Presentation of Final Report
How is Covid-19 affecting cancer care in Sweden?

2020-05-18

The better the question. The better the answer. The better the world works.
Project background
- An opportunity to collect data during an ongoing pandemic

How is Covid-19 affecting cancer care in Sweden?

Identify which agencies are affected

Identify in what way the affected agency has been affected by the pandemic

Identify how patients have been affected

Identify the actual effects and how we view the future

The interviews were conducted between the following dates:

- 14th of April
- 12th of May
Data collection

Survey aimed at patients
782 respondents in total

Interviews with 29 people from North, South and Stockholm Healthcare Region

- **Detect**
  - 7 General Practitioners
  - 1 Primary Care Manager

- **Investigate**
  - 3 Pathologists
  - 3 Radiologists

- **Treat**
  - 5 Surgeons
  - 2 Oncologists
  - 1 Hematologist
  - 1 Care Manager
  - 1 Pediatrician
  - 1 Urologist

- **Other**
  - 4 Regional Cancer Centers and Swedish Municipalities and Regions
Summary of results

Cancer treatments are to a large extent taking place as usual

Major but mostly successful adjustments in healthcare have been implemented

Reduced influx of patients risks rise in undetected cancer

Large number of cancellations in primary care, postponed check-ups and fewer incoming referrals for cancer investigations
Relatively few have experienced changes in their care plan

- **Percentage who state that they have experienced changes to their care plan**
  - Yes: 14%
  - No: 73%
  - Don’t know: 13%

- **Type of changes to their care**
  - Treatment/examination has been postponed: 64%
  - Treatment/examination has been brought forward: 31%
  - Other changes: 5%
  - Different treatment received than had been planned: 0%

- **Which treatments and examinations are being delayed?**
  - Non-urgent
  - Critical linked with Covid-19

*All graphs are based on data from the patient survey*
Care plan changes are more common for women than for men

This is probably linked to the fact that several of the cancers with the highest proportion of changes are most common in women.

* All graphs are based on data from the patient survey.
Several patients experience increased concern but there is no general trend linked to region and spread of infection

**Percentage who state that they have experienced changes to their care plan**

32%

**Degree of concern by healthcare region**

*All graphs are based on data from the patient survey*
Planning and preparation

Good planning has enabled essential changes to be made in time

High priority from management

Clear priorities have made it possible for management to secure and maintain important resources

Cooperation

Care has performed as one large combined team with clear goals
Risks and fears for cancer care in the future

**Cancer not detected**
A healthcare debt is currently being built up which may hide cancer

**Skyrocketing costs and budget problems**
Concern for increased costs during and after the crisis

**Healthcare staff must be able to last the entire marathon**
The road back to normal will be marked by many months of hard work

**A weaker year for cancer research**
Less time for research and fewer samples to analyze for the future is likely to disrupt research
Thank you!

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