitate implementation research, support capacity building

UN agencies

- **Leadership, country support, implementation & monitoring**
- Provide **normative guidance** for cancer programmes

Thank you! Merci beaucoup! Obrigado! Gracias!

WHO / IARC Costing and Planning Tool Group and WHO Cancer team:

- Dr André Ilbawi,
 - Dr Roberta Ortiz,
 - Dr Sandra Luna-Finneman,
 - Dr Ben Anderson,
 - Dr Dario Trapani,
 - Dr Melanie Bertram,
 - Dr Cindy Gauvreau,
 - Dr Elena Fidarova,
 - Dr Rei Haruyama,
 - Dr Catherine Lam,
 - Dr Scott Howard,
 - Dr Rory Watts,
 - Saki Narita,
 - Filip Meheus
 - Felipe Roitberg
-
- St. Jude Children's Research Hospital, SIOP
 - ESMO, UICC, NCI



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Existing CCGMC systematic reviews

Dr Peter Coxeter and Dr Richa Shah

Working Group 1

- **Completed two SRs with details reported in the last CCGMC-wide meeting in April 2021 – manuscripts now submitted to journals**
- These reviews examined early evidence (to 1 July 2020) on two key questions:
 - The risk of contracting SARS-CoV-2 or developing COVID-19 for people with a pre-existing cancer diagnosis, compared to those without cancer.
 - Do COVID-19 patients with cancer have a higher risk of COVID-19-related death than those without cancer?
 - *Insights informed criteria for next iteration of this review in formal collaboration with the WHO.*



Next steps: three systematic reviews in formal collaboration with the WHO

1. Risk of COVID-19-related death for people with cancer

- Aim: to determine whether people with cancer are at higher risk of COVID-19-related death than people without cancer
- *Building on previous work, but with focus on high-quality evidence – aims to examine risks by cancer type, stage, time since diagnosis, and treatment received, with adjustments for age and COVID-19 vaccination status where possible.*

2. Magnitude of cancer care delays and disruptions during the COVID-19 pandemic

- Aim: to determine the impact of the COVID-19 pandemic on delays and disruptions in cancer care

3. Impact of strategies for mitigating delays and disruptions in cancer care due to the COVID-19 pandemic

- Aim: to determine the impact of strategies for mitigating delays and disruptions in cancer care due to COVID-19

Risk of COVID-19-related death for people with cancer: PECO

Population	Exposure	Comparator	Outcome
COVID-19 patients <i>OR</i> General population regardless of COVID-19 status	Cancer diagnosis within a specified period <i>OR</i> Cancer treatment within a specified period <i>OR</i> Current/"active" cancer as defined by the study	No pre-existing cancer diagnosis <i>OR</i> No cancer treatment or diagnosis within a specified period <i>OR</i> No current/"active" cancer as defined by the study	Death from any cause <i>OR</i> COVID-19-related death

Magnitude of cancer care delays and disruptions during the COVID-19 pandemic: PECO

Population	Exposure	Comparator	Outcome
<p>Cancer care services:</p> <ul style="list-style-type: none"> - Screening - Diagnosis - Treatment - Palliative care <p>OR</p> <p>Individuals:</p> <ul style="list-style-type: none"> - Adults or children with a confirmed cancer diagnosis - Those under investigation for cancer - Eligible for screening 	<p>COVID-19 pandemic</p>	<p>Situation before the COVID-19 pandemic</p> <p>OR</p> <p>Different periods during the COVID-19 pandemic (outbreak vs non-outbreak)</p>	<p>Service-level outcomes:</p> <ul style="list-style-type: none"> - Time or duration (interval) to diagnosis - Time or duration (interval) to treatment - Proportion or number of people diagnosed (number of diagnoses per month) - Proportion or number of people treated - Proportion or number of people screened or diagnosed through screening program - Screening participation (coverage) - Admission or bed used to hospice (for palliative care) <p>Individual-level outcomes:</p> <ul style="list-style-type: none"> - Cancer stage distribution - Survival (overall or cancer-specific) - Cancer mortality - Quality of life (for palliative care) - Pain (for palliative care)

Impact of strategies for mitigating delays and disruptions in cancer care due to the COVID-19 pandemic: PICO

Population	Intervention	Comparator	Outcome
<p>Cancer care services:</p> <ul style="list-style-type: none"> - Screening - Diagnosis - Treatment - Palliative care <p>OR</p> <p>Individual:</p> <ul style="list-style-type: none"> - Adults or children with a confirmed cancer diagnosis - Those under investigation for Cancer - Eligible for screening 	<p>Implementation of strategies or programmes focusing on cancer services OR populations that reduces delays or disruption in or receipt of cancer services. The intervention can be targeted to the whole population or specific to patients with cancer:</p> <ul style="list-style-type: none"> - Masks/vaccination/distancing - Separate access to services (from those with COVID) - Including cancers as part of emergency (or essential) services - Special consideration for patients or population with risk of cancer: transportation to care services, etc. - Any intervention aimed to mitigate delays and disruptions <p><i>Exclude telemedicine (tele-counselling) as it is not a definitive cancer diagnostic or treatment service</i></p>	<p>During the pandemic but before the intervention was implemented,</p> <p>OR</p> <p>A comparable setting where the intervention was not applied (e.g. comparing one hospital with to another without the intervention)</p>	<p>Service outcomes:</p> <ul style="list-style-type: none"> - Time/interval to diagnosis, to treatment - Duration of symptoms (onset to diagnosis) - Volume of cancer-related visits, procedures, or hospitalizations i.e., bed used or admissions - Proportion or number of people diagnosed or treated - Proportion or number of people screened or diagnosed through screening program - Screening participation (among invited or eligible age) or coverage - Detection rate - Bed use or admission to hospice care <p>Patient-related outcomes:</p> <ul style="list-style-type: none"> - Stage (shift) - Cancer mortality - Overall survival - Cancer-specific survival QoL - Pain (for palliative care)

Working group

Central team (Daffodil Centre and IARC)

Dr Julia Steinberg, Dr Isabelle Soerjomataram, Dr Michael Caruana, Dr Richa Shah, Dr Peter Coxeter, Ms Suzanne Hughes, Ms Chelsea Carle, Ms Harriet Hui, Prof Karen Canfell

CCGMC collaborators

(currently screening titles and abstracts):

Systematic review 1: Risk of COVID-19-related death for people with cancer

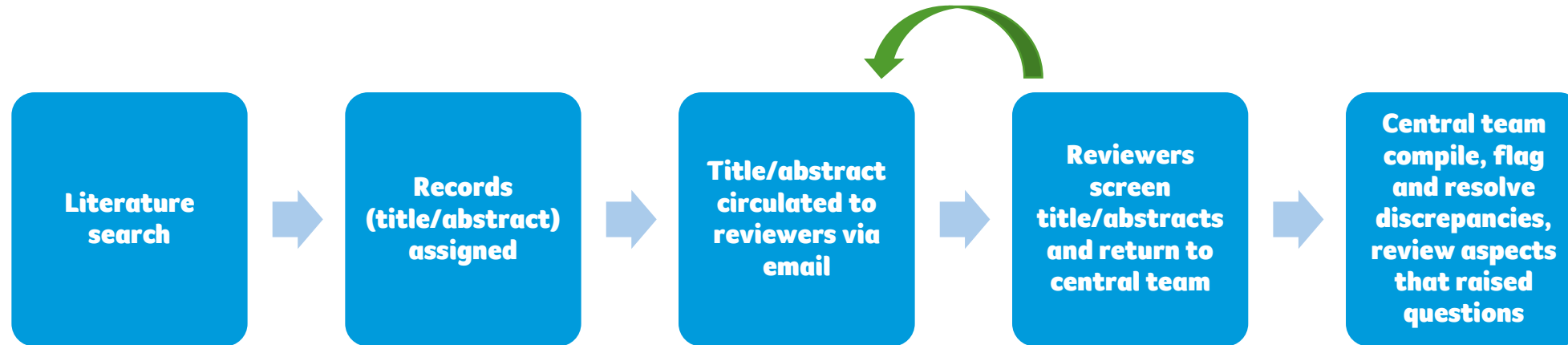
Dr Michael Shing Fung Lee, Dr Núria Vives, Dr Feixue Wei, A/Prof Tonia Onyeka, Dr Emma O'Dowd, Ms Maria Monroy Iglesias, Mr Derrick Bary Abila, Dr. Musliu Adetola Tolani, Dr Giulia Carreras, Ms Marilina Santero Sosa

Systematic review 2 & 3: Cancer care delays and disruptions, and mitigation strategies

Dr Montse Garcia, Dr Ethna McFerran, Dr Suryakanta Acharya, Dr Nader Hanna, Dr Nwamaka Lasebikan, Dr Loo Ching Ee, Dr Allini Mafra



SR collaboration with CCGMC members



- Searches retrieved ~17,000 records for COVID-19-related death and cancer, ~5,000 records for cancer care delays/disruptions and their mitigation
→ collaborative approach to review is key
- Used training set of abstracts to align screening approaches between reviewers
- First week: ~1,000 abstracts screened in duplicate, plus ~1,500 by one reviewer
- Regular meetings with collaborative team to discuss highlights and resolve challenges

WG2 – Screening Snapshot updates from project teams.



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WG2 – Project team updates

Overview

1. Breast project team update
2. Cervix (HIC) project team update
3. CRC project team update

CCGMC WG2 Breast cancer screening project team update.

Session 1: Dr Pietro Procopio (The Daffodil Centre)

Session 2: Dr Jonine Figueroa (University of Edinburgh)



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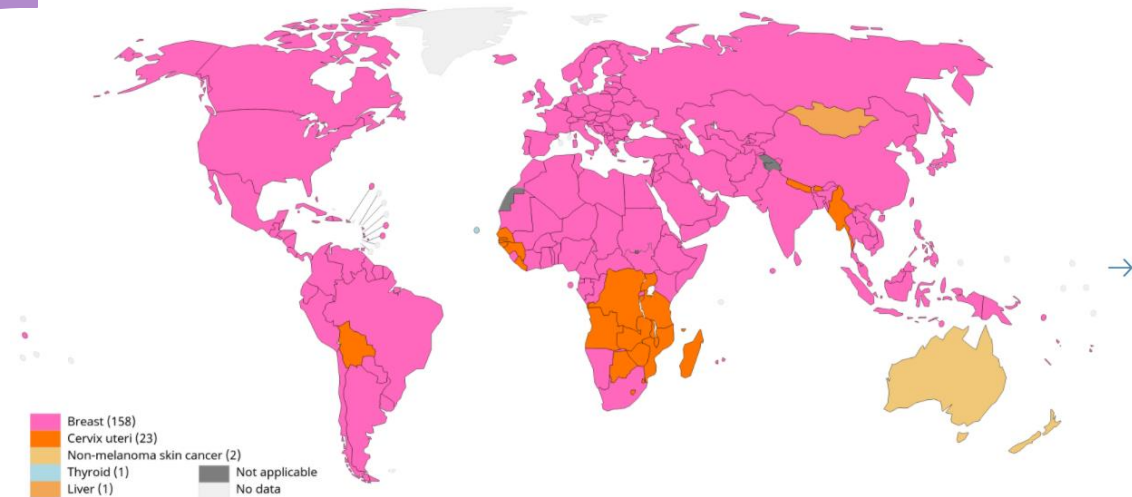


Breast Team

- **Data collection of screening programs:**
 - 34 countries (→ 6 categories)
 - mostly high-income OECD
 - similarities in screening programs
- **Collaborative modelling:**
 - adaptation of Policy1-Breast to Italian settings
- **Call for global modelling contribution:**
 - multiple options for collaborating
- **Systematic review:**
 - document disruption
 - participation rates
 - incidence

Global modelling of the impact of disruptions on breast cancer screening

Top cancer per country, estimated age-standardized incidence rates (World) in 2020, females, all ages



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Data source: GLOBOCAN 2020
Graph production: IARC
(<http://gco.iarc.fr/today>)
World Health Organization

World Health Organization
International Agency for Research on Cancer 2021

Breast Team

Activity	Options for collaboration	Contact	Timelines				
			2021	2022			
			Q4	Q1	Q2	Q3	Q4
Global modelling (breast cancer)	Low-level – Provide model outputs for countries which already have detailed modelling	michael.caruana@nswcc.org.au	Policy1-Breast outputs to global platform				
	High-level – All 6 status quo scenarios for the comparative modelling	kirstie.mcloughlin@nswcc.org.au		Inputs used to estimate COVID disruptions on staging and mortality in different settings			
Collaborative modelling	Italy-Australia exercise as an example	Pietro.Procopio@nswcc.org.au	Phase I	Phase II	Phase III		
Systematic reviews	Screening and literature search for disruptions; writing group	Jonine.figueroa@ed.ac.uk	Draft search terms and literature search strategy	Protocol finalization; abstract and literature screening; draft publication			

CCGMC WG2 Cervical Screening in high income countries.

Session 1: Dr Megan Smith (The Daffodil Centre)
Session 2: Dr Emily Burger (Harvard University)



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WG2 Cervix – Activities



IPV Satellite Symposium
“COVID-19 and Cancer Global Modelling Consortium (CCGMC) session: What do policy-makers need to know about recovery from COVID-19 disruptions?”



Health impacts of COVID-19 disruptions to primary cervical screening by time since last screen:
A model-based analysis for current and future disruptions

Modeling the global impact of disruptions to screening and treatment



Working Group 2 – Colorectal Cancer.

Session 1: Dr Eleonora Feletto (The Daffodil Centre)

Session 2: A/Prof Veerle Coupé (Amsterdam University Medical Centre)



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Recovery strategies: prioritising colonoscopy services



Journal of Medical Screening Medical Screening Society

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Prioritisation of colonoscopy services in colorectal cancer screening programmes to minimise impact of COVID-19 pandemic on predicted cancer burden: A comparative modelling study

Francine van Wifferen^{1*}, Lucie de Jonge^{2*}, Joachim Worthington³, more...

[Show all authors](#)

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Article Information

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^{1*} Francine van Wifferen, ^{2*} Lucie de Jonge, ³ Joachim Worthington, ¹ Marjolein J.E. Greuter, ³ Jie-Bin Lew, ³ Claude Nadeau, ⁴ Rosita van den Puttelaar, ² Eleonora Feletto, ³ Jean H.E. Yong, ⁵ Iris Lansdorp-Vogelaar, ² Karen Canfell, ^{3, 6} Veerle M.H. Coupé, on behalf of the COVID-19 and Cancer Global Modelling Consortium (CCGMC) working group 2, L. Anderson, M. Besó Delgado, G. Binefa, A.E. Cust, E. Dekker, V.A. Dell'Anna, B. Essue, J.A. Espinas, L. Flander, M. Garcia, A. Hahn, I. Idigoro, K. Katsuda, J. Lachi, E. Lamerck, E. McEwen, C. Meick, A. Melina Roselló, M. Loderer, C.A. Mues, S. Nier, K.



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Global impact



Our next endeavour as part of the CCMGC is to estimate the **global** impact of screening disruptions.

To do this we need your help...

... request to share any CRC screening participation data from before or during the pandemic with the technical modelling team

Email: covidandcancer@nswcc.org.au

CCGMC WG3 – Prevention

Results from systematic review of smoking behavior changes during the pandemic

Dr Peter Sarich (The Daffodil Centre)



Australia- Canada 'AUSCAN' modelling group.



Session 1: Dr Eleonora Feletto (The Daffodil Centre)
Session 2: Dr. Talía Malagón (McGill University)



Project aims

- ❖ Perform detailed modelling of pandemic's impact across screening, diagnosis and treatment in two countries: Canada and Australia
 - Initial focus on four key cancer types: lung, breast, cervix and colorectum
- ❖ Leverage existing microsimulation models (the Daffodil Centre's Policy1 platform and models developed by McGill University and the Canadian Partnership Against Cancer)
- ❖ Build on work from CCGMC Working Group 2 and the development of the new CCGMC- global modelling platform

Expert team

The current technical team from the CCGMC includes:

- Prof Karen Canfell, Director of Research, Daffodil Centre
- Dr Eleonora Feletto, Senior Research Fellow, Daffodil Centre
- Dr Michael Caruana, Senior Research Fellow, Daffodil Centre
- Dr Kirstie McLoughlin, Post-doctoral Research Fellow, Daffodil Centre
- Ms Harriet Hui, Senior Research Assistant, Daffodil Centre
- Dr Talía Malagón, McGill University – Division of Cancer Epidemiology
- Ms Jean Yong, Consultant, Canadian Partnership Against Cancer
- Dr Darren Brenner, Assistant Professor, University of Calgary – Cumming School of Medicine
- Dr Zhuolu Sun, Canadian Partnership Against Cancer
- Prof Stuart Peacock, co-Director, Canadian Centre for Applied Research in Cancer Control
- Dr Kelvin Chan, co Director, Canadian Centre for Applied Research in Cancer Control

Next steps

- ❖ Develop the technical protocol and confirm modelling assumptions and scenarios for AUSCAN for the comprehensive end to end modelling of the cancer experience
- ❖ Establish a modelling advisory group (including clinical/policy and consumer representatives) to provide real-world/on the ground perspectives and expertise to guide and inform the modelling exercise
- ❖ First meeting with the AUSCAN Policy Advisory Group in ~Feb 2022

Call for EOI: CCGMC dissemination & KT group

- ❑ Set up dissemination and translation working group for consortium outputs (*led by Mr Rami Rahal – VP, Canadian Partnership Against Cancer*)
- ❑ Purpose: to increase usability of research outputs and translate research evidence into public/global health policy-making (e.g. CCGMC Global Observatory)
- ❑ Contact: covidandcancer@nswcc.org

Other suggestions?



Open discussion:

- **Suggestions for coordinating engagement within the CCGMC**
- **Suggestion for dissemination and KT**
- **Opportunities for 2022**

Moderated by the CCGMC Steering Group

Thank you.

Secretariat email: covidandcancer@nswcc.org.au



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