

# Australian cancer testing declines during coronavirus pandemic

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Cancer testing in Australia has reduced significantly during the COVID-19 crisis, with testing and screening for some cancers declining by more than 50 percent in April, often because of shortages of personal protective equipment (PPE) for health workers and patients.

Aggregate data from major private pathology labs showed a 56 percent decrease in tissue testing in the week starting April 6, compared with the February average, according to an article published in the *Sydney Morning Herald*.

Tissue testing includes biopsies for breast cancer, prostate cancer, colon cancer, skin cancer and lung cancer—the five most common types of cancer.

Over the same period, cervical cancer screening fell by 71 percent and blood tests for prostate cancer were down by 58 percent. Toward the end of May, testing still remained lower than the February average. In the week starting May 25, tissue testing was down 17 percent, cervical cancer 28 percent and prostate cancer blood tests 14 percent.

Cancer is the leading cause of death in Australia. The Australian Institute of Health and Welfare (AIHW) estimates that in 2020 there will be just under 150,000 new cases of cancer diagnosed and just under 50,000 deaths.

Early detection and diagnosis are critical. A delay in diagnosis can significantly affect the outcome of cancer, leading to worse outcomes and increased deaths.

Jane O'Brien, a specialist oncoplastic breast cancer surgeon, told the *Sydney Morning Herald*: “It’s accepted that a delay in diagnosis of three months or more may be associated with a poorer prognosis—that is, the cancer is bigger and it would be more likely to have spread to the lymph gland... That means you may need more aggressive treatments, both surgically and

with additional treatments like chemotherapy and radiotherapy.”

Breast cancer surgeons have reported a 40 percent fall in breast cancer diagnosis over the pandemic months, according to the Clinical Oncology Society of Australia. Breast cancer is the most commonly diagnosed cancer in Australia.

In April, BreastScreen Australia temporarily suspended its screening services, which provides free mammograms to women over 40. The Australian Broadcasting Corporation (ABC) reported that BreastScreen NSW said this decision was made in order to “avoid risks of COVID-19 exposure and to free up trained health practitioners so they can respond to the pandemic.” Also, it “did not want to use personal protective equipment when it was much needed elsewhere.”

Moreover, the lack of PPE in hospitals and the shortages of masks, gloves and sanitiser available to the general public have forced many people to put off attending appointments with their GP or following up on referrals, due to the risk of exposure to COVID-19.

Cancer Council CEO Sanchia Aranda told the ABC in May that as many as one in 10 people may have put off cancer screening during the pandemic. “If it is one in 10 people who delayed [tests] by up to six months, that’s about 7,000 cancers that would be diagnosed potentially later,” she said.

Writing on the impact of the coronavirus pandemic on cancer diagnosis, the University of Melbourne’s Professor Maarten Ilzerman and Professor Jon Emery raised concerns that the delay in testing, diagnosis and surgery would cause “second and third wave effects of the COVID-19 pandemic.”

“The second wave is known as the impact on urgent care for non-COVID-19 diseases and usually is

explained by delays in access to health services,” they wrote. “The third wave reflects the impact of COVID-19 on care interruptions in chronic diseases and patients with known cancer. The latter is likely to occur because of changes in management of (metastatic) cancers receiving less (hospital-based) chemotherapy.”

There is an estimated backlog of 400,000 elective surgeries in Australia, including some 25,000 cancer surgeries, as a result of the cancellation of most elective surgeries from March 25 up until mid-May, due to the lack of PPE, beds and equipment to cope with the pandemic.

This is a global trend. A recent World Economic Forum report stated that 38 percent of global cancer surgery has been postponed or cancelled due to the coronavirus pandemic. Health systems around the world, which for decades have seen funding cuts, under staffing and extensive privatisation, have been rapidly overwhelmed by the influx of COVID-19 patients.

Even before the outbreak of the pandemic, wait times for elective surgeries in Australia were lengthening. According to AIHW data, just 50 percent of patients were admitted for elective surgery within 41 days in 2018-19. That was up from 50 percent of patients admitted within 35 days in 2014-15.

Wait times were lengthy for diagnostic testing for some cancers. In 2018, Bowel Cancer Australia reported that 90 percent of National Bowel Cancer Screening Program participants with a positive screening were waiting between 116 and 181 days for a colonoscopy. Medical guidelines recommend that patients be referred to colonoscopy within a maximum 120-day threshold. Bowel cancer is the second most common cancer in Australia and kills over 5,000 people each year.

In addition to long wait times, life saving cancer treatments and care can cost thousands of dollars, becoming more costly the more advanced the treatments and surgery that is required.

One Western Australia study, recently published in the *Australian Medical Journal*, found that over 90 percent of participants incurred out-of-pocket expenses for their cancer care, including for surgery, medical tests and medical appointments.

Costs ranged from \$51 to \$106,140 for those living in outer metropolitan areas and from \$13 to \$20,842 for

those in rural areas, and were higher among those who had private health insurance. Around 21 percent of all participants reported spending more than 10 percent of their household income on cancer care.

Moreover, clinical services such as radiology and pathology are often controlled by the private sector, increasing out-of-pocket expenses. A 2016 Australian Bureau of Statistics study showed that around 300,000 patients forgo early diagnosis each year due to the cost of radiology services.

Successive Labor and Liberal-National Coalition governments, state and federal, have inflicted cuts to health care and privatised health services. The lie that there is “not enough money” to provide decent health services has been exposed by the coronavirus pandemic. The federal Coalition government, with support from the opposition Labor Party, has funnelled hundreds of billions of dollars to bail out major corporations, while health workers have been left for months with inadequate PPE and resources to cope with the pandemic.

In March, with the outbreak of the pandemic, Prime Minister Scott Morrison announced a measly \$2.4 billion package for health services to cope with the expected influx of COVID-19 patients. At the same time the government’s “economic stimulus” packages have exceeded \$200 billion, most of which went to major corporations and the banks.



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