

Oncology

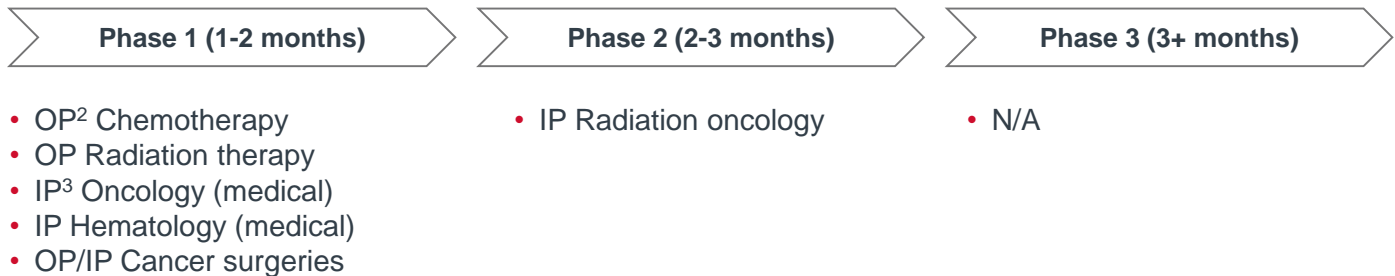
The following considerations can help oncology leaders as they ramp back up traditional services coming out of their Covid-19 curve and work through a backlog of cases caused by postponed procedures.

Top elective oncology procedures by volumes

The vast majority of procedural oncology volumes are not elective. However, some cancer surgeries have been delayed. In an Advisory Board survey from mid-April 2020, 54% of cancer programs said they were experiencing a decrease greater than 20% in their inpatient surgery volumes. Sixty-seven percent saw a similar decline in outpatient surgery volumes. Comparatively, fewer than 2% of surveyed programs saw infusion or radiation volumes drop by more than 20%.

Short-term considerations for restarting elective services

Phasing of subservice lines based on clinical urgency¹



Barriers to clearing backlog of cases

- Most cancer programs had steady, or only slightly lower, infusion and radiation volumes during Covid-19 surge, so there is likely no or only small backlog for these services
- Some low-risk cancer surgeries were delayed; these procedures will need to integrate with ongoing surgery schedule
- Delayed pre-treatment consults should be able to resume without major barriers

Mid- to long-term demand impacts

- Potential increase in late-stage diagnoses due to delayed screenings
- Shift to virtual for select patient management services, including follow-up consults and some support services (e.g., genetic counseling)
- Ramp up of screening services and PCP visits required for sustained treatment volumes as patients in active treatment during Covid-19 surge complete treatment

1. Unlike other service lines, all oncology services are shown, including *non-elective cases. The vast majority of oncology volumes are not elective. The definition of elective is included on the following page/
 2. Outpatient.
 3. Inpatient.

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Subservice line summary

Subservice Line	Estimated percent elective	Phasing restart by clinical urgency	Estimated drop off in future demand
OP Chemotherapy	5%	Phase 1	Low
OP Radiation therapy	25%	Phase 1	Medium
IP Oncology (medical)	25%	Phase 1	Low
IP Radiation oncology	61%	Phase 2	Medium
IP Hematology (medical)	6%	Phase 1	Low
OP/IP Cancer surgeries	25%	Phase 1	Low



DEFINITIONS

- **Estimated percent elective:** estimated portion of each subservice line that is both scheduled in advance and may be delayed for a short period of time without significant worsening of the condition.
- **Phasing restart by clinical urgency:** recommended prioritization of restarting services based solely on clinical urgency or importance for identification of higher acuity services. Services in earlier phases are more urgent. Phase 1: immediate, Phase 2: 2-3 months, Phase 3: 3+ months
- **Estimated drop off in demand:** decrease in demand over the next 1-2 years due to lingering patient fear. Low: 5-15%, Medium: 16-30%, High: 30%+, None: 0%