

**The impact of COVID-19 on treatment, use of
expensive medications and treatment delays of
patients with de novo metastatic cancer**

Weijzen, F.I.

Supervisors from University of Twente, Enschede, The Netherlands:

Siesling, S.

Van Hove, J.

Supervisors from IKNL, Enschede, The Netherlands:

Slotman, E.

August 2, 2022

Abstract

Introduction: The COVID-19 pandemic had an impact on cancer care around the world. The first confirmed COVID-19 infection in the Netherlands was on February 27, 2020. Recommendations were made on how to manage cancer care during the pandemic. This study aims to investigate the impact of the pandemic on patients with de novo metastatic cancer.

Methods: Patients who were diagnosed with de novo metastatic cancer between January 2017 and May 2021 were included and divided into different periods depending on the severity of the pandemic. The percentage of patients that received a certain treatment or expensive medication within the same period they were diagnosed in, was compared between the years 2020/2021 and the years 2017-2019 with a Chi-squared test and a logistic regression. For the expensive medication the moving average over the last four weeks during 2020 was plotted. Average time between the diagnosis and the initial treatment was analyzed with a Mann Whitney test.

Results: In total, 63,731 patients were included from the Dutch Cancer registry and the Dutch Hospital Data. Slight changes were found regarding the percentage of patients that received a certain treatment. Less surgeries were given in the periods after the initial peak in hospital admissions. A rise of 4.34% was found in the percentage of patients that received chemotherapy in the first weeks of 2021. The odds ratio of receiving surgery for patients with metastatic breast cancer after the initial first peak in hospital admissions was 0.31 (0.12-0.79). A small peak could be seen in the moving average plot in the amount of expensive cytotoxic medication given in period C. Average time between diagnosis and initial treatment decreased with nearly 4.5 days during the initial peak in hospital admissions.

Conclusion: Despite the disruptive impact, the COVID-19 pandemic had on cancer care worldwide, the impact on treatments for patients with de novo metastatic cancer care in the Netherlands was limited and not only negative, for example the time to treatment decreased.

Keywords: Metastatic cancer, COVID-19, treatments, time to treatment, medication

Introduction

On the 31st of December 2019, the WHO was notified that there were several cases of viral pneumonia occurring in Wuhan. This quickly became known as the COVID-19 virus and it spread all over the world [1]. In February of 2020 the virus spread to the Netherlands and the first hospitalization of a COVID-19 patient was on the 27th of February. At the peak of the first COVID-19 period in March more than 3000 regular hospital beds were occupied by COVID-19 patients, which was approximately 6% of all beds [2] [3]. National breast and colorectal cancer screening programs were discontinued from March 16 and gradually resumed at the beginning of June [4].

Patients were advised to only go to the general practitioner (GP) or the hospital with urgent complaints. During the start of the pandemic, GP's noticed a reduced demand for appointments [5]. In the Netherlands, this resulted in a decline of consultations to 75% of the usual number of consultations [6-8]. The pandemic and associated measures impacted the number of new cancer diagnoses, mainly in the lower stages [9-18]. In the Netherlands, during the first few months of the pandemic around 25% fewer cancer patients were diagnosed compared to what would be expected [19].

Because the hospitals in the Netherlands needed so much capacity for COVID-19 patients and protective measures had to be taken, regular care was affected. Recommendations by the European Society for Medical Oncology (ESMO) and the Dutch Association of Medical Oncology (NVMO) have been made on how to manage cancer treatment during the COVID-19 pandemic [20] [21]. Part of these recommendations was to adapt the cancer care to the severity of the pandemic. This was done to prevent COVID-19 infections in vulnerable cancer patients and to decrease the burden on health care. In line with a decrease in the number of diagnoses, a decrease of up to 50% in the number of surgical treatments was observed during the outbreak of the pandemic [22]. In other countries changes in treatments were observed as well. Of the clinics that were included in the study of Riera et al. 97.4% reported changes in radiation therapy schemes [23]. In the Netherlands, an online survey that was held among 5302 cancer patients found that 30% of patients experienced consequences in their treatments. The treatment types that were adjusted the most, according to the survey, were chemotherapy (30%) and immunotherapy (32%) [24]. No delays were found in either breast, colorectal or head and neck cancers initial treatments in early-stage cancers [25-27].

In the aforementioned studies treatment often is curative, whereas in patients with de novo metastatic cancer the median survival was only 6.3 months in 2018 [28]. Therefore, treatment for these patients is also often palliative. In advanced cancer care, the impact of the pandemic was limited. It was shown that the initial treatment of advanced melanoma had not changed during the pandemic [29]. The study of Fedele et al. made use of a survey of oncologists to determine changes in treatment for metastatic breast cancer [30]. The results of this survey showed that Italian oncologists preferred to not suspend or delay chemo- or immunotherapy. However a high proportion of the oncologists were prescribing more oral cytotoxic medication to reduce the hospital access. There

were limited studies on the influence of the pandemic on patients with de novo metastatic cancers. A study from the United States also found no delays and no difference in treatment selection for patients with de novo metastatic cancer [31]. The studies conducted for advanced cancer care were mainly surveys or individual clinic-based studies.

Therefore, the aim of this study is to deliver insight on a nationwide scale in how treatments for patients with de novo metastatic cancers were affected by COVID-19.

Methods

Patient population

Patients aged over 18 years and diagnosed with de novo metastatic cancer between January 2017 and May 2021 were selected from the Netherlands Cancer Registry (NCR). The NCR is hosted by the Netherlands Comprehensive cancer organization (IKNL) and has records of all histopathologically confirmed, newly diagnosed malignancies since 1989. Detailed information on expensive medication was added through linkage with a dataset from Dutch Hospital Data (DHD). This resulted in a database that contained the following data for every patient: patient characteristics (age, gender, comorbidities, and original tumor type), treatment type within 3 months of diagnosis (chemotherapy, surgery, local surgery, hormonal therapy, radiation therapy, targeted therapy), medication (type of medication and date of use), the date of diagnosis and date of treatment.

Definitions

In this study the COVID-19 period was divided into five different periods expressing the severity of the pandemic. These were based on the hospital bed occupancy by COVID-19 patients in the Netherlands (Figure 1) [2]. Period A was the period in 2020 before the COVID-19 pandemic started. Period B was the first peak and has the highest amount of hospital admissions. In period C the hospital admissions were relatively low. During period D the hospital admissions were rising again. This could be considered the second wave of hospital admissions. This second wave continued into the next year. Period E was the period with high hospital admissions in 2021. Patients were divided into groups based on their date of diagnosis. If a patient was diagnosed in a certain period, only the treatment and expensive medication in that period was included in the study.

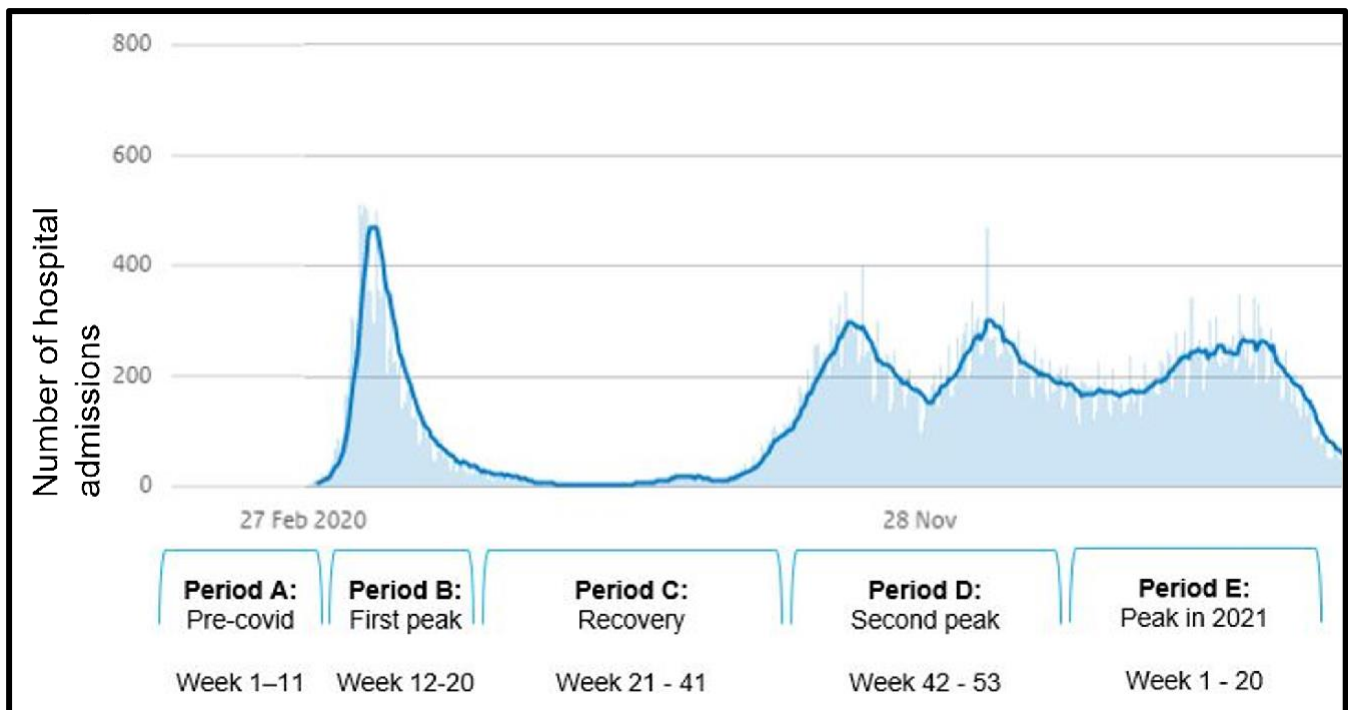


Figure 1: Different periods based on hospital admissions

The NCR dataset was larger and contained more general information about medications, whereas the DHD dataset contained more detailed information about medications. An overview was made for the newly approved expensive medications since 1989 from the DHD set, which were approved for patients with metastatic cancer (Appendix A). These were clustered in different types of expensive medication (e.g. cytotoxic, immunotherapies).

The original tumor types of the patients with de novo metastatic cancer were clustered into different groups: respiratory tract, breast, gastrointestinal tract, female genital, male genital, urinary tract and other cancers (bone, endocrine glands, eye, head, neck and skin).

Statistical analysis

The characteristics of included patients were compared between patients diagnosed in period A-E of 2020/2021 and patients diagnosed in these same periods in 2017-2019 using Chi-squared tests.

The proportions of patients receiving a particular treatment or expensive medication in the period of their diagnosis was calculated per period in 2020/2021 and compared to the same period in 2017-2019 with a Chi-squared test.

A logistic regression analysis was performed to determine the odds ratio per period of getting a certain treatment/medicine in the years 2020/2021 compared with 2017-2019 corrected for potential confounders. A logistic regression was also done per tumor type to determine whether some specific tumor types showed differences.

To take trends in use of expensive medication into account, a moving average over the last four weeks of the weekly incidence of the use of expensive medication was calculated and plotted.

The average number of days between the date of diagnosis and the first treatment, irrespective of type of treatment was compared between the periods in 2020/2021 and the periods in the years 2017-2019 using a Mann-Whitney U test.

For the analysis of the data STATA 17 was used. A p-value of <0.05 was considered statistically significant.

Results

Patient population

A total of 62,745 patients were included of which 19,247 were included in the years 2020 and 2021.

Table 1: Baseline patient characteristics

Period		A(17-19)	A(2020)	P-value	B(17-19)	B(2020)	P-value	C(17-19)	C(2020)	P-value
Number of patients	N	9222	3146		7455	2247		17598	6199	
Age	Median	69	71		70	70		70	71	
Gender	Men	5419 (58,8%)	1845 (58,7%)	0,909	4419 (59,3%)	1306 (58,1%)	0,33	10351 (58,8%)	3573 (57,6%)	0,105
	Women	3803 (41,2%)	1301 (41,4%)		3036 (40,7%)	941 (41,9%)		7247 (41,2%)	2626 (42,4%)	
Number of comorbidities	0	1622 (17,6%)	561 (17,8%)	0,106	1283 (17,2%)	465 (20,7%)	0	2964 (16,8%)	1176 (19,0%)	0
	1	1024 (11,1%)	381 (12,1%)		826 (11,1%)	258 (11,5%)		1856 (10,6%)	669 (10,8%)	
	>1	705 (7,7%)	268 (8,5%)		562 (7,5%)	191 (8,5%)		1277 (7,3%)	525 (8,5%)	
	Unknown	5871 (63,7%)	1936 (61,5%)		4784 (64,2%)	1333 (59,3%)		11501 (65,4%)	3829 (61,8%)	
Tumor type	Respiratory tract	2550 (27,7%)	858 (27,2%)	0,904	2090 (28,0%)	609 (27,1%)	0,045	5091 (28,9%)	1758 (28,4%)	0,016
	Breast	530 (5,8%)	194 (6,2%)		431 (5,8%)	114 (5,1%)		950 (5,4%)	367 (5,9%)	
	Gastrointestinal tract	3723 (40,4%)	1242 (39,5%)		3002 (40,3%)	926 (41,2%)		6974 (39,6%)	2352 (37,9%)	
	Female genital	342 (3,7%)	118 (3,8%)		278 (3,7%)	107 (4,8%)		671 (3,8%)	282 (4,6%)	
	Male genital	1328 (14,4%)	465 (14,8%)		1088 (14,6%)	294 (13,1%)		2535 (14,4%)	954 (15,4%)	
	Urinary tract	487 (5,3%)	172 (5,5%)		377 (5,1%)	131 (5,8%)		941 (5,4%)	326 (5,3%)	
	Other*	262 (2,8%)	97 (3,1%)		189 (2,5%)	66 (2,9%)		436 (2,5%)	160 (2,6%)	

Period		D(17-19)	D(2020)	P-value	E(17-19)	E(2021)	P-value	total(17-19)	total(20-21)	P-value
Number of patients	N	9223	3307		16677	4384		43498	19247	
Age	Median	70	71		70	70		70	70	
Gender	Men	5418 (58,7%)	1931 (58,4%)	0,723	9838 (59,0%)	2495 (56,9%)	0,013	25607 (58,9%)	11553 (57,1%)	0
	Women	3805 (41,3%)	1376 (41,6%)		6839 (41,0%)	1889 (43,1%)		17891 (41,1%)	8680 (42,9%)	
Number of comorbidities	0	1519 (16,5%)	614 (18,6%)	0	2905 (17,4%)	892 (20,4%)	0	7388 (17,0%)	3909 (19,3%)	0
	1	951 (10,3%)	367 (11,1%)		1850 (11,1%)	428 (9,8%)		4657 (10,7%)	2197 (10,9%)	
	>1	695 (7,5%)	294 (8,9%)		1267 (7,6%)	343 (7,8%)		3239 (7,5%)	1792 (8,4%)	
	Unknown	6058 (65,7%)	2032 (61,5%)		10655 (63,9%)	2721 (62,1%)		28214 (64,9%)	12425 (61,4%)	
Tumor type	Respiratory tract	2593 (28,1%)	923 (27,9%)	0,044	4640 (27,8%)	1203 (27,4%)	0	12324 (28,3%)	5619 (27,8%)	0
	Breast	488 (5,3%)	195 (6,0%)		961 (5,8%)	334 (7,6%)		2399 (5,5%)	1358 (6,7%)	
	Gastrointestinal tract	3556 (38,6%)	1260 (38,1%)		6725 (40,3%)	1713 (39,1%)		17255 (39,7%)	7793 (38,5%)	
	Female genital	355 (3,9%)	161 (4,9%)		620 (3,7%)	192 (4,4%)		1646 (3,8%)	957 (4,7%)	
	Male genital	1455 (15,8%)	528 (16,0%)		2416 (14,5%)	557 (12,7%)		6406 (14,7%)	2824 (14,0%)	
	Urinary tract	525 (5,7%)	154 (4,7%)		864 (5,2%)	246 (5,6%)		2330 (5,4%)	1089 (5,4%)	
	Other*	251 (2,7%)	86 (2,6%)		451 (2,7%)	139 (3,2%)		1138 (2,6%)	593 (2,9%)	

* Other cancers: bone, endocrine glands, eye, head and neck and skin

The age characteristics were all very similar between the groups (Table 1). In period E (2021), the percentage of women diagnosed with de novo metastatic cancer was 43.1%, compared to the same period in the years 2017-2019 (41.0%) this was higher (P<0.05).

In period B, C, D and E the percentage of patients without comorbidities was higher in the years 2020 and 2021 compared to the years 2017 to 2019 (P<0.05). When omitting the unknown comorbidities, only period E was significantly different with more patients without comorbidities in 2021.

In period B and E fewer patients were diagnosed with male genital cancers and more patients with female genital cancers as tumor type in the years 2020 and 2021 compared to the years 2017 to 2019 ($P < 0.05$). Additionally more patients were diagnosed with breast cancer as tumor type in 2021.

Treatments

A significant decrease in the percentage of patients that received surgery was observed in Period A, C and D (Figure 2). Period D also showed a decrease in the percentage of patients that received targeted therapy. In contrast, period D showed a significant increase in the percentage of patients that received hormonal therapy. Finally, period E showed a significant increase in the percentage of patients receiving chemotherapy, targeted therapy or local surgery, with the percentage of chemotherapy showing the largest increase at 4,34%.

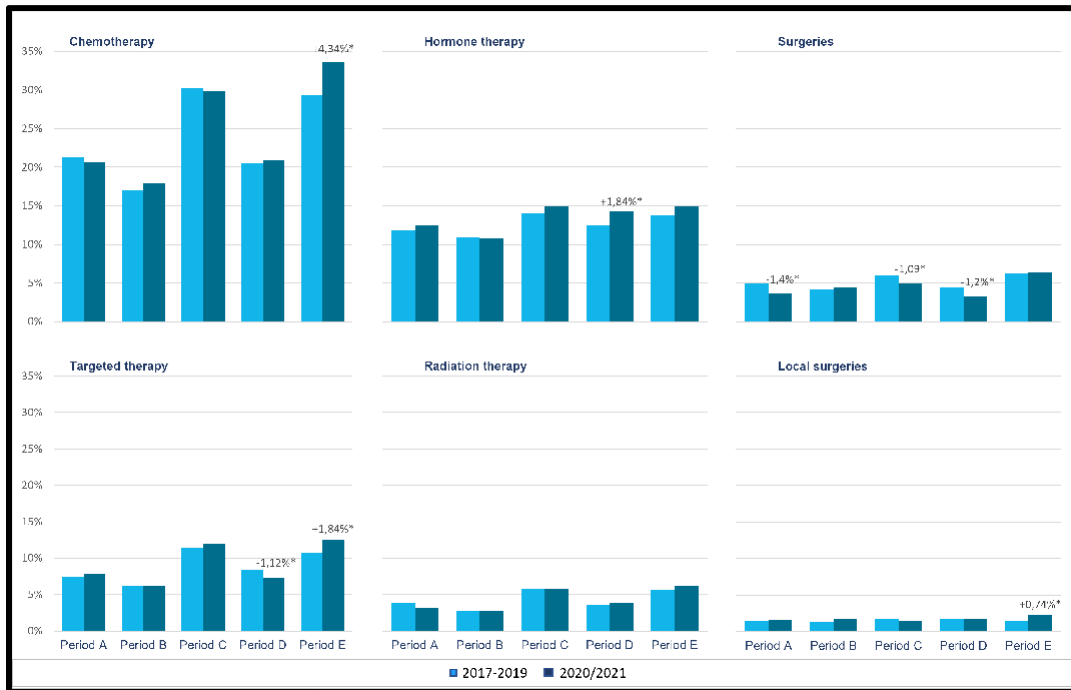


Figure 2: Percentage of all de novo metastatic patients that received a certain treatment within the period that they were diagnosed (NKR dataset)

Medication

The percentage of patients receiving immunotherapy was higher in the years 2020 and 2021 when compared to the years 2017 to 2019 (Figure 3). The percentage of patients that received newly approved cytotoxic medication was higher in the periods C and E. Additionally, the percentage for targeted therapy was higher in period E in 2021.

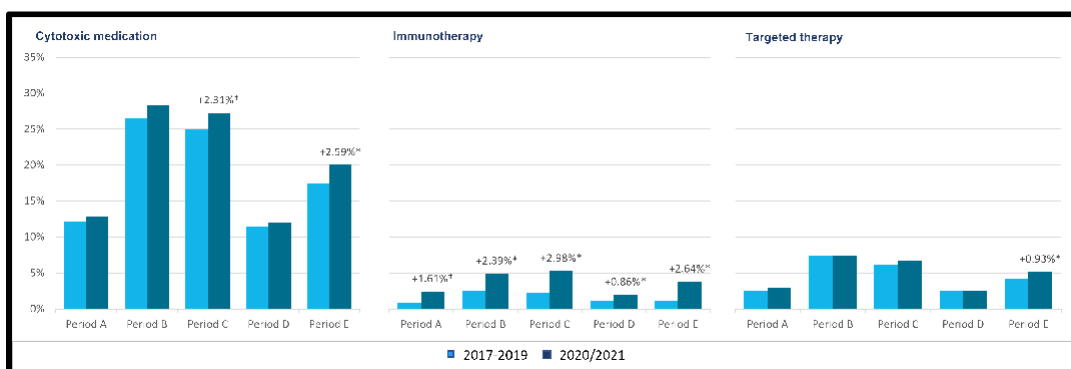


Figure 3: Percentage of patients that received newly approved medication within the period of their diagnosis (DHD dataset)

Table 2 presents the odds ratios of receiving a certain treatment\expensive medication depending on which year a patient was diagnosed, corrected for potential confounders. The odds ratios of receiving a certain treatment for the confounding variables can be found in Appendix B.

Table 2: Odds ratio (CI) of receiving a type of therapy in 2020/2021 compared to 2017-2019 corrected for potential confounders** per period on which patients were diagnosed with de novo metastasized cancer

Tumor type	Treatment	Period A	Period B	Period C	Period D	Period E
All tumor types	Chemotherapy	1(0.9-1.11)	1.06(0.94-1.21)	1(0.94-1.07)	1.03(0.93-1.15)	1.24(1.15-1.33)*
	Surgery	0.77(0.62-0.95)*	1.05(0.83-1.34)	0.84(0.74-0.96)*	0.79(0.64-0.99)*	1.01(0.88-1.16)
	Hormonal therapy	1.04(0.87-1.26)	1.25(1.00-1.56)	0.99(0.86-1.14)	1.32(1.1-1.58)*	1.46(1.24-1.73)*
	Radiation therapy	0.82(0.65-1.03)	1(0.75-1.33)	1.03(0.91-1.17)	1.06(0.86-1.31)	1.13(0.99-1.31)
	Targeted therapy	1.1(0.94-1.28)	1(0.82-1.22)	1.12(1.02-1.23)*	0.92(0.78-1.07)	1.16(1.04-1.29)*
	Local surgery	0.9(0.63-1.3)	1.06(0.7-1.62)	0.77(0.59-1.00)	1.18(0.83-1.67)	1.89(1.42-2.51)*
	Cytotoxic medication#	1.12(0.99-1.27)	1.1(0.99-1.23)	1.17(1.1-1.26)*	1.08(0.95-1.22)	1.19(1.09-1.3)*
	Immunotherapy#	3.48(2.5-4.86)*	2.16(1.67-2.8)*	2.63(2.25-3.08)*	1.96(1.42-2.71)*	3.61(2.9-4.48)*
Gastrointestinal tract	Chemotherapy	1.05(0.89-1.24)	1.11(0.91-1.36)	0.99(0.88-1.1)	1.09(0.93-1.28)	1.3(1.15-1.46)*
	Surgery	0.72(0.55-0.95)*	1.13(0.85-1.51)	0.79(0.67-0.95)*	0.9(0.69-1.18)	1.14(0.95-1.35)
	Hormonal therapy	1.41(0.5-3.99)	2.34(0.83-6.62)	1.19(0.66-2.16)	1.02(0.37-2.8)	1.84(1.02-3.32)*
	Radiation therapy	0.71(0.53-0.95)*	1.01(0.71-1.43)	0.98(0.83-1.17)	1.04(0.8-1.36)	1.1(0.91-1.31)
	Targeted therapy	1.06(0.8-1.4)	1.2(0.86-1.68)	1.11(0.95-1.31)	1.24(0.95-1.62)	1.4(1.18-1.66)*
Respiratory tract	Chemotherapy	1.01(0.85-1.21)	1.11(0.9-1.38)	1(0.89-1.12)	0.91(0.76-1.08)	1.16(1.01-1.33)*
	Surgery	0.77(0.25-2.32)	1.77(0.66-4.77)	0.78(0.39-1.58)	0.29(0.07-1.26)	1.06(0.54-2.09)
	Radiation therapy	0.79(0.48-1.29)	0.88(0.45-1.71)	0.82(0.63-1.08)	0.94(0.59-1.49)	0.78(0.55-1.11)
	Targeted therapy	1.52(1.2-1.94)*	0.97(0.7-1.35)	1.22(1.05-1.41)*	0.91(0.72-1.15)	1.23(1.03-1.46)*
Breast	Chemotherapy	0.83(0.54-1.27)	1.34(0.77-2.35)	1.19(0.9-1.57)	0.75(0.49-1.13)	0.95(0.7-1.27)
	Surgery	0.4(0.14-1.19)	0.47(0.06-3.85)	0.31(0.12-0.79)*	1.03(0.31-3.41)	0.4(0.17-0.96)*
	Hormonal therapy	0.91(0.63-1.3)	1.06(0.67-1.66)	0.98(0.76-1.26)	1.11(0.78-1.59)	1.03(0.79-1.34)
	Targeted therapy	0.94(0.59-1.5)	1.23(0.66-2.31)	1.19(0.88-1.6)	0.73(0.46-1.18)	1.24(0.9-1.7)
Female genital	Chemotherapy	1.29(0.83-2.00)	0.96(0.59-1.56)	0.96(0.72-1.28)	1.51(1.02-2.21)*	1.32(0.94-1.85)
	Surgery	0.75(0.35-1.62)	0.43(0.15-1.29)	1.18(0.84-1.65)	0.82(0.4-1.69)	1.04(0.69-1.56)
Male genital	Chemotherapy	0.64(0.45-0.91)*	0.48(0.26-0.86)*	1.09(0.9-1.31)	0.95(0.67-1.33)	1.45(1.17-1.8)*
	Surgery	1.11(0.35-3.47)	1.31(0.32-5.47)	1.64(0.76-3.55)	1.56(0.51-4.78)	2.31(1.04-5.11)*
	Hormonal therapy	1.07(0.85-1.35)	1.29(0.98-1.7)	0.99(0.82-1.18)	1.43(1.14-1.79)*	2.11(1.62-2.75)*
Urinary tract	Chemotherapy	0.95(0.43-2.07)	1.24(0.52-2.94)	0.96(0.63-1.46)	1.69(0.88-3.25)	1.57(1.00-2.45)
	Surgery	1.11(0.6-2.05)	0.86(0.41-1.81)	1.04(0.67-1.61)	0.45(0.2-1.03)	0.56(0.33-0.94)*
Other	Chemotherapy	2.49(0.88-7.07)	1.24(0.26-5.82)	0.73(0.33-1.61)	3.28(1.08-9.98)*	0.91(0.36-2.32)
	Surgery	0.91(0.18-4.61)	1.78(0.55-5.79)	0.98(0.4-2.39)	0.21(0.03-1.7)	1.52(0.62-3.77)
	Radiation therapy	2.84(1.12-7.2)*	0.41(0.05-3.41)	1.15(0.62-2.14)	0.61(0.2-1.86)	0.86(0.41-1.8)
	Local surgery	1.12(0.55-2.29)	1.69(0.68-4.17)	1.3(0.79-2.16)	3.33(1.72-6.45)*	0.91(0.52-1.6)

* significant difference between 2020/2021 and 2017-2019 P < 0.05, ** Gender, age, tumor type and comorbidities more details in Appendix B, # Data from DHD

Patients diagnosed in period C and D during the pandemic were less likely to receive surgery in the same period during the covid pandemic than the years before, (odds=0.84(0.74-0.96) and (odds=0.79(0.64-0.99) respectively. With the least chance for patients with breast cancer in period C, odds of 0.31 (0.12-0.79). The chances of receiving chemotherapy in period E was higher for all tumor types combined (1.24 (1.15-1.33), with a positive odds ratio for all cancer, except for breast cancer and other cancers. Patients also had higher chance (odds =1.46(1.24-1.73)) of receiving hormonal therapy in period E during the pandemic when compared to Period E before the pandemic. The chances of receiving hormonal therapy during the pandemic were the highest for the gastrointestinal tract cancers (1.84(1.02-3.32)) and for the male genital cancers (2.11(1.62-2.75)).

Patients were more likely to receive immunotherapy medication when diagnosed in the years 2020/2021 compared to the years 2017-2019 for all periods. A significant increase in use of cytotoxic medication was found in period E, odds ratio of 1.19 (1.09-1.3), in the year 2021 when compared with the years 2017-2019, the other periods showed no significant difference.

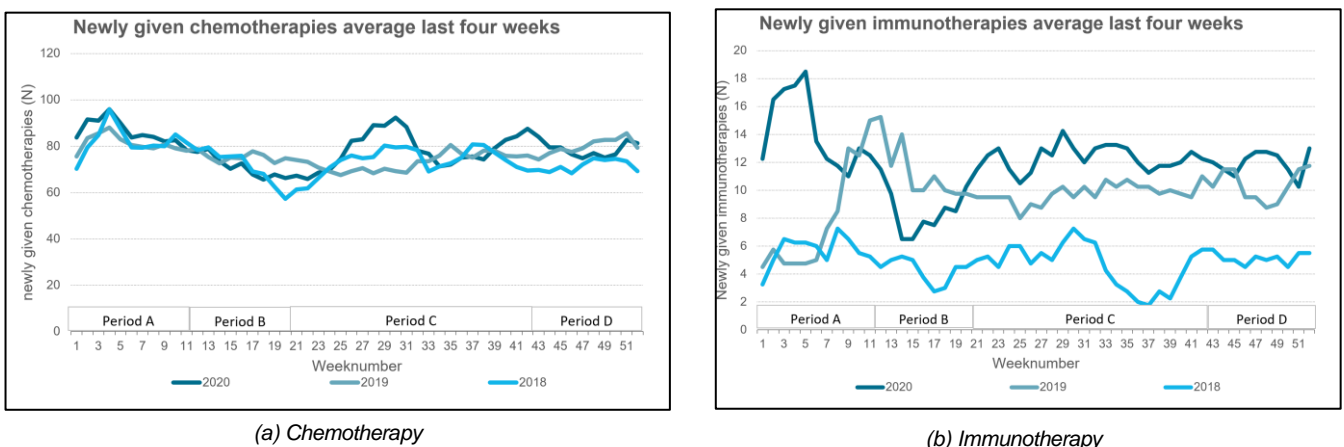


Figure 4: Moving average of the amount of expensive medication given over the last four weeks during the pandemic

A peak in the year 2020 can be seen during period C for the newly given chemotherapies (Figure 4a). Contrary, during the first peak of the pandemic (period B) a decline can be seen in the amount of newly given immunotherapies in 2020 (Figure 4b).

Time between diagnosis and initial treatment

The average time to treatment was significantly shorter in period B,C and D in years 2020/2021 comparing to the years 2017-2019. In period B of 2020 patients were treated 4.34 days sooner on average than in the same period of the years before the pandemic (Figure 5). The time until initial treatment per treatment type can be seen in Appendix C.

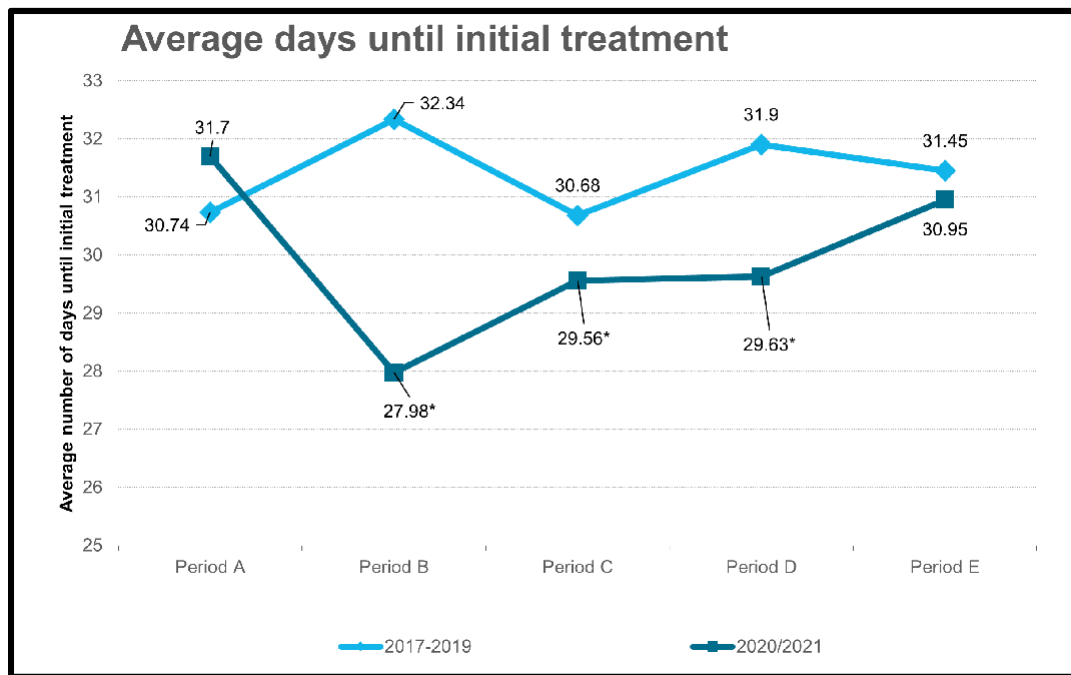


Figure 5: Average number of days from day of diagnosis until day of treatment

Discussion

This population-based study showed that the COVID-19 pandemic had a limited impact on the treatment of patients with de novo metastatic cancer. Recommendations about the management of cancer care were followed. Based on NCR and DHD data, it was revealed that the percentage of patients who underwent surgery within the period that they were diagnosed in decreased during the pandemic. In the first weeks of 2021 (period E) the percentage of patients that received chemotherapy, targeted therapy and local surgery increased compared to the same period in the years 2017 to 2019. Based on the results on expensive medication, the percentage of patients that received expensive cytotoxic medication increased during the pandemic in the period after the initial peak & in the first weeks of 2021. For expensive immunotherapies the percentage rose in every period during the pandemic. Differences were seen between different primary tumor types. Breast cancer and gastrointestinal tract cancer patients had a reduced chance of receiving surgery in period C, while other tumor types had no reduced chance. Gastrointestinal tract cancer patients and male genital cancer patients had a higher chance of receiving hormonal therapy in period E than other tumor types. Patients with respiratory tract cancer were more likely to receive targeted therapy in period C and period E. Patients with de novo metastatic cancer were treated earlier on average than before the pandemic.

It is shown that the percentage of patients who had surgery, during the same period they were diagnosed in, dropped during the pandemic. This mainly applied to breast cancer patients. This may be due to the postponement and cancellation of planned cancer surgeries [32]. Intensive care capacity also had to be available for COVID-19 patients. Differences in treatments between tumor types can be caused by different treatment capacities.

Period E showed an increase in the percentage of patients that received chemotherapy, targeted therapy and locale surgeries. Part of the reason for this may be the number of comorbidities patients presented. The number of patients with more than one comorbidity was lower in period E of 2021 when compared to the years 2017-2019. Which means patients were most likely healthier and therefore could be more suitable to receive treatment. Also, more women and more patients with breast cancer as their original tumor type were included in period E.

In accordance with what was found for lower stage cancer treatments, the treatments of patients with de novo metastatic cancer experienced no delays [25] [27] [31]. In fact patients were treated earlier in the COVID-19 pandemic comparing to the years before. A possible explanation for this could be that other treatments were halted and more capacity was available for patients with de novo metastatic cancer.

This study is the first to look at the effect of COVID-19 on patients with de novo metastatic cancer on a nationwide scale by using data from the NCR and DHD databases, thereby reflecting daily practice. However, the study has some limitations. Firstly, the DHD database has some overlap with the NCR database, therefore the cytotoxic medication results from DHD are quite similar to the chemotherapy results of the NCR. Also, in this study only patients with de novo metastatic cancers were taken into account, more complete insight in treatment for all patients with metastatic cancer would have been possible if patients with recurrent metastatic cancer would also be included. The use of expensive medication per tumor type has not yet been investigated, but should be added in this study to provide insight into the impact on expensive medication per tumor type. Furthermore, the periods in which the pandemic was divided were not of equal length, therefore a simple comparison between the periods was not possible, however a fair comparison with the same periods from earlier years was possible.

Because the NKR data set only includes treatments up to approximately 9 months after diagnosis, it was not possible to include all patient treatments. It is also important to clearly define the period and thus the severity of the pandemic in order to see its influence on the treatments taking place at that time. The data set only contained patients diagnosed from 2017 and later, therefore it is not possible to take all treatments in a period as a reference, because the patients from, for example, 2016 who receive a treatment in 2017 would not be included. This way you get unequally distributed groups between the years and you cannot make a fair comparison. To allow for a fair comparison between the years, it was decided to only include the treatments in the period in which a patient was diagnosed. A limitation of this is that patients who are diagnosed late in a certain period do not have much time to be treated within that period and in that case they are not included in this study.

The logistic regression corrected for some potential confounding variables, however there may be more confounding variables that were not included, e.g. the region where the patient lives. Trends in treatments should also be considered, for example immunotherapies for cancer patients is still a growing field [33]. That could be a reason for an increase in immunotherapies given. This also affects other treatments, because if a patient receives immunotherapy they will not receive, e.g. chemotherapy. As such these results should be interpreted with care. In this study a lot of tests are conducted, no correction has been made to correct for multiple testing errors.

Information about treatments from the NCR in this study was limited to only approximately 9 months after diagnosis, therefore changes in treatment or changes in treatment schedule were not studied. In breast cancer patients it was shown that changes in chemotherapy scheduling had an influence on survival [34]. There is reason to believe that this also applies to patients with de novo metastatic cancer, due to the similar origin of the disease. Further research will require a longer period of treatments that is included, to investigate the effect the pandemic had on treatment schedules.

In a few years time this study could be used to examine how differences in treatments, use of expensive medication and earlier treatment affected outcomes such as survival and quality of life for patients with de novo metastatic cancer during the pandemic.

Conclusion

The COVID-19 pandemic affected the treatment for patients with de novo metastatic cancer. This differed per tumor type. COVID-19 mainly impacted the percentage of patients who underwent surgery. The other treatment types were impacted less. However there was an increase in the number of chemotherapy treatments and use of expensive cytotoxic medication in the first weeks of 2021.

Efforts to maintain the best care for cancer patients seemed to result in a small impact of the pandemic on de novo metastatic cancer. During the peak of the pandemic initial treatments were even given sooner than before the pandemic.

Future studies will need to investigate what these changes in treatments, medication and time to treatment mean for the long-term effects on outcomes such as survival.

References

- [1] Carvalho T, Krammer F, Iwasaki A. The first 12 months of COVID-19: a timeline of immunological insights. *Nature Reviews Immunology* 2021 21:4. 2021 mar;21(4):245-56. Available from: <https://www.nature.com/articles/s41577-021-00522-1>.
- [2] Rijksoverheid. Hospital admissions | Coronavirus Dashboard | Government.nl; 2022. Available from: <https://coronadashboard.government.nl/landelijk/ziekenhuis-opnames>.
- [3] OECD. Hospital beds in the Netherlands 2000-2019, Statista; 2022. Available from: <https://www.statista.com/statistics/557310/hospital-beds-in-the-netherlands/>.
- [4] Dinmohamed AG, Cellamare M, Visser O, de Munck L, Elferink MAG, Westenend PJ, et al. The impact of the temporary suspension of national cancer screening programmes due to the COVID-19 epidemic on the diagnosis of breast and colorectal cancer in the Netherlands. *Journal of Hematology Oncology*. 2020 dec;13(1):147. Available from: <https://pubmed.ncbi.nlm.nih.gov/34888886/>.
- [5] Archer S, Calanzani N, Honey S, Johnson M, Neal R, Scott SE, et al. Impact of the COVID-19 pandemic on cancer assessment in primary care: a qualitative study of GP views. *BJGP Open*. 2021;5(4). Available from: <https://bjgpopen.org/content/5/4/BJGPO.2021.0056>.
- [6] Heins M, Hek K, Hooiveld M, Hendriksen J, Korevaar J. Impact coronapandemie op zorgvraag bij huisartsen (factsheet A).
- [7] Lambooy M, Heins M, Jansen L, Meijer M, Vader S, de Jong J. Het mijden van huisartsenzorg tijdens de coronapandemie. Inzicht in verminderde huisartsenzorg tijdens de coronapandemie. Rijksinstituut voor Volksgezondheid en Milieu RIVM; 2022. Available from: <http://hdl.handle.net/10029/625798>.
- [8] Van De Poll-Franse LV, De Rooij BH, Horevoorts NJE, May AM, Vink GR, Koopman M, et al. Perceived Care and Well-being of Patients With Cancer and Matched Norm Participants in the COVID-19 Crisis: Results of a Survey of Participants in the Dutch PROFILES Registry. *JAMA Oncology*. 2021 feb;7(2):1. Available from: <https://pubmed.ncbi.nlm.nih.gov/34888886/>.
- [9] Bruce SF, Huysman B, Bharucha J, Massad LS, Mullen MM, Hagemann AR, et al. Impact of the COVID-19 pandemic on referral to and delivery of gynecologic oncology care. *Gynecologic Oncology Reports*. 2022 feb;39.
- [10] Ruiz-Medina S, Gil S, Jimenez B, Rodriguez-Brazzarola P, Diaz-Redondo T, Cazorla M, et al. Significant decrease in annual cancer diagnoses in Spain during the COVID-19 pandemic: A real-data study. *Cancers*. 2021 jul;13(13).
- [11] Jacob L, Loosen SH, Kalder M, Luedde T, Roderburg C, Kostev K. Impact of the COVID-19 pandemic on cancer diagnoses in general and specialized practices in Germany. *Cancers*. 2021 feb;13(3):1-11.
- [12] Sanvisens A, Puigdemont M, Rubió-Casadevall J, Vidal-Vila A, López-Bonet E, Martín-Romero F, et al. Differences in the impact of COVID-19 on pathology laboratories and cancer diagnosis in Girona. *International Journal of Environmental Research and Public Health*. 2021 dec;18(24).
- [13] Andrew TW, Alrawi M, Lovat P. Reduction in skin cancer diagnoses in the UK during the COVID-19 pandemic. *Clinical and Experimental Dermatology*. 2021 jan;46(1):145-6.
- [14] Marques NP, Silveira DMM, Marques NCT, Martelli DRB, Oliveira EA, Martelli-Júnior H. Cancer diagnosis in Brazil in the COVID-19 era. *Seminars in Oncology*. 2021 apr;48(2):156-9.
- [15] Peacock HM, Tambuyzer T, Verdoodt F, Calay F, Poirel HA, De Schutter H, et al. Decline and incomplete recovery in cancer diagnoses during the COVID-19 pandemic in Belgium: a year-long, population-level analysis. *ESMO Open*. 2021 aug;6(4).
- [16] Vrdoljak E, Balja MP, Marušić Z, Avirović M, Blažičević V, Tomasović Č, et al. COVID-19 Pandemic Effects on Breast Cancer Diagnosis in Croatia: A Population- and Registry-Based Study. *Oncologist*. 2021 jul;26(7):e1156-60.
- [17] van Wyk AC, de Jager LJ, Razack R, van Wyk SS, Kleinhans W, Simonds HM, et al. The initial impact of the COVID-19 pandemic on the diagnosis of new cancers at a large pathology laboratory in the public health sector, Western Cape Province, South Africa. *South African Medical Journal*. 2021;111(6):570-4.

- [18] Fallara G, Sandin F, Styrke J, Carlsson S, Lissbrant IF, Ahlgren J, et al. Prostate cancer diagnosis, staging, and treatment in Sweden during the first phase of the COVID-19 pandemic. *Scandinavian Journal of Urology*. 2021;55(3):184-91.
- [19] Dinmohamed AG, Visser O, Verhoeven RHA, Louwman MWJ, van Nederveen FH, Willems SM, et al. Fewer cancer diagnoses during the COVID-19 epidemic in the Netherlands. *The Lancet Oncology*. 2020 jun;21(6):750-1.
- [20] Curigliano G, Banerjee S, Cervantes A, Garassino MC, Garrido P, Girard N, et al. Managing cancer patients during the COVID-19 pandemic: an ESMO multidisciplinary expert consensus. *Annals of Oncology*. 2020;31(10):1320-35. Available from: <https://www.sciencedirect.com/science/article/pii/S0923753420399488>.
- [21] NVMO. Handvat COVID-19 oncologie 2.0 - NVMO; 2020. Available from: <https://www.nvmo.org/dossier-covid-19/handvat-covid-19-oncologie-2-0/>.
- [22] IKNL. Monitor oncologische zorg; 2022. Available from: <https://iknl.nl/monitor>.
- [23] Riera R, Bagattini ÂM, Pacheco RL, Pachito DV, Roitberg F, Ilbawi A. Delays and Disruptions in Cancer Health Care Due to COVID-19 Pandemic: Systematic Review. *JCO Global Oncology*. 2021 feb;7(7):311-23. Available from: <https://pubmed.ncbi.nlm.nih.gov/342000342/>
- [24] de Joode K, Dumoulin DW, Engelen V, Bloemendal HJ, Verheij M, van Laarhoven HWM, et al. Impact of the coronavirus disease 2019 pandemic on cancer treatment: the patients' perspective. *European Journal of Cancer*. 2020 sep;136:132-9.
- [25] Eijkelboom A, de Munck L, Vrancken Peeters M, Broeders M, Strobbe L, Bos M, et al. Impact of the COVID-19 pandemic on diagnosis, stage, and initial treatment of breast cancer in the Netherlands: a population-based study. *Journal of hematology oncology*. 2021 Dec;14(1).
- [26] Meijer J, Elferink MAG, van Hoeve JC, Buijsen J, van Erning F, Nagtegaal ID, et al. Impact of the COVID-19 Pandemic on Colorectal Cancer Care in the Netherlands: A Population-based Study. *Clinical Colorectal Cancer*. 2022. Available from: <https://www.sciencedirect.com/science/article/pii/S1533002822000342>.
- [27] Schoonbeek RC, de Jel DVC, van Dijk BAC, Willems SM, Bloemena E, Hoebbers FJP, et al. Fewer head and neck cancer diagnoses and faster treatment initiation during COVID-19 in 2020: A nationwide population-based analysis. *Radiotherapy and Oncology*. 2022 feb;167:42-8.
- [28] Dr Heidi Fransen, Dr Mieke Aarts, Dr Linda Brom, Dr Marianne Klinkenberg, Dr Marianne van der Mark, Tatjana Pchenitnikova MSc , et al. uitgezaaide kanker in beeld. IKNL; 2020. Available from: <https://iknlsawebprod.blob.core.windows.net/mediacontainer/iknl/media/pdfs/kankerinbeeld/uitgezaaide-kanker-in-beeld-rapport.pdf>.
- [29] van Not OJ, van Breeschoten J, van den Eertwegh AJM, Hilarius DL, De Meza MM, Haanen JB, et al. The unfavorable effects of COVID-19 on Dutch advanced melanoma care. *International Journal of Cancer*. 2022 mar;150(5):816-24.
- [30] Fedele P, Ferro A, Sanna V, La Verde N, Paris I, Chiari R. Exploring metastatic breast cancer treatment changes during COVID-19 pandemic. *Journal of Chemotherapy*. 2021;33(4):263-8.
- [31] Parikh RB, Takvorian SU, Vader D, Paul Wileyto E, Clark AS, Lee DJ, et al. Impact of the COVID-19 Pandemic on Treatment Patterns for Patients With Metastatic Solid Cancer in the United States. *JNCI: Journal of the National Cancer Institute*. 2022 apr;114(4):571-8. Available from: <https://academic.oup.com/jnci/article/114/4/571/6459178>.
- [32] COVIDSurg Collaborative, Berg K, Borre M, Ernst A, Elkjær M, Iversen L, et al. Effect of COVID-19 pandemic lockdowns on planned cancer surgery for 15 tumour types in 61 countries: an international, prospective, cohort study. *The Lancet Oncology*. 2021 Nov;22(11):1507-17.
- [33] Taefehshokr S, Parhizkar A, Hayati S, Mousapour M, Mahmoudpour A, Eleid L, et al. Cancer immunotherapy: Challenges and limitations. *Pathology - Research and Practice*. 2022 jan;229:153723.
- [34] Gunasekaran GH, Hassali MABA, Sabri WMABW, Rahman MTB. Impact of chemotherapy schedule modification on breast cancer patients: a single-centre retrospective study. *International journal of clinical pharmacy*. 2020 apr;42(2):642-51. Available from: <https://pubmed.ncbi.nlm.nih.gov/32185605/>.

Appendix A

Targeted therapy	Cytotoxic	Hormonal therapy	Immunotherapy	Other
Abemaciclib	Cabazitaxel	Abiraterone	Atezolizumab	lutetium (177Lu) oxodotreotide
Afatinib	Capecitabine	Anastrozol	Avelumab	
Alectinib	Carboplatin	Bicalutamide	Interferon alfa 2b	
Alpelisib	Cisplatin	Degarelix	Interleukin-2 (IL-2)	
Apalutamide	Dacarbazine	Enzalutamide	Ipilimumab	
Axitinib	Docetaxel	Exemestane	Nivolumab	
Bevacizumab	Doxorubicin (liposomaal)	Flutamide	Pembrolizumab	
Bevacizumab	Epirubicin	Fulvestrant	Pembrolizumab	
Binimetinib	Eribulin	Gosereline	Sacituzumab Govitecan	
Brigatinib	Etoposide	Letrozol		
Cabozantinib	FLOT	Nilutamide (Anandron)		
Ceritinib	FOLFOXIRI	Tamoxifen		
Cetuximab	Gemcitabine			
Cobimetinib	Irinotecan			
Crizotinib	Irinotecan liposomaal			
Dabrafenib	mFOLFOX6			
Dacomitinib	Nab-Paclitaxel			
Darolutamide	Nab-Paclitaxel (Abraxane)			
Denosumab	Oxaliplatin			
Durvalumab	Paclitaxel			
Encorafenib	Pemetrexed			
Entrectinib	S-1 (Teysuno)			
Erlotinib	Temozolomide			
Everolimus	Teniposide			
Gefitinib	Topotecan			
Imatinib	Trabectedine			
Lapatinib	Trifluridine/tipiracil TAS 102(Lonsurf)			
Larotrectinib	Vinflunin			
Lenvatinib	Vinorelbine			
Lorlatinib				
Nintedanib				
Niraparib				
Olaparib				
Olaratumab				
Osimertinib				
Palbociclib				
Panitumumab				
Pazopanib				
Pertuzumab				
Ramucirumab				
Regorafenib				
Ribociclib				
Ripretinib				
Rucaparib				
Selpercatinib				
Sorafenib				
Sunitinib				
Talazoparib				
Temsirolimus				
Tivozanib				
Trametinib				
Trastuzumab				
Trastuzumab-Emtansine				
Tucatinib				
Vandetanib				
Vemurafenib				

Chemotherapy

		Gastrointestinal tract	Respiratory tract	Breast	Female genital	Male genital	Urinary tract	Other
Period A		Chemotherapy	Chemotherapy	Chemotherapy	Chemotherapy	Chemotherapy	Chemotherapy	Chemotherapy
Year	2017-2019	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	2020	1.05(0.89-1.24)	1.01(0.85-1.21)	0.83(0.54-1.27)	1.29(0.83-2)	0.64(0.45-0.91)*	0.95(0.43-2.07)	2.49(0.88-7.07)
Gender	Men	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Women	0.75(0.65-0.87)*	1.04(0.89-1.22)				0.55(0.24-1.23)	0.44(0.14-1.39)
Age		0.96(0.95-0.96)*	0.96(0.95-0.97)*	0.95(0.94-0.96)*	0.98(0.97-1)	0.93(0.92-0.94)*	0.99(0.96-1.02)	0.95(0.92-0.98)*
Comorbidities	0	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	1	0.82(0.67-1.01)	0.69(0.38-1.24)	0.46(0.05-4.68)	0.85(0.51-1.43)	0.13(0.01-1.24)	0.4(0.11-1.46)	
	>1	0.56(0.43-0.74)*	0.38(0.19-0.79)*		0.63(0.31-1.25)	0.18(0.02-1.76)	0.69(0.23-2.06)	
	Unknown	0.96(0.81-1.14)	0.95(0.66-1.36)	0.93(0.32-2.68)	0.73(0.45-1.19)	0.49(0.18-1.33)	1.7(0.78-3.68)	
Period B		Reference	Reference	Reference	Reference	Reference	Reference	Reference
Year	2017-2019	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	2020	1.11(0.91-1.36)	1.11(0.9-1.38)	1.34(0.77-2.35)	0.96(0.59-1.56)	0.48(0.26-0.86)*	1.24(0.52-2.94)	1.24(0.26-5.82)
Gender	Men	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Women	0.7(0.58-0.83)*	1.1(0.92-1.32)				0.57(0.22-1.43)	1.68(0.39-7.3)
Age		0.96(0.95-0.97)*	0.96(0.95-0.97)*	0.95(0.93-0.96)*	0.98(0.96-1)	0.92(0.9-0.94)*	0.97(0.94-1.01)	0.92(0.87-0.96)*
Comorbidities	0	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	1	0.78(0.6-1)	1.1(0.52-2.34)	0.92(0.08-10.18)	0.42(0.23-0.78)*	1.82(0.38-8.83)	0.67(0.17-2.54)	
	>1	0.49(0.35-0.7)*	1.41(0.63-3.14)		1.04(0.5-2.15)		0.39(0.08-1.84)	
	Unknown	0.94(0.77-1.15)	1.61(1.01-2.55)*	0.94(0.3-2.93)	0.53(0.29-0.94)*		2.12(0.9-4.95)	
Period C		Reference	Reference	Reference	Reference	Reference	Reference	Reference
Year	2017-2019	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	2020	0.99(0.88-1.1)	1(0.89-1.12)	1.19(0.9-1.57)	0.96(0.72-1.28)	1.09(0.9-1.31)	0.96(0.63-1.46)	0.73(0.33-1.61)
Gender	Men	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Women	0.83(0.76-0.92)*	0.94(0.85-1.04)				1.13(0.77-1.64)	1.01(0.52-1.99)
Age		0.95(0.94-0.95)*	0.95(0.95-0.96)*	0.94(0.93-0.95)*	0.96(0.95-0.97)*	0.92(0.92-0.93)*	0.97(0.95-0.98)*	0.94(0.92-0.96)*
Comorbidities	0	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	1	0.82(0.72-0.94)*	1.1(0.7-1.72)	0.74(0.2-2.75)	0.91(0.65-1.29)	0.19(0.04-0.94)*	0.98(0.56-1.69)	
	>1	0.5(0.42-0.59)*	0.77(0.47-1.27)	0.92(0.16-5.17)	0.73(0.44-1.2)	0.24(0.06-0.98)*	0.95(0.54-1.68)	4.61(0.39-54.73)
	Unknown	1(0.9-1.12)	1.13(0.83-1.53)	1.13(0.55-2.29)	0.77(0.55-1.08)	0.81(0.39-1.71)	1.44(0.93-2.23)	13.19(3.08-56.54)*
Period D		Reference	Reference	Reference	Reference	Reference	Reference	Reference
Year	2017-2019	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	2020	1.09(0.93-1.28)	0.91(0.76-1.08)	0.75(0.49-1.13)	1.51(1.02-2.21)*	0.95(0.67-1.33)	1.69(0.88-3.25)	3.28(1.08-9.98)*
Gender	Men	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Women	0.94(0.82-1.09)	0.93(0.79-1.08)				0.9(0.47-1.73)	0.6(0.18-2)
Age		0.96(0.95-0.97)*	0.96(0.95-0.97)*	0.95(0.94-0.96)*	0.98(0.97-1)	0.92(0.91-0.93)*	0.97(0.94-1)	0.94(0.91-0.97)*
Comorbidities	0	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	1	1.01(0.82-1.23)	0.37(0.17-0.82)*		0.79(0.47-1.3)	0.11(0.01-1)	1.03(0.41-2.55)	2.17(0.17-27.18)
	>1	0.59(0.45-0.76)*	0.65(0.31-1.37)		0.82(0.45-1.5)		1.38(0.58-3.33)	4.33(0.33-56.82)
	Unknown	0.94(0.79-1.11)	0.53(0.34-0.84)*	0.65(0.24-1.73)	0.59(0.37-0.93)*	0.31(0.13-0.76)*	1.5(0.7-3.21)	5.25(1.07-25.88)*
Period E		Reference	Reference	Reference	Reference	Reference	Reference	Reference
Year	2017-2019	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	2021	1.3(1.15-1.46)*	1.16(1.01-1.33)*	0.95(0.7-1.27)	1.32(0.94-1.85)	1.45(1.17-1.8)*	1.57(1-2.45)	0.91(0.36-2.32)
Gender	Men	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Women	0.82(0.74-0.91)*	1.01(0.9-1.13)				0.71(0.46-1.09)	0.75(0.36-1.55)
Age		0.95(0.95-0.96)*	0.95(0.95-0.96)*	0.95(0.94-0.95)*	0.96(0.95-0.97)*	0.92(0.91-0.93)*	0.97(0.95-0.99)*	0.96(0.93-0.98)*
Comorbidities	0	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	1	0.84(0.73-0.97)*	1.05(0.71-1.55)	1(0.23-4.27)	0.69(0.47-1)	0.61(0.18-2.13)	0.68(0.37-1.24)	
	>1	0.6(0.5-0.72)*	0.74(0.46-1.18)	1(0.18-5.64)	0.89(0.54-1.49)	1.12(0.34-3.69)	0.89(0.51-1.56)	0.3(0.04-2.28)
	Unknown	0.97(0.86-1.08)	1.1(0.87-1.41)	1.4(0.7-2.8)	0.7(0.49-1.01)	1.32(0.6-2.88)	0.52(0.32-0.83)*	

Surgery

		Gastrointestinal tract	Respiratory tract	Breast	Female genital	Male genital	Urinary tract	Other
Period A		surgery	surgery	surgery	surgery	surgery	surgery	surgery
Year	2017-2019	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	2020	0.72(0.55-0.95)*	0.77(0.25-2.32)	0.4(0.14-1.19)	0.75(0.35-1.62)	1.11(0.35-3.47)	1.11(0.6-2.05)	0.91(0.18-4.61)
Gender	Men	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Women	1.16(0.94-1.44)	0.42(0.15-1.17)				0.98(0.55-1.76)	2.4(0.62-9.23)
Age		0.99(0.98-0.99)*	0.97(0.93-1.02)	1.05(1.02-1.08)*	0.98(0.95-1)	0.84(0.82-0.87)*	0.95(0.93-0.98)*	0.99(0.95-1.04)
Comorbidities	0	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	1	0.84(0.58-1.22)		1.57(0.19-12.9)	0.51(0.2-1.29)		1.6(0.74-3.47)	
	>1	0.73(0.46-1.16)	2.03(0.26-15.67)		0.7(0.23-2.16)	1.46(0.07-28.66)	0.83(0.31-2.22)	1.48(0.17-12.71)
	Unknown	2.3(1.77-2.99)*			0.5(0.22-1.16)	0.08(0.01-0.68)*	2.07(1.06-4.05)*	
Period B								
Year	2017-2019	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	2020	1.13(0.85-1.51)	1.77(0.66-4.77)	0.47(0.06-3.85)	0.43(0.15-1.29)	1.31(0.32-5.47)	0.86(0.41-1.81)	1.78(0.55-5.79)
Gender	Men	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Women	1.29(1.01-1.66)*	1.49(0.58-3.85)				1.04(0.53-2.07)	2.87(0.89-9.23)
Age		0.98(0.97-0.99)*	0.98(0.94-1.03)	1.04(0.99-1.09)	0.97(0.94-1)	0.82(0.78-0.86)*	0.97(0.94-1)	0.99(0.95-1.03)
Comorbidities	0	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	1	0.47(0.29-0.77)*	2.12(0.13-34.91)		0.81(0.28-2.34)		0.55(0.18-1.75)	
	>1	0.45(0.24-0.82)*	2.68(0.16-44.7)		0.78(0.17-3.7)		1.04(0.41-2.61)	
	Unknown	2.04(1.53-2.72)*	0.86(0.11-6.64)	0.55(0.06-4.66)	0.84(0.29-2.41)		1.42(0.68-2.96)	3.31(0.41-26.47)
Period C								
Year	2017-2019	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	2020	0.79(0.67-0.95)*	0.78(0.39-1.58)	0.31(0.12-0.79)*	1.18(0.84-1.65)	1.64(0.76-3.55)	1.04(0.67-1.61)	0.98(0.4-2.39)
Gender	Men	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Women	1.14(0.98-1.31)	1.2(0.68-2.14)				1.12(0.75-1.67)	1.3(0.6-2.84)
Age		0.99(0.98-1)	0.95(0.93-0.98)*	1.01(0.99-1.03)	0.97(0.96-0.98)*	0.86(0.84-0.88)*	0.97(0.95-0.98)*	0.98(0.96-1.01)
Comorbidities	0	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	1	0.92(0.71-1.18)	0.46(0.05-4.52)		0.9(0.59-1.37)		0.47(0.23-0.96)*	2.3(0.14-37.64)
	>1	0.73(0.53-1)	1.36(0.22-8.44)	5.82(0.96-35.29)	0.74(0.39-1.41)		1.06(0.6-1.89)	
	Unknown	2.7(2.26-3.23)*	0.44(0.13-1.43)	0.57(0.17-1.93)	0.58(0.38-0.89)*		1.69(1.08-2.63)*	12.27(1.65-91.45)
Period D								
Year	2017-2019	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	2020	0.9(0.69-1.18)	0.29(0.07-1.26)	1.03(0.31-3.41)	0.82(0.4-1.69)	1.56(0.51-4.78)	0.45(0.2-1.03)	0.21(0.03-1.7)
Gender	Men	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Women	1.45(1.16-1.82)*	1.22(0.51-2.91)				0.99(0.56-1.76)	2.3(0.75-7.07)
Age		0.99(0.98-1)	0.98(0.94-1.02)	1.02(0.98-1.06)	0.97(0.95-1)	0.84(0.82-0.87)*	0.97(0.95-1)	0.98(0.95-1.02)
Comorbidities	0	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	1	0.69(0.45-1.05)		10.88(1.08-109.44)*	1.51(0.68-3.33)	16.31(1.77-150.05)*	1.35(0.62-2.9)	0.34(0.04-2.84)
	>1	0.62(0.37-1.03)			0.64(0.18-2.28)		0.92(0.38-2.26)	0.84(0.1-7.21)
	Unknown	2.46(1.87-3.24)*	0.43(0.06-3.29)		0.53(0.21-1.36)		1.39(0.71-2.73)	
Period E								
Year	2017-2019	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	2021	1.14(0.95-1.35)	1.06(0.54-2.09)	0.4(0.17-0.96)*	1.04(0.69-1.56)	2.31(1.04-5.11)*	0.56(0.33-0.94)*	1.52(0.62-3.77)
Gender	Men	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Women	1.24(1.07-1.43)*	0.93(0.53-1.63)				0.95(0.62-1.47)	2.04(0.98-4.26)
Age		0.99(0.99-1)	0.95(0.93-0.98)*	1.04(1.02-1.06)*	0.98(0.97-0.99)*	0.83(0.81-0.86)*	0.95(0.94-0.97)*	0.97(0.95-0.99)*
Comorbidities	0	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	1	0.65(0.51-0.84)*			0.64(0.39-1.04)		1(0.5-2.01)	3.02(0.18-50.49)
	>1	0.67(0.5-0.9)*	1.57(0.14-17.7)	4.7(0.27-82.45)	0.61(0.31-1.22)	2.09(0.11-39.75)	0.96(0.47-1.99)	4.65(0.28-78.18)
	Unknown	1.95(1.64-2.31)*	1.55(0.37-6.42)	2.86(0.38-21.34)	0.65(0.41-1.02)	0.21(0.03-1.67)	2.02(1.24-3.3)*	13.35(1.75-101.67)

Hormonal therapies

		Gastrointestinal tract	Breast	Male genital
Period A		Hormonal therapy	Hormonal therapy	Hormonal therapy
Year	2017-2019	Reference	Reference	Reference
	2020	1.41(0.5-3.99)	0.91(0.63-1.3)	1.07(0.85-1.35)
Gender	Men	Reference	Reference	Reference
	Women	1.97(0.76-5.1)		
Age		0.99(0.95-1.03)	1.03(1.02-1.05)*	1.04(1.03-1.05)*
Comorbidities	0	Reference	Reference	Reference
	1	0.82(0.07-9.13)	1.44(0.34-6.09)	0.95(0.27-3.32)
	>1		1.04(0.16-6.7)	0.45(0.13-1.52)
	Unknown	6.39(1.45-28.11)*	1.34(0.56-3.23)	0.8(0.33-1.95)
Period B				
Year	2017-2019	Reference	Reference	Reference
	2020	2.34(0.83-6.62)	1.06(0.67-1.66)	1.29(0.98-1.7)
Gender	Men	Reference	Reference	Reference
	Women	1.25(0.45-3.48)		
Age		0.97(0.93-1.01)	1.03(1.02-1.05)*	1.04(1.02-1.05)*
Comorbidities	0	Reference	Reference	Reference
	1	2.67(0.44-16.29)	0.14(0.01-1.3)	4.13(0.97-17.68)
	>1		0.84(0.12-5.92)	4.66(1.02-21.22)*
	Unknown	4.51(0.98-20.74)	0.54(0.25-1.18)	3.17(1.18-8.51)*
Period C				
Year	2017-2019	Reference	Reference	Reference
	2020	1.19(0.66-2.16)	0.98(0.76-1.26)	0.99(0.82-1.18)
Gender	Men	Reference	Reference	Reference
	Women	0.34(0.18-0.64)		
Age		0.97(0.95-0.99)*	1.03(1.02-1.04)*	1.03(1.02-1.04)*
Comorbidities	0	Reference	Reference	Reference
	1	0.98(0.29-3.38)	3.59(1.2-10.72)*	0.25(0.08-0.76)*
	>1	2.25(0.74-6.83)	0.79(0.19-3.2)	0.35(0.12-1.02)
	Unknown	5.33(2.38-11.93)*	1.01(0.56-1.82)	0.6(0.26-1.43)
Period D				
Year	2017-2019	Reference	Reference	Reference
	2020	1.02(0.37-2.8)	1.11(0.78-1.59)	1.43(1.14-1.79)*
Gender	Men	Reference	Reference	Reference
	Women	0.9(0.38-2.14)		
Age		1.01(0.97-1.04)	1.04(1.02-1.05)*	1.02(1.01-1.03)*
Comorbidities	0	Reference	Reference	Reference
	1	0.3(0.03-2.56)	0.51(0.05-5.71)	0.28(0.08-1.04)
	>1			0.19(0.05-0.7)*
	Unknown	2.52(0.91-6.98)	1.36(0.51-3.64)	0.35(0.12-1.02)
Period E				
Year	2017-2019	Reference	Reference	Reference
	2021	1.84(1.02-3.32)*	1.03(0.79-1.34)	2.11(1.62-2.75)*
Gender	Men	Reference	Reference	Reference
	Women	1.14(0.67-1.95)		
Age		0.98(0.96-1)	1.04(1.03-1.05)*	1.04(1.03-1.05)*
Comorbidities	0	Reference	Reference	Reference
	1	3.25(0.94-11.2)	1.08(0.36-3.26)	1.48(0.52-4.19)
	>1	1.41(0.26-7.82)	0.86(0.24-3.09)	0.72(0.27-1.95)
	Unknown	9.47(3.38-26.5)*	0.9(0.53-1.55)	1.46(0.74-2.89)

Radiation therapies

		Gastrointestinal tract	Respiratory tract	Other
Period A		Radiation therapy	Radiation therapy	Radiation therapy
Year	2017-2019	Reference	Reference	Reference
	2020	0.71(0.53-0.95)*	0.79(0.48-1.29)	2.84(1.12-7.2)*
Gender	Men	Reference	Reference	Reference
	Women	0.73(0.56-0.93)*	0.78(0.52-1.19)	0.76(0.28-2.01)
Age		0.99(0.98-1)	0.99(0.97-1.01)	1.04(1-1.08)
Comorbidities	0	Reference	Reference	Reference
	1	1.29(0.94-1.79)	2.99(0.54-16.67)	
	>1	1.11(0.76-1.64)	2.66(0.43-16.31)	
	Unknown	0.78(0.57-1.05)	2.34(0.57-9.63)	6.53(0.83-51.1)
Period B				
Year	2017-2019	Reference	Reference	Reference
	2020	1.01(0.71-1.43)	0.88(0.45-1.71)	0.41(0.05-3.41)
Gender	Men	Reference	Reference	Reference
	Women	0.37(0.25-0.53)*	0.93(0.53-1.62)	1.67(0.41-6.92)
Age		1(0.98-1.01)	1.01(0.98-1.04)	0.99(0.94-1.05)
Comorbidities	0	Reference	Reference	Reference
	1	1.02(0.68-1.53)	0.4(0.04-3.68)	1.47(0.09-25.33)
	>1	0.56(0.32-0.98)*		
	Unknown	0.72(0.49-1.04)	0.65(0.23-1.84)	1.57(0.18-13.44)
Period C				
Year	2017-2019	Reference	Reference	Reference
	2020	0.98(0.83-1.17)	0.82(0.63-1.08)	1.15(0.62-2.14)
Gender	Men	Reference	Reference	Reference
	Women	0.54(0.46-0.63)*	1.02(0.81-1.29)	0.47(0.25-0.89)*
Age		0.99(0.99-1)	0.97(0.96-0.98)*	1.01(0.99-1.03)
Comorbidities	0	Reference	Reference	Reference
	1	0.94(0.77-1.15)	1.17(0.44-3.1)	1.29(0.21-7.97)
	>1	0.94(0.74-1.19)	1.31(0.47-3.61)	
	Unknown	0.71(0.59-0.85)*	1(0.5-1.97)	8.15(2.5-26.6)*
Period D				
Year	2017-2019	Reference	Reference	Reference
	2020	1.04(0.8-1.36)	0.94(0.59-1.49)	0.61(0.2-1.86)
Gender	Men	Reference	Reference	Reference
	Women	0.56(0.44-0.73)*	1.13(0.75-1.68)	0.67(0.25-1.78)
Age		0.99(0.98-1)	0.97(0.95-0.98)*	1(0.97-1.03)
Comorbidities	0	Reference	Reference	Reference
	1	0.99(0.72-1.38)	1.09(0.28-4.25)	2.62(0.35-19.81)
	>1	1.01(0.7-1.46)	0.59(0.11-3.17)	3.73(0.48-29.29)
	Unknown	0.69(0.51-0.94)*	0.39(0.15-1)	4.58(1.03-20.42)*
Period E				
Year	2017-2019	Reference	Reference	Reference
	2021	1.1(0.91-1.31)	0.78(0.55-1.11)	0.86(0.41-1.8)
Gender	Men	Reference	Reference	Reference
	Women	0.57(0.48-0.67)*	1.03(0.79-1.34)	1.07(0.6-1.9)
Age		0.99(0.99-1)	0.98(0.97-1)	1.01(0.99-1.03)
Comorbidities	0	Reference	Reference	Reference
	1	1.22(0.99-1.51)	1.56(0.56-4.4)	0.42(0.05-3.85)
	>1	1.05(0.82-1.35)	1.95(0.66-5.74)	1.3(0.23-7.45)
	Unknown	0.9(0.74-1.08)	1.73(0.84-3.53)	4.61(1.61-13.24)

Targeted therapies

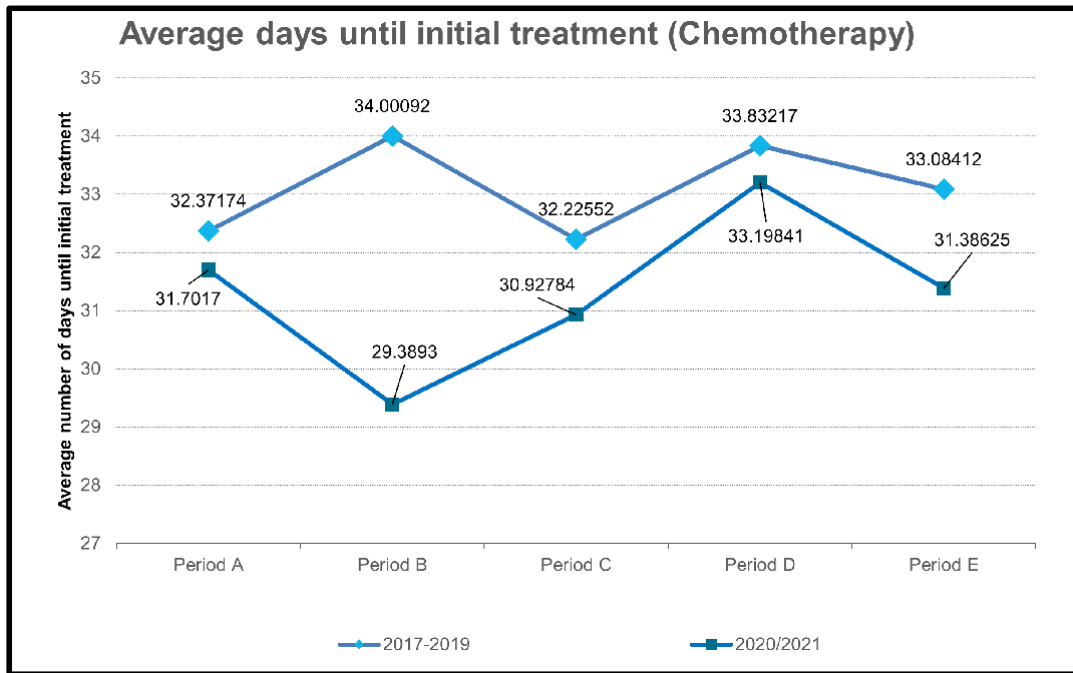
		Gastrointestinal tract	Respiratory tract	Breast
Period A		Targeted therapy	Targeted therapy	Targeted therapy
Year	2017-2019	Reference	Reference	Reference
	2020	1.06(0.8-1.4)	1.52(1.2-1.94)*	0.94(0.59-1.5)
Gender	Men	Reference	Reference	Reference
	Women	0.7(0.54-0.89)*	1.35(1.08-1.69)*	
Age		0.96(0.95-0.97)*	0.97(0.96-0.98)*	0.96(0.95-0.97)*
Comorbidities	0	Reference	Reference	Reference
	1	0.95(0.63-1.43)	0.97(0.51-1.87)	1.3(0.2-8.62)
	>1	0.74(0.44-1.27)	0.75(0.36-1.56)	
	Unknown	2.52(1.88-3.36)*	0.45(0.3-0.69)*	0.81(0.26-2.52)
Period B				
Year	2017-2019	Reference	Reference	Reference
	2020	1.2(0.86-1.68)	0.97(0.7-1.35)	1.23(0.66-2.31)
Gender	Men	Reference	Reference	Reference
	Women	0.76(0.56-1.03)	1.01(0.76-1.33)	
Age		0.96(0.95-0.97)*	0.96(0.95-0.98)*	0.98(0.97-1)
Comorbidities	0	Reference	Reference	Reference
	1	0.68(0.39-1.16)	1.38(0.6-3.19)	1.9(0.15-24.15)
	>1	0.47(0.22-1.01)	1.69(0.69-4.14)	
	Unknown	2.23(1.59-3.14)	0.65(0.38-1.13)	1.64(0.38-7.12)
Period C				
Year	2017-2019	Reference	Reference	Reference
	2020	1.11(0.95-1.31)	1.22(1.05-1.41)*	1.19(0.88-1.6)
Gender	Men	Reference	Reference	Reference
	Women	0.78(0.68-0.9)*	1.28(1.12-1.46)*	
Age		0.96(0.95-0.96)*	0.97(0.96-0.98)*	0.97(0.96-0.98)*
Comorbidities	0	Reference	Reference	Reference
	1	0.86(0.67-1.1)	1.32(0.82-2.15)	0.54(0.13-2.19)
	>1	0.74(0.54-1.02)	0.76(0.43-1.34)	0.42(0.05-3.75)
	Unknown	2.99(2.52-3.54)*	0.64(0.46-0.9)*	0.79(0.39-1.6)
Period D				
Year	2017-2019	Reference	Reference	Reference
	2020	1.24(0.95-1.62)	0.91(0.72-1.15)	0.73(0.46-1.18)
Gender	Men	Reference	Reference	Reference
	Women	1.01(0.8-1.29)	1.33(1.09-1.63)*	
Age		0.96(0.95-0.97)*	0.97(0.97-0.98)*	0.97(0.96-0.98)*
Comorbidities	0	Reference	Reference	Reference
	1	0.81(0.54-1.22)	0.75(0.28-2.04)	
	>1	0.42(0.23-0.78)*	0.34(0.09-1.26)	
	Unknown	2.13(1.61-2.82)*	0.8(0.43-1.5)	0.65(0.23-1.86)
Period E				
Year	2017-2019	Reference	Reference	Reference
	2021	1.4(1.18-1.66)*	1.23(1.03-1.46)*	1.24(0.9-1.7)
Gender	Men	Reference	Reference	Reference
	Women	0.89(0.76-1.02)	1.12(0.97-1.31)	
Age		0.96(0.95-0.96)*	0.97(0.96-0.98)*	0.96(0.95-0.97)*
Comorbidities	0	Reference	Reference	Reference
	1	0.67(0.51-0.87)*	0.87(0.57-1.34)	2.43(0.61-9.61)
	>1	0.84(0.62-1.13)	0.95(0.59-1.53)	0.71(0.08-6.56)
	Unknown	2.37(2-2.8)*	0.43(0.33-0.56)*	1.47(0.67-3.21)

Local surgeries

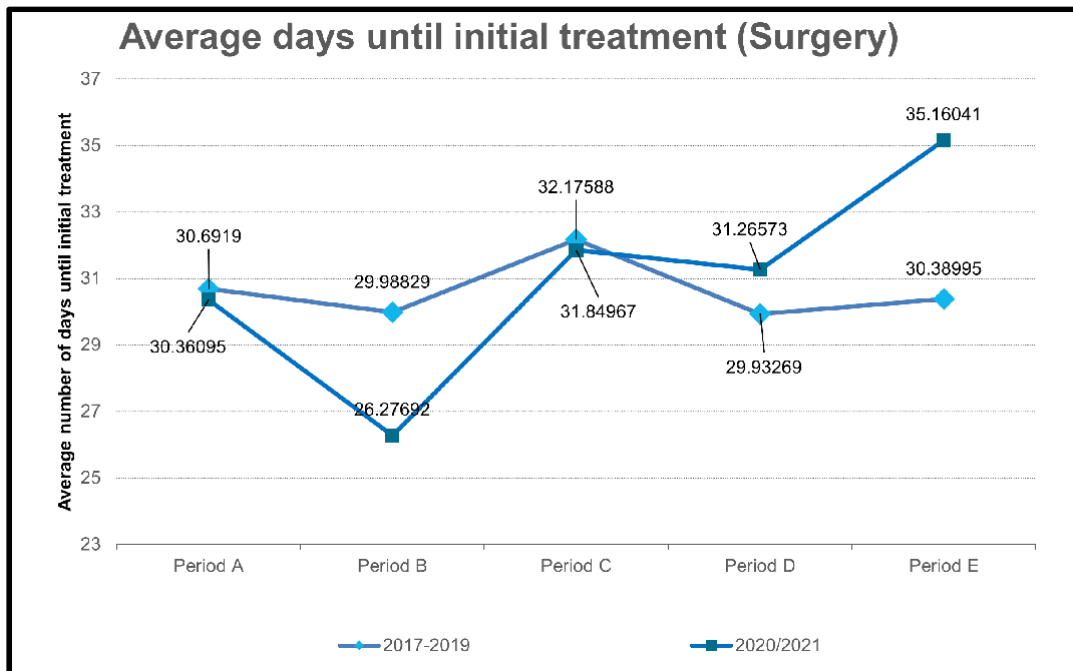
		Other
Period A		
Year	2017-2019	Reference
	2020	1.12(0.55-2.29)
Gender	Men	Reference
	Women	0.99(0.51-1.95)
Age		1.01(0.99-1.04)
Comorbidities	0	Reference
	1	0.35(0.1-1.19)
	>1	1.45(0.5-4.18)
	Unknown	0.19(0.09-0.41)*
Period B		
Year	2017-2019	Reference
	2020	1.69(0.68-4.17)
Gender	Men	Reference
	Women	0.79(0.33-1.91)
Age		1.01(0.98-1.04)
Comorbidities	0	Reference
	1	0.84(0.26-2.68)
	>1	1.42(0.38-5.32)
	Unknown	0.13(0.05-0.36)*
Period C		
Year	2017-2019	Reference
	2020	1.3(0.79-2.16)
Gender	Men	Reference
	Women	1.01(0.63-1.63)
Age		1.01(0.99-1.02)
Comorbidities	0	Reference
	1	1.12(0.59-2.11)
	>1	0.9(0.39-2.08)
	Unknown	0.17(0.1-0.3)*
Period D		
Year	2017-2019	Reference
	2020	3.33(1.72-6.45)*
Gender	Men	Reference
	Women	0.88(0.44-1.74)
Age		1.01(0.99-1.04)
Comorbidities	0	Reference
	1	1.18(0.48-2.89)
	>1	0.66(0.2-2.14)
	Unknown	0.19(0.08-0.42)*
Period E		
Year	2017-2019	Reference
	2021	0.91(0.52-1.6)
Gender	Men	Reference
	Women	0.67(0.39-1.13)
Age		1(0.98-1.02)
Comorbidities	0	Reference
	1	1.03(0.49-2.16)
	>1	1.36(0.6-3.09)
	Unknown	0.25(0.14-0.45)*

Appendix C

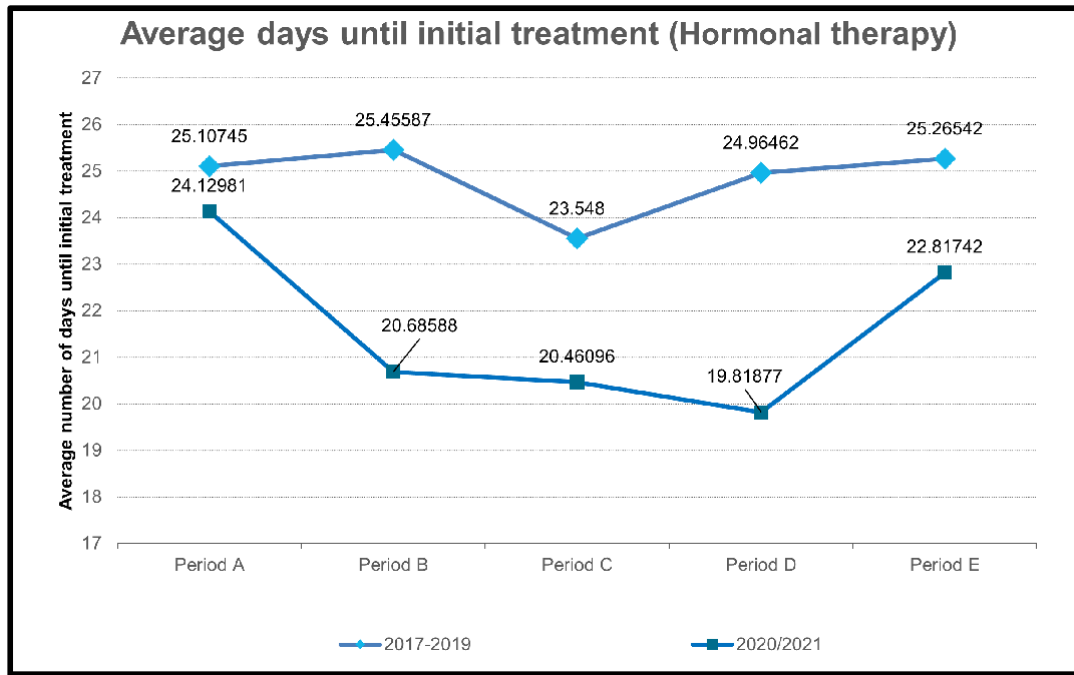
Average days until treatment for chemotherapy



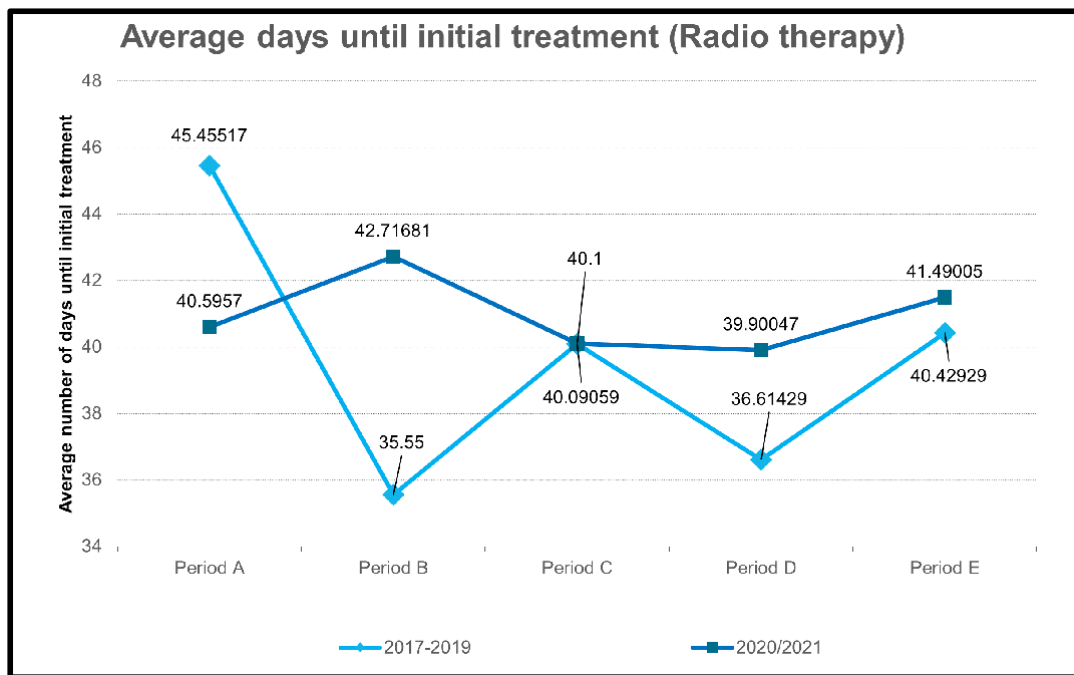
Average days until treatment for surgery



Average days until treatment for hormonal therapy



Average days until treatment for radio therapy



Average days until treatment for targeted therapy

