ALEXANDRIA, Va. – Two-thirds of Americans report that their scheduled cancer screenings, such as mammograms and colonoscopies, have been delayed or skipped in the midst of the COVID-19 crisis, according to the American Society of Clinical Oncology (ASCO)'s fourth annual National Cancer Opinion Survey.

The survey also found that amid a national reckoning over racial equality, nearly six in 10 Americans believe racism can affect the health care a person receives, with Blacks and other racial minorities more likely to hold these views than Whites. Yet few Americans—Black or White—believe there is a relationship between race and cancer survival despite evidence that Blacks have the highest death rate and shortest survival of any racial group for most cancers.

ASCO's National Cancer Opinion Survey is a large, nationally representative survey conducted by The Harris Poll. This year's survey was conducted online from July 21 to September 8, 2020, among 4,012 U.S. adults ages 18 and older, including 1,142 adults who currently have or who have had cancer.

“This survey assesses Americans' perceptions of a wide range of cancer prevention and care issues during a most turbulent time in our country,” said ASCO President Lori Pierce, MD,
FASTRO, FASCO. “We set out to capture Americans’ views during a time of both a devastating pandemic and a national movement for racial justice. Our goal is to better understand public perceptions and address urgent needs and opportunities."

**Two-thirds of Americans report delays or cancellations in cancer screenings during the Coronavirus pandemic**

Many Americans who were scheduled for a cancer screening reported that it was delayed or cancelled:

- Among Americans scheduled for a cancer screening test such as a mammogram, colonoscopy, skin check, and Pap/HPV test during the pandemic (more than a third of adults surveyed, or 37%), nearly two-thirds, or 64%, report that it was delayed or cancelled.
- Among people whose appointments were delayed/cancelled, two-thirds (66%) say it was their choice.
- A similar percentage (63%) report being concerned about being behind on their cancer screening.

“While delaying recommended screenings for a few months is not necessarily dangerous, our biggest concern is that a significant number of Americans might stop getting preventive care for long periods of time or altogether,” said ASCO Chief Medical Officer Richard L. Schilsky, MD, FACP, FSCT, FASCO. “Cancer screenings are critical for detecting cancer early, and early detection is key to successfully treating many cancers. We need to make sure people continue to get their routine, evidence-based cancer screenings within a reasonable time period.”

At the same time people report delays in cancer screenings, an even longer-term challenge is that most Americans are not incorporating important steps for cancer prevention into their daily lives. For example, as in prior ASCO surveys, fewer than half of respondents say they do the following things to reduce their cancer risk:

- Using sunblock (48%)/limiting their exposure to the sun without sunblock (47%)
- Maintaining a healthy weight (47%)
- Limiting alcohol consumption (42%)

**Most Americans believe race can affect health care, with racial minorities more likely to hold these views**
Six in 10 Americans (59%) say racism can impact the care a person receives within the U.S. health care system, with differences in opinion along racial lines:

- Racial and ethnic minorities, including Blacks (76%), Hispanics (70%), and Asians (66%), are more likely than Whites (53%) to say that racism can impact the care a person receives.
- Similarly, Blacks are significantly more likely than Whites to believe there is unequal access to cancer care in America, with 71% of Black adults saying that Blacks are less likely to have access to the same quality of cancer care as Whites, compared to 47% of White adults.

Despite evidence of worse cancer outcomes for Black Americans, few Americans are aware of the established relationship between race and cancer survival:

- Fewer than one in five (19%) believes race has an impact on the likelihood a person will survive cancer, with Blacks (27%) and Hispanics (22%) significantly more likely than Whites (16%) to be aware of the link.
- In addition, more than half of Americans (56%) say a person’s health insurance type or status has an impact on the likelihood they will survive cancer.

“Racism undermines public health, and it specifically affects patients with cancer,” said Dr. Pierce. “For almost every cancer, Black Americans fare worse than other racial groups. Now is the time to address the systemic issues of health inequity that negatively impact the health of Blacks and other people of color in our country.”

For information and ASCO’s recommendations on addressing health equity in cancer care, please see ASCO’s recent policy statement on health equity published in the Journal of Clinical Oncology and accompanying editorial by Dr. Pierce.

**Cancer patients limit contact with others, feel the emotional weight of the pandemic**

Eighty-one percent of people with active cancer say they are limiting their contact with others out of fear of contracting COVID-19. Patients with active cancer also report that the pandemic has taken a significant toll on their lives:

- Six in 10 patients with active cancer (58%) say they have had to make a lot of sacrifices in their daily lives because of a heightened risk of COVID-19. When looking at all patients who have/had cancer, Black patients (61%) are more likely than White patients (47%) to report that they have made a lot of sacrifices.
- Nearly half of patients with active cancer (45%) say the pandemic has had a negative impact on their mental health.
• Four in 10 patients with active cancer (42%) say they wish they had more emotional support during the pandemic.

“For people living with the challenges of cancer, the pandemic is adding a layer of hardship above and beyond what they would normally experience—from feelings of isolation to stress and anxiety,” said Dr. Pierce. “We urge every American with cancer and their family members to seek out the support they need to the greatest and safest extent possible. Online resources such as ASCO’s patient information website, Cancer.Net, provide COVID resources to help patients cope during this difficult time.”

Despite the majority of Americans’ willingness to participate in cancer clinical trials, misunderstandings about trials are widespread

The survey found that three in four Americans (75%) say they would be willing to participate in a clinical trial for a cancer treatment if they had cancer. However, many have misunderstandings about the benefits of clinical trial participation:

• Nearly half of all respondents (48%) believe patients with cancer who participate in clinical trials are not receiving the best possible care. In actuality, clinical trials typically provide one of the most advanced treatments available or a treatment believed to be better than the current standard of care. They may offer the best options for initial treatment and, in many cases, when the current standard of care isn't working for a patient, they may provide a treatment option when no other treatments are available.
• Three-quarters of Americans (75%), including 87% of patients with cancer, believe that some people who participate in cancer clinical trials receive a placebo rather than actual treatment. The reality is that placebos are extremely rare in cancer clinical trials and are only used when there is no standard treatment available. The vast majority of cancer clinical trials compare a new treatment to the current standard of care.

“Of the nearly two million people who receive a cancer diagnosis each year in the United States, less than five percent of adults enroll in clinical trials,” said Dr. Schilsky. “This is due in part to pervasive and persistent myths about trials and concerns that they are only a last resort. We need to do a much better job of educating our patients about the benefits of clinical trials. The fact is that clinical trials often offer patients the best—or sometimes only—treatment option for their condition, and these trials offer hope to individuals and at the same time are also the best way to make progress against cancer for everyone.”

ASCO makes general information about clinical trials available to the public through its
patient information website at https://www.cancer.net/research-and-advocacy/clinical-trials.

View the full set of new findings from ASCO’s National Cancer Opinion Survey.

Additional Resources for Your Readers from Cancer.Net, Doctor-Approved Patient Information from ASCO

- “Cancer Disparities and Health Equity: A Policy Statement From the American Society of Clinical Oncology” and accompanying editorial, “A Time to Dig Deeper and Take Meaningful Action”
- “COVID-19 Resources for People With Cancer”
- “Patient Safety in Clinical Trials”
- “What You Should Know About Cancer Clinical Trials”

About The National Cancer Opinion Survey:

ASCO's National Cancer Opinion Survey was established in 2017 by the American Society of Clinical Oncology (ASCO), in collaboration with The Harris Poll, to track the U.S. public’s views on cancer research and care. As the world's leading organization of oncology professionals who care for people with cancer, ASCO believes it is critical to understand what the public, including patients, think of, expect, and need from the nation's cancer care system. The poll is designed to be conducted annually to measure shifts in the public’s perceptions of a range of cancer-related issues over time.

This survey was conducted online in the U.S. by The Harris Poll on behalf of ASCO between July 21 – September 8, 2020 among 4,012 U.S. adults aged 18+ and an oversample of 980 adults 18+ with cancer for a total sample of 1,142 adults with cancer. For all U.S. adults age 18+, figures for age by gender, education, region, household size, marital status and employment status were adjusted, as needed, to population distributions from the U.S. Census Bureau, separately for Hispanic, Black/African American (not Hispanic) and all other (not Hispanic). The race/ethnicity groups were then combined into an overall total based on their proportion within the U.S. adult population. The adults age 18+ with cancer were weighted separately, as needed, using population distributions from the CDC's NHIS for those diagnosed with cancer, using the same demographic variables as above.

All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error which are most often not possible to quantify or estimate, including
sampling error, coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments. Therefore, The Harris Poll avoids the words “margin of error” as they are misleading. All that can be calculated are different possible sampling errors with different probabilities for pure, unweighted, random samples with 100% response rates. These are only theoretical because no published polls come close to this ideal. Respondents for this survey were selected among those who have agreed to participate in online surveys. No estimates of theoretical sampling error can be calculated.

About ASCO:

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world's leading organization of its kind, ASCO represents nearly 45,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube.