

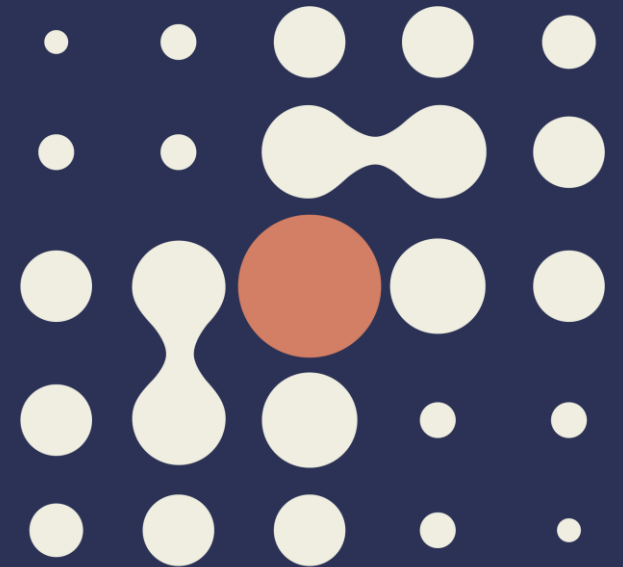
The Covid-19 And Cancer Initiative (IARC-C19): A Global Cancer Community Approach

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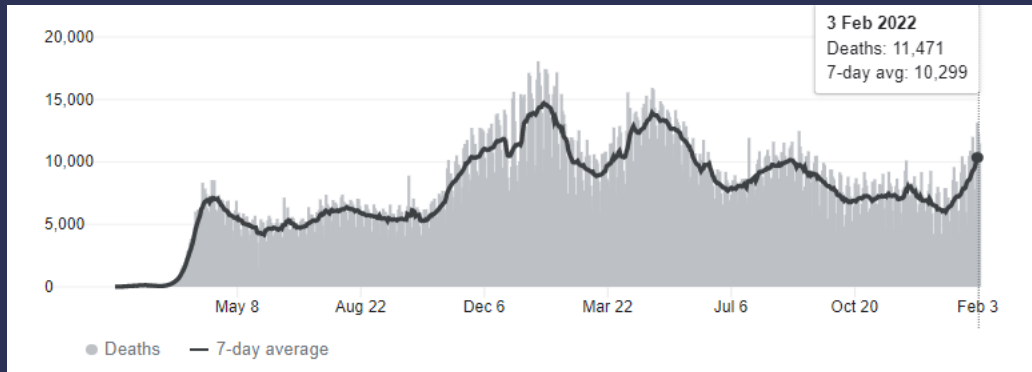


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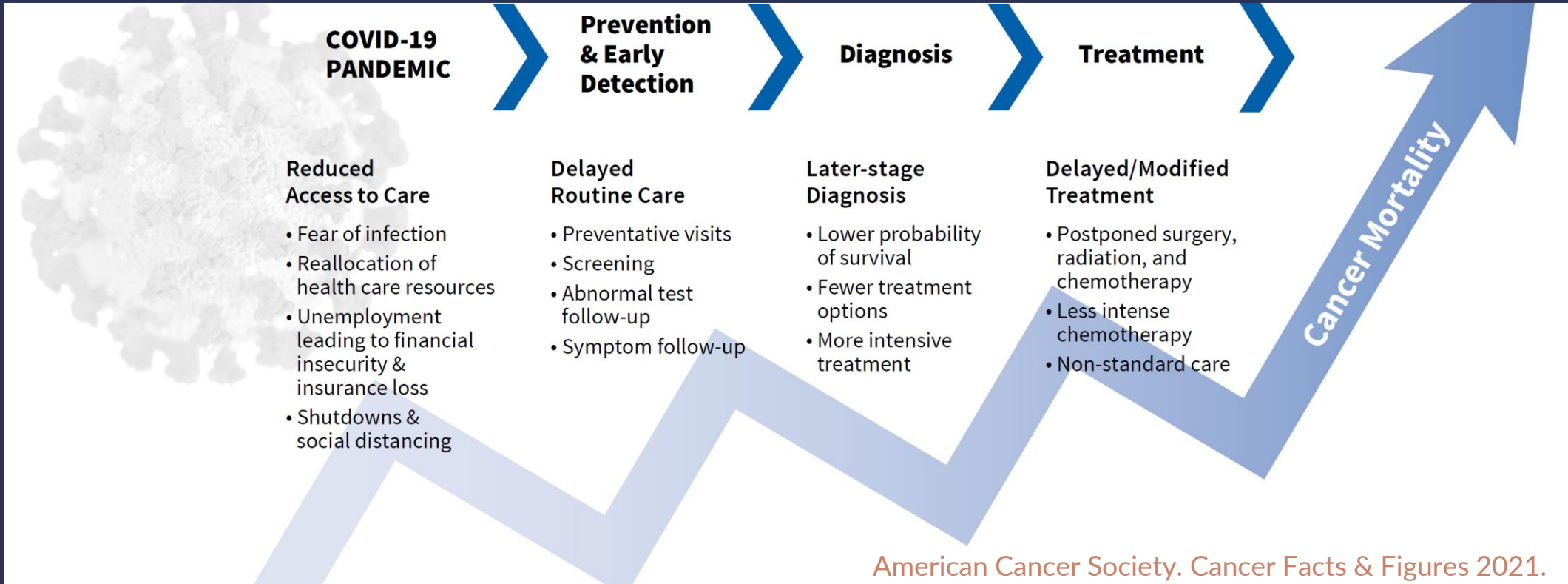
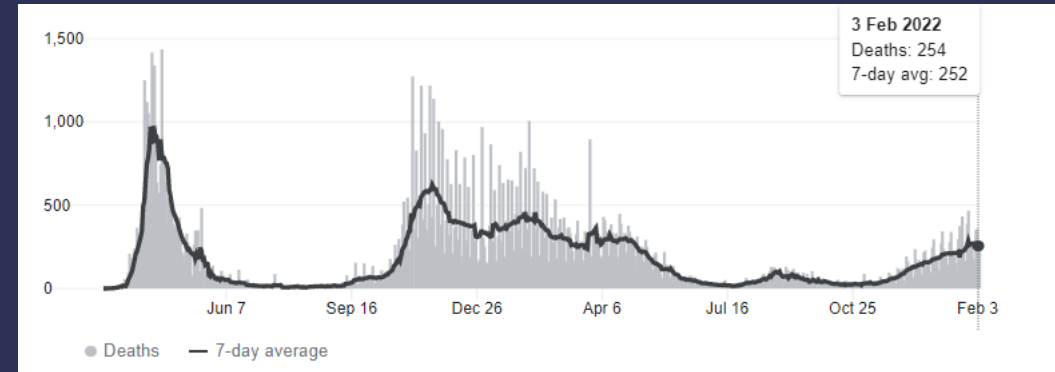


Potential impact of COVID-19 pandemic on cancer outcomes

Global: COVID-19 deaths



France: COVID-19 deaths



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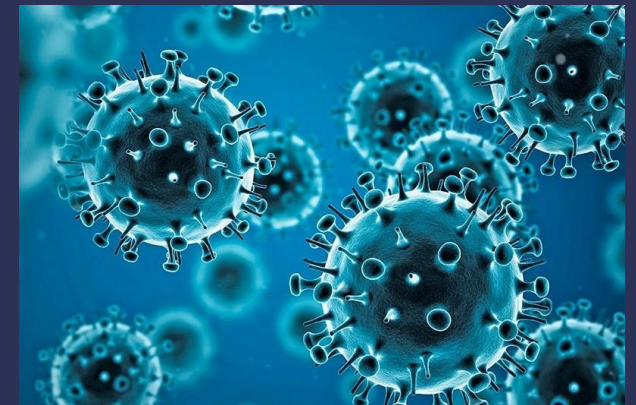
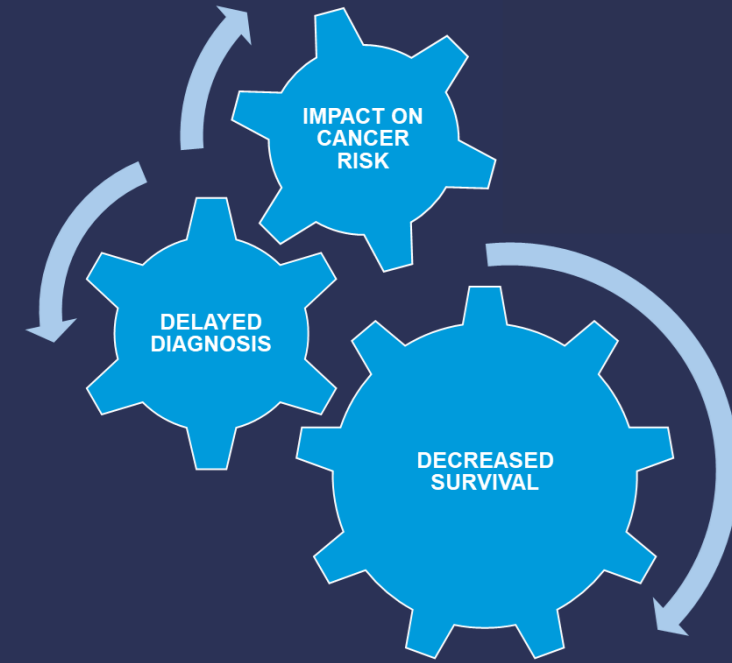
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2. Recent collaborative studies

- Systematic Reviews: outcomes and risk factor changes

3. Next steps: the IARC-C19 Initiative

- Supporting IARC Participating States to build back better: A global platform to predict and mitigate the impact of COVID-19 on cancer



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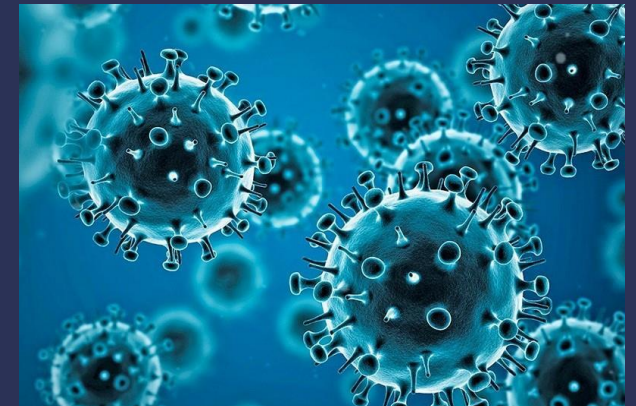
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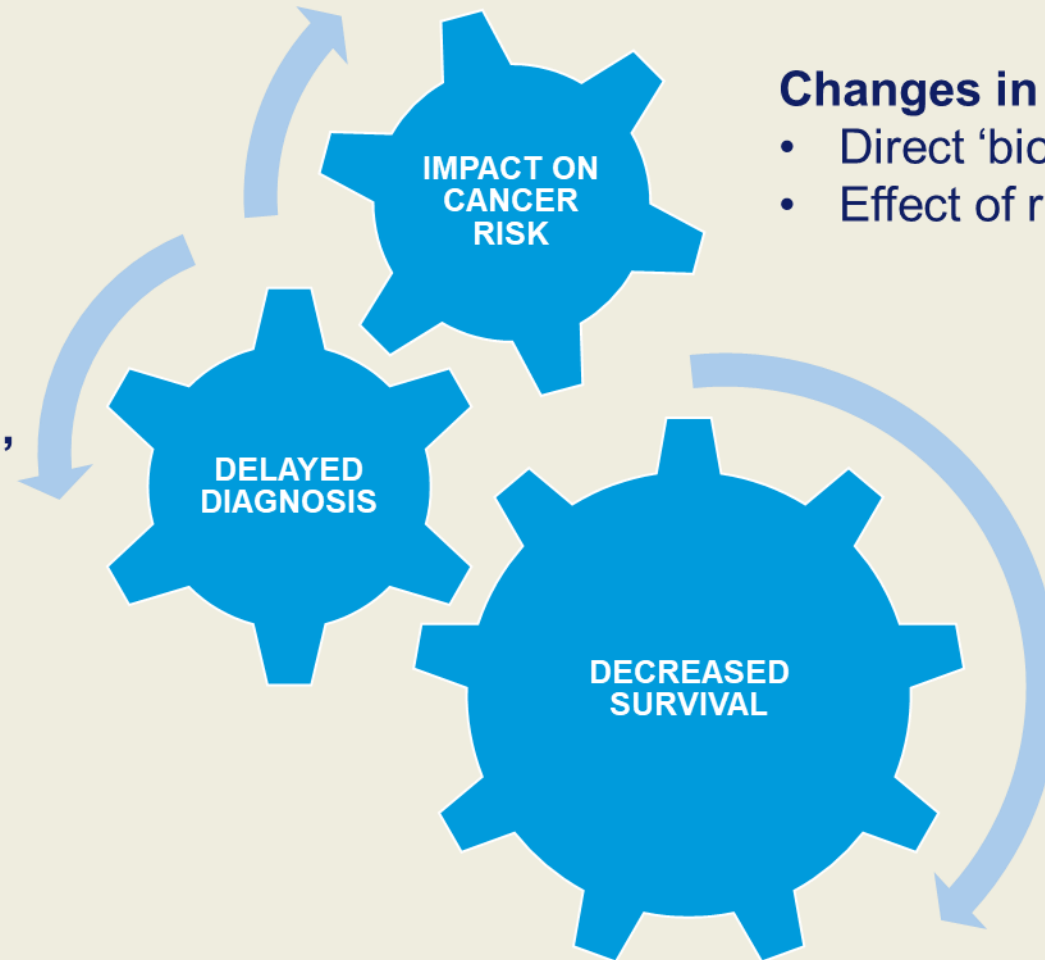


Building back better

COVID-19 and Cancer Global Modelling Consortium

Changes in cancer detection, and screening (WG1&2):

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



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

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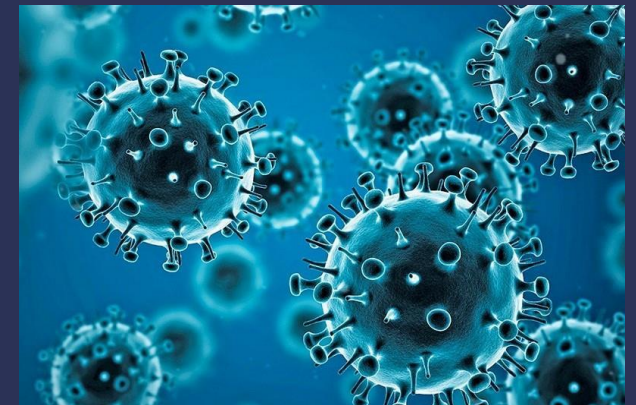
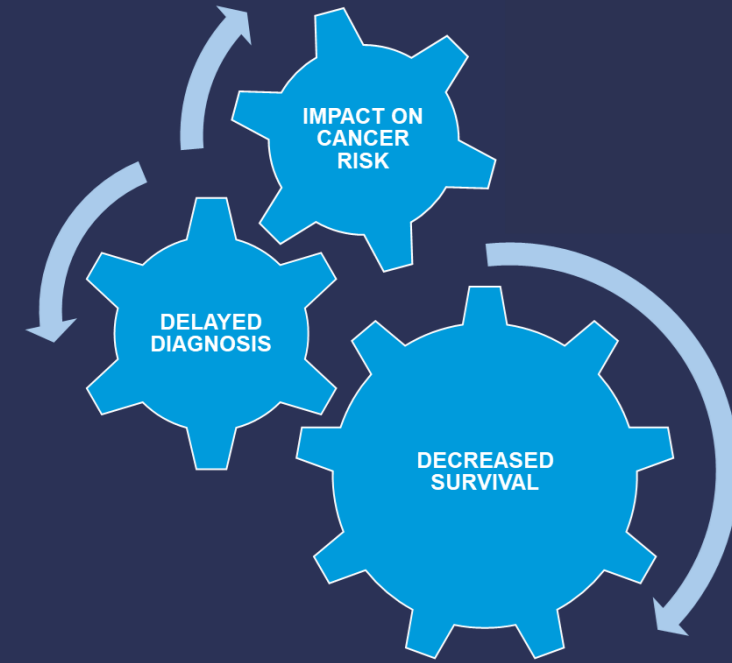
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COVID-19 and Cancer: Living Systematic Reviews

Three systematic reviews, including critical appraisal, during early phase of the pandemic:

1. Do **people** with a pre-existing **cancer** diagnosis have a **higher risk** of contracting SARS-CoV-2 or developing **COVID-19** ?
2. Do COVID-19 **patients with cancer** have a **higher risk** of **COVID-19 death** than those without cancer?
3. Did **smoking prevalence and behaviours** changed during the **COVID-19 pandemic**?

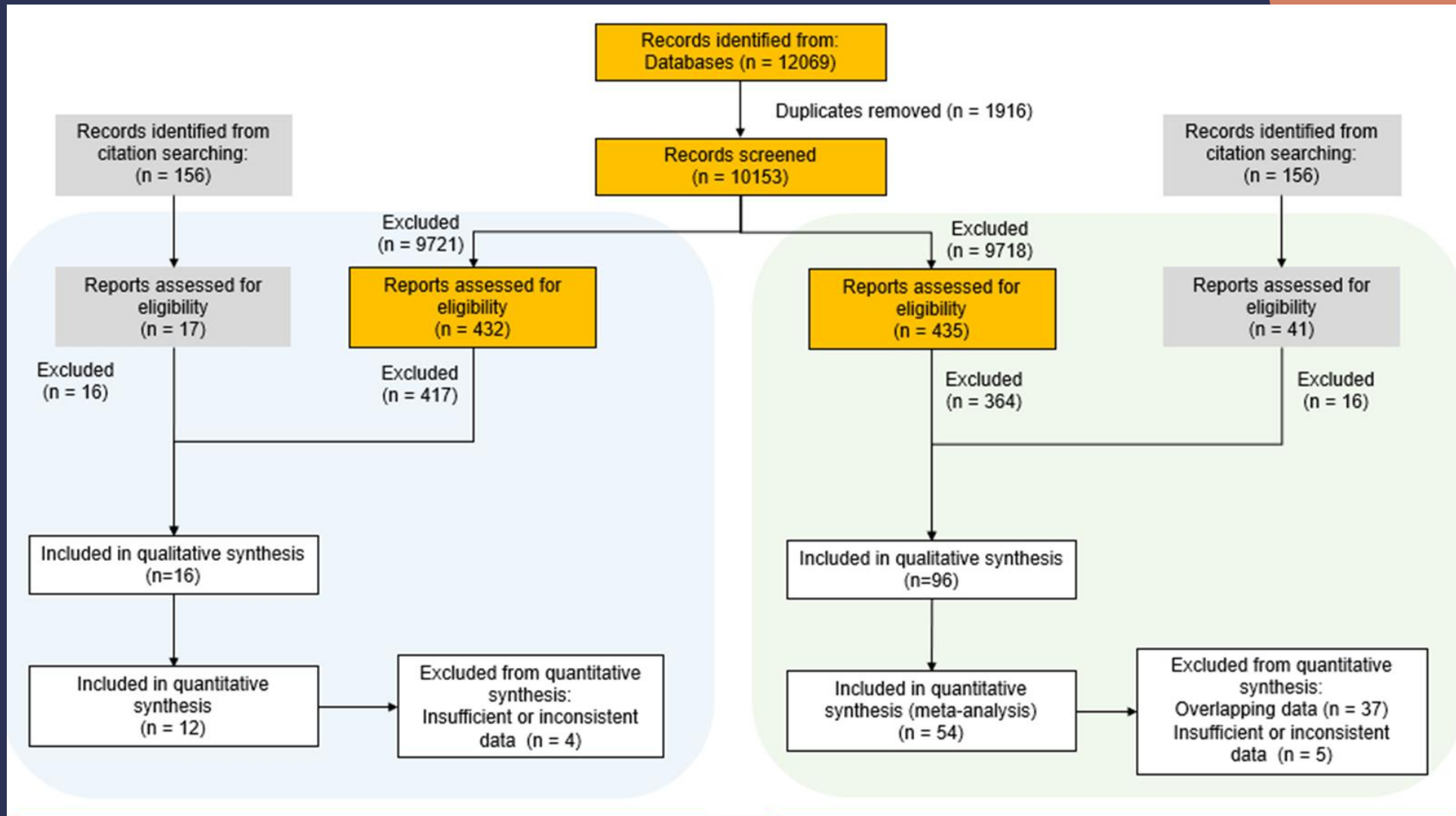
Methods:

Published: Medline, Embase, WHO-COVID-19 database

Preprint: MedRxiv, BioRxiv, SSRN

+ citations identified

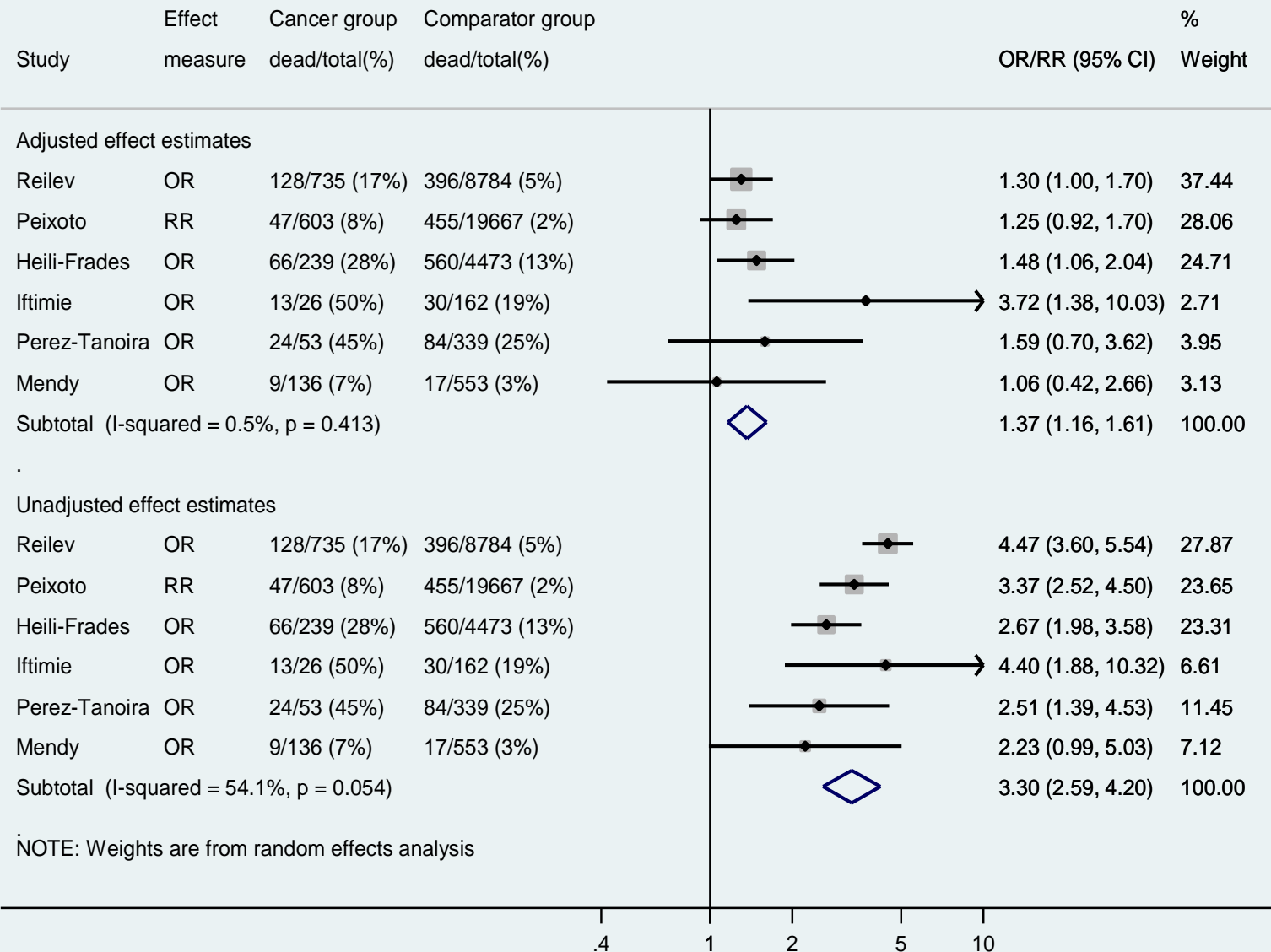
Search process: COVID-19 & Cancer



1. Risk of SARS-Cov-2 or COVID-19

2. Risk of COVID-19 death

Risk of dying from COVID-19 among patients with cancer



54 studies included in meta-analyses
 >500,000 people with COVID-19
 >8,000 with cancer

52 studies of any cancer, three of lung and six of haematological cancers.

Accounting for at least age consistently led to lower estimated risks for COVID-19-related death in cancer patients.

All studies had high risk of bias.

CCGMC Authors, Do COVID-19 patients with cancer have a higher risk of COVID-19-related death than those without cancer? A systematic review and critical appraisal of the early evidence. Submitted 2021

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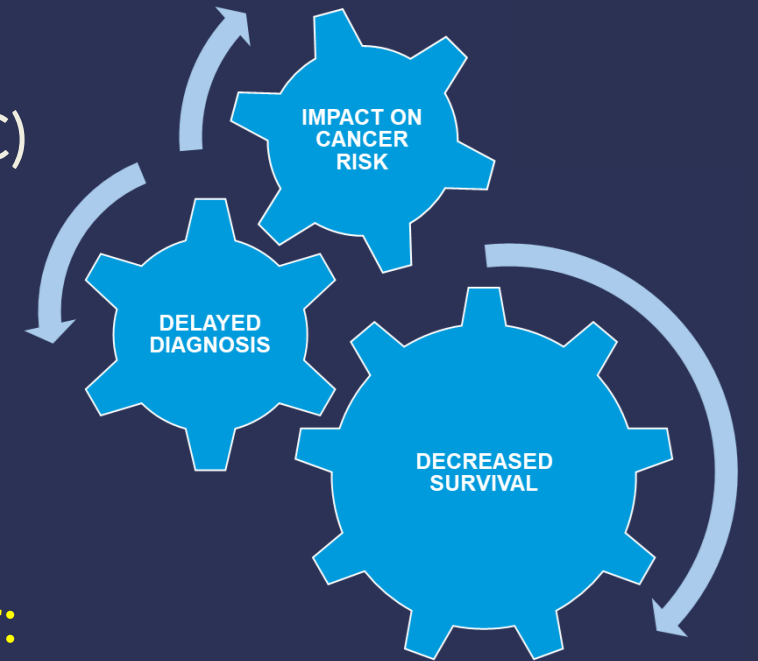
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Key future objectives: IARC C-19 Initiative

Increased understanding of the pandemic impact on cancer, with a focus to inform governments and national agencies on mitigation and recovery strategies.

1. **strengthen data collection systems** to better understand linkages between policies and outcomes in the COVID-19 era, especially those related to cancer
2. improve **health system resilience** of countries to provide guidance in building back better
3. ensure **knowledge dissemination and transfer** for greater buy-in from various national stakeholders

COVID-19 and Cancer Initiative



IARC-C19 Initiative: Global Observatory

*Systematic reviews
and modelling &
potential extensions
to current work*

Risk of death from
COVID for people with
cancer

Risk of infection with
COVID for people with
cancer

Smoking behaviour

Health services
disruptions & recovery
strategies

COVID vaccine impact
and outcomes in cancer
patients

Impact of diagnostic
and treatment delays

Alcohol, obesity
and other risk
factors

**Update with continually refined inclusion criteria
designed to capture only best evidence**

C-19 Global Observatory

Living systematic reviews
Data and modelling results
Resources and knowledge transfer

COVID-19 and Cancer Initiative



Systematic
Review



Decision
Making
Platform

IARC's COVID-19 and Cancer Initiative ([IARC-C19](#)) aims to increase the understanding of COVID-19 pandemic on cancer outcomes in countries, and inform governments and national agencies on mitigation and recovery strategies.

Display Scale

Statistics

Excess deaths

Both sexes

By sex

Cancer type(s)

Grouped

Colon

Population(s)

Grouped

Country X

Age groups

0

85+

Intervention

Treatment

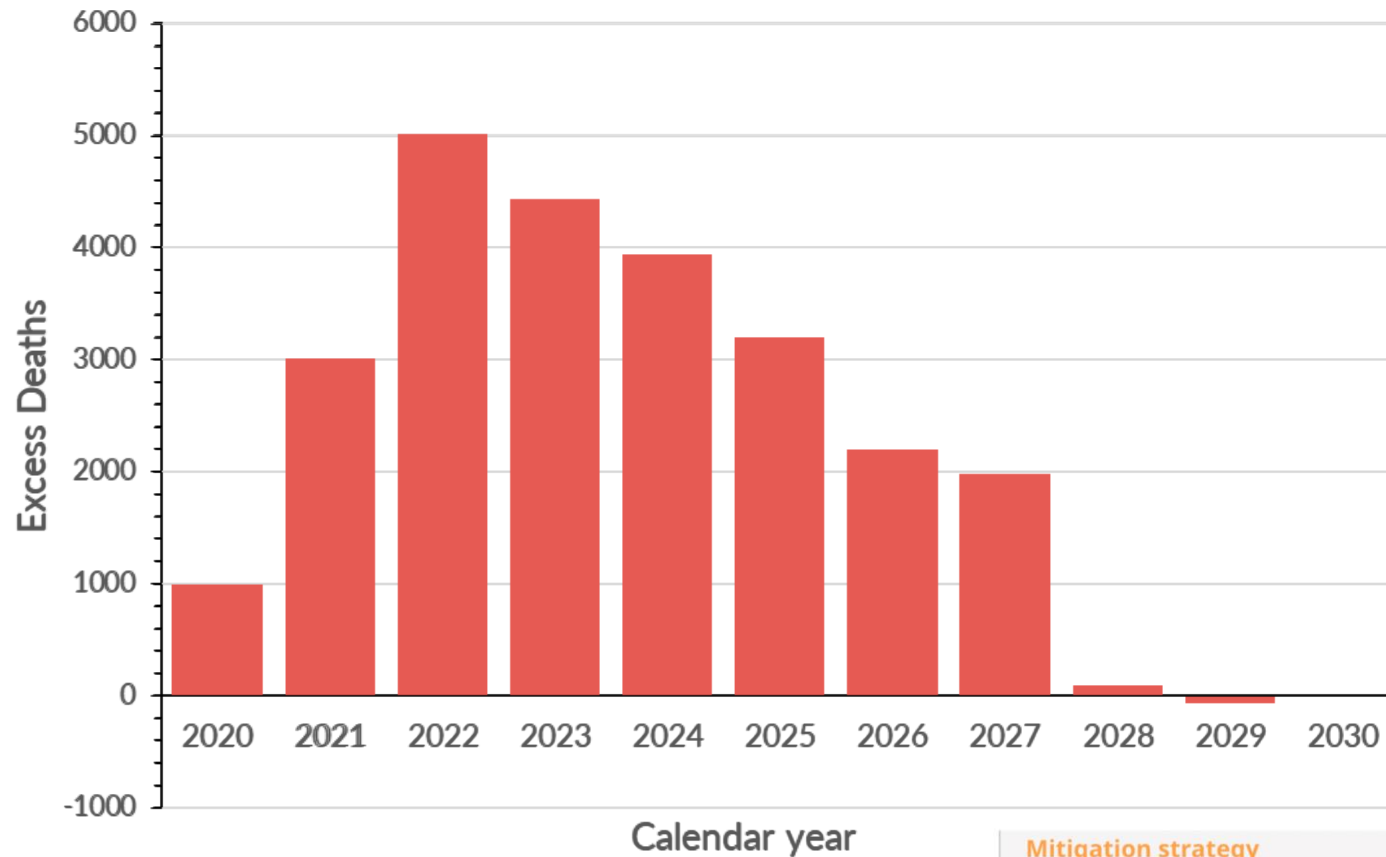
Delays and disruptions

Duration of diagnostic delay

4 weeks 8 weeks 12 weeks 16 weeks 20 weeks

Duration of treatment delay

4 weeks 8 weeks 12 weeks 16 weeks 20 weeks



Mitigation strategy

Increase treatment capacity

10% 20% 30% 40% 50%

Work streams and timeline

IARC C-19 Initiative

| Area | | Budget (000s euros) | | | | |
|--|------------|---------------------|--------------|------------|--------------|--|
| Activity | 2022 | 2023 | 2024 | 2025 | Total | |
| COVID-19 and Cancer: Global Observatory | | | | | | |
| Development of Protocol and Database | 100 | | | | 100 | |
| IT Development: A living data platform | 50 | 100 | 100 | 50 | 300 | |
| Strengthen national surveillance system | 150 | 150 | 150 | 150 | 600 | |
| Development of the Global Monitoring Platform | | | 200 | 200 | 400 | |
| COVID-19 and Cancer Assessment Tool | | | | | | |
| Analytical Framework | 200 | 100 | 100 | 100 | 500 | |
| Development of Cancer Models | | 300 | 300 | 75 | 675 | |
| Incorporation of Health System Information | | 300 | 300 | 75 | 675 | |
| Strategies to Build Back Better | | | 100 | 100 | 200 | |
| Technology Transfer & Dissemination Tool | | | | | | |
| Development of Knowledge Transfer Tool | 50 | 50 | 50 | | 150 | |
| Regional workshop: Technology Transfer and Best Practice | | 50 | 75 | 75 | 200 | |
| Implementation with countries | | | 100 | 100 | 200 | |
| Total: | 550 | 1,050 | 1,475 | 925 | 4,000 | |

Concluding remarks

- IARC C-19 aims to bring **added value** to IARC PS and to the international cancer community
- IARC-C19 seeks to support IARC PS to **build back their health systems and cancer control programmes**
- A small investment in **IACR-C19** provides IARC PS with **access to in cancer control**:
 - a global platform to monitor national policies in the wake of the pandemic
 - results-based decision-making strategies in cancer control
- IARC-C19 builds in **technology transfer** as a key component, ensuring experience and expertise is fostered and delivered at the national level

