

Scottish Parliament Health and Sport Committee
Inquiry into COVID-19 testing
Written evidence from Cancer Research UK

About Cancer Research UK

1. Cancer Research UK is the world's largest independent charity dedicated to saving lives through research. We support research into all aspects of cancer which is achieved through the work of over 4,000 scientists, doctors and nurses. In 2018/19, we committed £546 million to fund and facilitate research in institutes, hospitals and universities across the UK – including £42 million in Scotland – at our two research centres in Glasgow and Edinburgh as well as funding research in Aberdeen, Dundee and Stirling. Thanks to research, survival in the UK has doubled since the 1970s so, today, 2 in 4 people survive their cancer. Our ambition is to accelerate progress and see 3 in 4 patients surviving their cancer by 2034.

Overview

2. Cancer Research UK welcomes the opportunity to submit written evidence to the Health and Sport Committee's inquiry into COVID-19 testing.
3. We believe that testing, combined with adequate PPE and enhanced safety procedures, can play a vital role in creating safe spaces for patients and staff where cancer services can be provided with minimal exposure to COVID-19. This will enable people to continue to receive treatment for their cancer, and encourage people who are experiencing symptoms of cancer to have these symptoms checked out properly and as early as possible – both without fear of contracting COVID-19.
4. However, while we appreciate that the Scottish Government is working hard to boost testing capacity, there is still scope for more work to be done to both expand testing generally and specifically to help facilitate the creation of these safe spaces. Through testing, it will be possible for the NHS to identify where COVID-19 is present and where it is not, supporting service providers to ensure services continue as normal as possible. This will have a significant positive impact on the experiences of patients with cancer and their families.
5. To create COVID-19 free safe spaces, Cancer Research UK recommends that the Scottish Government ensures:
 - a. Testing all patients (whether symptomatic or asymptomatic) 48 hours or less before any treatment procedure begins, with repeat testing if needed.
 - b. Testing of all healthcare staff frequently and regularly (at least twice a week), with additional testing if exposed to a COVID-19 patient.
 - c. The expansion of testing to asymptomatic key workers – a cohort which is not currently being screened – given the significant proportion of asymptomatic cases compared to symptomatic cases.

Question 1: What role should testing play in helping to tackle the pandemic?

Testing to support safe spaces with minimised COVID-19 risk

6. Cancer Research UK believes that testing can play an important role in supporting the creation of safe spaces for cancer services to be delivered where there is minimal COVID-19 exposure risk.
7. Some safe spaces already exist in Scotland, with some hospitals designating areas within their estates as 'red' (where COVID-19 is present), 'amber' (where COVID-19 is suspected to be or is at risk of being present), or 'green' (where COVID-19 is not present). In some more densely populated locations, whole hospital estates can be designated as green. In more rural locations, parts of the estate will receive separate RAG ratings.
8. We are pleased that the Scottish Government and the NHS has moved quickly to support these designations being used in various locations across Scotland. However, these distinctions are not uniform across and we are aware that the pandemic has affected cancer treatments. For example, a UK-wide survey conducted by the Royal College of Surgeons of Edinburgh shows that a third of cancer surgeons have had to stop cancer surgeries completely and that 87% have had to reduce them.ⁱ Anecdotally, we know that some chemotherapy services have been reduced as well.
9. Creating safe spaces will allow services to be delivered in a manner which reduces the immediate risk of COVID-19 to patients with cancer, but also reduces anxiety among people who need treatment and are reluctant to attend, or suspect that they may have cancer and need a diagnosis. Having a systematic testing in place and ensuring that the public are aware of this could also self to build confidence in cancer care, which could re-establish engagement and trust in services.
10. There is some evidence to show that patients with cancer harbour a higher risk of COVID-19 infection than the local population.ⁱⁱ Moreover, evidence shows that cancer patients with seasonal flu have increased risk of experiencing medical problems (including death) when undergoing cancer treatment. Similarly, clinicians are having to balance the benefits of treatment against the risks of exposure to COVID-19 infection and immunosuppression from active cancer treatment for patients who do catch COVID-19.ⁱⁱⁱ
11. Protecting cancer patients from COVID-19 infection is a key reason for the reduction in diagnosis and treatment rates. The latest data in Scotland shows that there has been a 50% reduction in urgent suspected cancer referrals^{iv}.
12. While decisions about patient care should be made based on what is best for any given individual, delaying cancer treatments will have significant implications in the longer term. With delays to their treatment, many patients will face fewer treatment options and lower chances of survival. For the health service, further delays to diagnosis and treatment will create a growing backlog of demand for an already overstretched health service to address.

Current provision and role of testing

13. Cancer Research UK is pleased that the Scottish Government is continuing to expand testing capacity. We understand that currently, the Scottish Government has committed to carrying out 3,500 tests a day in Scotland by the end of April 2020, and has now extended this to a target testing capacity of 15,500 per day by the end of May.^v
14. Despite the increase in capacity, anecdotal evidence from Cancer Research UK sources suggests that access to testing is still significantly limited and that test results take too long to come back. Clinicians have advised that the health service needs point of care testing that can return results within hours or even minutes.
15. Moreover, in mid-late April, there were some reports indicated that testing capacity elsewhere in the UK was not being fully utilised.^{vi} Challenges included getting tests to those in hard-to-reach areas, a shortage of consumables (including swabs, chemical reagents and viral transport media) and limited capacity to undertake swabbing.^{vii}
16. We understand that testing is not just an issue for the NHS, but is a wider systemic issue across Scotland and the rest of the UK. However, Cancer Research UK would like to see the testing of healthcare professionals, patients and asymptomatic workers as a priority for any positive change or innovations in the future.

Question 2: What do we need to deliver this?

Creating safe spaces with minimised COVID-19 exposure risk

17. It is essential that the Scottish Government commits to the delivery of safe spaces for cancer diagnostic and treatment services (including adequate COVID-19 testing, PPE, and the stepping up of safety procedures) across Scotland. This would minimise COVID-19 exposure risk for cancer services and cancer patients, ensuring that patients feel confident that they are accessing these services in environments as free from COVID-19 as possible. The number of asymptomatic cases of COVID-19 is significant, which is why, to achieve this, all cancer patients and healthcare staff – whether symptomatic or asymptomatic – based at sites delivering cancer services must be tested for regularly COVID-19.^{viii}
18. COVID-free environments cannot be established without more widespread and repeated use of the antigen test – and this can only be delivered through implementation of a robust testing strategy.
19. In particular:
 - a. Tests should be carried out on all patients (whether symptomatic or asymptomatic) 48 hours or less before any treatment procedure begins. Patients coming in for tests should be requested to self-isolate for a period beforehand to minimise their chances of testing positive. Once the test has been carried out, the patient should be put into isolation to protect them from further infection.

- b. Where there is ambiguity with a test result, a repeat test should be conducted.
- c. Healthcare staff should be tested regularly (e.g. twice a week), to help minimise the risk of false negative test results.
- d. Healthcare staff should be re-tested in any case where it is likely they have been exposed to a patient who goes on to develop COVID-19 from the hospital setting, to protect both other staff and future patients under their care.

Testing asymptomatic key workers

20. Cancer Research UK would also like to see plans set out and implemented in Scotland to test asymptomatic staff, building on commitments that have been made elsewhere in the UK.

21. There is good evidence and support in favour of asymptomatic testing:

- a. A Lancet article, co-authored by Cancer Research UK's Chief Clinician, Prof Charles Swanton, sets out several benefits, including increasing workforce capacity by reducing unnecessary isolation of healthcare staff; reducing the spread of COVID-19 by identifying asymptomatic cases; and protecting the healthcare workforce by reducing in-hospital transmission.^{ix}
- b. An editorial in the New England Journal of Medicine sets out how asymptomatic transmission is a key factor for the rapid spread of COVID-19 – making the case for asymptomatic testing as essential in inhibiting transmission.^x
- c. There is growing evidence that the number of asymptomatic cases of COVID-19 is significant – several studies have shown asymptomatic cases to constitute over 50% of COVID-19 cases.^{xi xii xiii}

References

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