COVID-19 has caused significant disruption across cancer care\(^1,2\) – including an alarming decline in lung cancer diagnoses.\(^3\) Lung cancer is the leading cause of cancer death in the US.\(^3\)

Across the US, states have seen drops in lung cancer diagnoses\(^*\) by about 30%-60% as of May 2020.

### DELAYED DIAGNOSIS MAY LEAD TO POORER OUTCOMES

People are still getting lung cancer but because of the pandemic, many are going undiagnosed until the cancer has reached an advanced stage.\(^*\) This may lead to poorer outcomes as cancer is more difficult to treat in advanced stages.\(^4\)

A large number of cancer deaths are predicted over the next five years due to missed screenings and reductions in oncology essential diagnostic services caused by the pandemic.\(^5,6\)

### WHY COULD THIS BE HAPPENING?

- Reallocation of healthcare resources to fight COVID-19\(^7\)
- Reduced or suspended cancer screening and diagnostic services\(^7\)
- Labotory cancer tests and scans scaled back\(^7\)
- Concern about getting COVID-19 during a doctor visit\(^8,9\)
- Routine checkups postponed due to stay-at-home orders,\(^8,9\)
- Job and healthcare insurance loss due to COVID-19\(^10\)

### WHAT CAN YOU DO?

- Stay connected with your doctor about your health. Don’t put health concerns on hold because of COVID-19.
- Don’t delay treatment or care because of the pandemic without talking to your doctor.\(^11\)
- Know the signs and symptoms of lung cancer, especially if you may be at risk. It’s also important to know that lung cancer and COVID-19 can have similar symptoms, such as coughing, shortness of breath, fatigue.\(^11,12\)
- Talk to your doctor right away about any symptoms or concerns you have.

### IS IT SAFE TO VISIT THE DOCTOR DURING THE PANDEMIC?

Hospitals and clinics are doing all they can to ensure the health and safety of patients during the pandemic. Ultimately, the risk of COVID-19 must be balanced against the risk to the patient of lung cancer progression, and in most cases, lung cancer still represents a greater risk of mortality for patients.\(^5,14\)

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\(^*\)This is based on information licensed from IQVIA Oncology Real World Insights for the period of January 2019 to May 2020 reflecting estimates of real-world activity. All rights reserved. Study details and information maintained by AZ.

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References: