Wars, Pandemics and Climate Change: Drivers for Digital Solutions for Supportive Care

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INTRODUCTION

Disaster preparedness is an increasingly important consideration for cancer control and the broader health system, requiring inclusion in policy and clinical practice guidelines.

Wars, pandemics, natural disasters and extreme climatic events can cause disruptions to medical supply chains, provision of and access to cancer treatment, research activity and planned patterns of care.

In Australia, the COVID-19 pandemic resulted in lower uptake of cancer diagnostic and treatment services, which has the potential for a shift in stage at diagnosis to more advanced disease and increased mortality in the longer-term (see figure 1).[1]

METHODS

Cancer Australia, the Australian Government's cancer control agency, worked together with academic, health service, consumer and policy collaborators to:

1. Develop a pandemic preparedness framework for cancer services
2. Research telehealth use in cancer care services before and during the pandemic
3. Include disaster recovery and pandemic preparedness components in Australia's first national Cancer Plan.

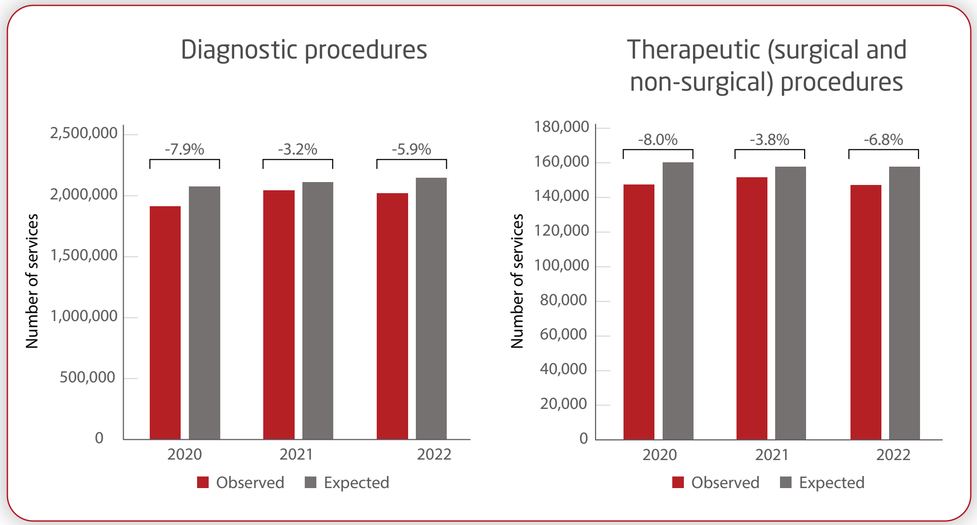

Figure 1. Annual observed and expected (red and grey bars respectively) cancer-related services for 2020 to 2022, by total diagnostic procedures and therapeutic (surgical and non-surgical) procedures.

Figure 2. Cancer Australia's Conceptual Framework for Cancer Care During a Pandemic.
canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/conceptual-framework-cancer-care-during-pandemic-incorporating-evidence-covid-19-pandemic-review

RESULTS

1. Evidence, guidance and recommendations from the COVID-19 pandemic were used to develop Cancer Australia's *Conceptual Framework for Cancer Care During a Pandemic*, which provides guidance for the continuation of cancer care across the continuum for each of the different phases of a pandemic, while minimising risk for cancer patients.
2. Barriers and enablers to delivery of supportive care and cancer clinical trials via telehealth were identified and best practice defined as a hybrid model of care (telehealth and in-person options) with the ability to give consumers choice.

Enablers	Barriers
Medical leadership and administrative support	Inadequate infrastructure
Remuneration (MBS telehealth items)	Lack of training
Reduced risk of infection	Access issues (e.g. internet connectivity)
Reduction in travel time and costs	Not being offered the choice of a video consultation
Existing relationship between patient and clinician	

3. The Australian Cancer Plan provides policy level safeguards to cancer control in the face of large-scale disruption and includes examples of how key activities in the Plan can be leveraged to support pandemic preparedness and address the impact of climate change on cancer.

CONCLUSIONS

This work provides innovation and leadership on a global scale and offers new opportunities for supportive care and broader cancer control to be delivered digitally and equitably in the face of challenges to health systems.

References

1. Cancer Australia. The impact of COVID-19 on cancer-related medical services and procedures in Australia in 2020: Examination of MBS claims data for 2020, nationally and by jurisdiction. Cancer Australia, Surry Hills, NSW, 2021.

Australian Government
Cancer Australia

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