

Highlights from Lung Cancer Canada's 2021 Faces of Lung Cancer Report - Reflections from COVID-19



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Lung Cancer Canada believes...

The following key learnings reflect the opinions of Lung Cancer Canada and its patient and professional stakeholder groups.

Canadians must not let fear of COVID prevent them from being checked out

In lung cancer, timely diagnosis and treatment is crucial – weeks matter, months matter. It is vital to get the specialized care needed if feeling unusually sick or experiencing any symptoms. Don't head to the ER a month later than you could have, because untreated lung cancer is far worse than the risk of getting COVID-19.

Lung cancer patients deserve standardized, equitable care

The pandemic has pulled back the curtain even further on the need for equitable care across the country. Two Canadians with the same diagnosis should not be facing different treatment paths.

While care must be standardized, individual needs must be prioritized

The management of lung cancer is a multilayered effort filled with nuances and specialized cases involving elements like language barriers, mobility challenges, demographic needs, cultural considerations, and individual choices – all of which must be considered in order to provide lung cancer patients with their best possible care.



A new focus on interdisciplinary care teams must be prioritized to surround patients with the support they need

Shifting roles and reduced support in the COVID scramble has impacted patient care. Without consistent procedures, processes and teams in place, patients can easily slip through the cracks when busy health care professionals can't remain laser focused on the patients who need them most. Accountability should not begin and end solely with oncologists.



COVID-19 must not overshadow priority lung cancer care

We must prioritize high-quality testing, screening and diagnostic procedures for Canadians in every province and territory. We must enable broad access to sophisticated care regardless of where someone lives. We must equitably fund the most promising personalized medicines. We must not accept barriers to undiagnosed and diagnosed Canadians with lung cancer getting timely clinical support.

Bring clarity among chaos to vulnerable Canadians

Lack of knowledge, shifting directives, and inconsistent messaging across the country have deeply impacted people with lung cancer. For example, for the critical vaccine rollout, some provinces had clear plans, while others stoked confusion over priority cohorts and definitions around "immunocompromised."



Caregivers are important members of the health-care team and must be treated as such

There are devastating consequences that patients face when their core supports are removed. Caregivers barred from appointments or otherwise shut out from their loved ones' care due to the pandemic caused undue mental health strain on families and patients who were forced to navigate appointments alone, without a second set of ears or a shoulder for support. Caregivers must be considered essential not only to a patients' well being but also to their outcomes.

Patients must be empowered with choice and control wherever possible

Lung cancer is an individual journey, and part of personalized care is ensuring individual needs are front and centre. Pandemic or not, all decisions around the delivery of care should be made in consultation between patients and providers.

Conquering stigma is more important than ever

Society is more polarized than ever due to COVID, and polarization is a breeding ground for stigma – already a long rooted issue in lung cancer. Encouraging people to ask helpful questions such as “how are you feeling?” or “how can I help?” promotes kindness rather than judgement on a disease linked to smoking.

The mental health of both patients and practitioners cannot be ignored

The oncology community is in a process of reconstruction, of cutting into the deep backlog of surgeries, and of setting systems of care back upright after existing in survival mode throughout the pandemic. But this is an exhausted group of professionals, and oncologists across Canada are worried about their staff's wellness long into the wake of COVID. Moving forward, we must do more to help those who are running on empty.

It is time to take serious action on physician burnout

COVID blew the doors open on this already widespread issue. It is now time for a full and open discussion, and time to take meaningful steps to address physician distress and wellbeing. Medicine must become a more healthy system that tends not only to sick patients, but also helps to heal the healers. By doing so, we will create greater, more interpersonal relationships between those forced to navigate the health-care system, and those providing the care that they find.



Cancer research and funding must be prioritized despite the demands of COVID-19

COVID has demanded the attention of health-care research and budgets. Yet we're at very real risk of losing the progress we've made bringing new therapies to market, promoting coverage of oral therapies, and extending screening. Deficits in funding and research are already creating consequences that will be felt for years to come. Governments must revert from money-saving models of care. It is not sustainable for health-care professionals to overcome systemic gaps alone.



Let's use COVID as a catalyst to strengthen and unify the lung cancer community from coast to coast to coast

It is so important for patients to feel a sense of bond with a community of people who understand. It's time to deepen our connections and break down provincial borders by leveraging new video conferencing tools, bolstering resources, holding more supportive events virtually, and using social media groups to reach those who many want those connections but aren't able to access peer support through other means.



The pandemic highlighted the importance of end-of-life care

Many Canadians with lung cancer died during COVID-19, tragically without the right supports in place. COVID-19 has led to a potentially deeper respect for the importance of palliative care, which can be delivered in many settings, from hospitals to long-term care facilities to nursing homes, to living rooms. Lung cancer is the most fatal of all malignancies, and how we manage end-of-life care must be a careful discussion between all parties, no matter the circumstances. Excellent palliative care must be delivered anywhere and ensure that loved ones are not separated in the final days.



Patients and their families must be their own advocates in their care journeys

Our health-care systems are not without fault. They must listen and trust their bodies, and pursue any concerns without hesitation. For virtual care, push to develop personal ties with care providers. Stronger connections bring greater support and a more successful journey. Nothing tested the ability to be a self-advocate more than the pandemic.

For more information please refer to

The 2021 Faces of Lung Cancer: Reflections from COVID-19



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