Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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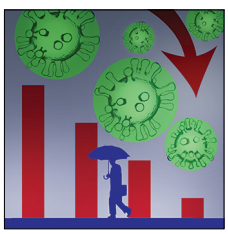
COVID-19 and the US health insurance conundrum

The devastating effects of the COVID-19 pandemic go far beyond public health; with many industries on hold and unemployment increasing worldwide, the global economy is approaching the deepest recession in living memory. In the USA, where health insurance is largely provided by employers and more than 30 million people have filed for unemployment in the past 2 months, such a recession could cause an unprecedented surge in uninsured or underinsured people. Indeed, an analysis published on May 4, 2020, has estimated that if unemployment in the USA reaches 20%, 25–43 million people could lose their health insurance. For patients with cancer, for whom care is already expensive and long lasting, this could be a fatal blow.

A recent report has estimated a delay in more than 22 million cancer screening tests and a 20% decrease in the number of interactions between patients and their oncologists in the USA during the COVID-19 pandemic. The report also states that US doctors are prioritising patients with more aggressive tumours. Although this approach is understandable at this time, delayed screening and reduced treatment of early stage disease could result in the need for longer and more complex treatments for more advanced stage disease. Coupled with the anguish and mental health effects associated with the uncertainty of treatment plans and outcomes, the demands on cancer care will inevitably increase in the future, driving individual health-care costs even higher, just at a time when patients' ability to pay is hugely compromised.

The options for US patients with no health insurance are scarce. Some companies and charities are fighting to improve health insurance access, but a large increase in out-of-pocket health expenses could drive many patients into bankruptcy. Although some might find respite in opting for Medicaid or COBRA (a federal mechanism that extends health insurance after employment ends), not everyone is eligible for the former, and the latter can be unaffordable.

Although efforts to fight the COVID-19 pandemic are of paramount importance, in the USA, measures are urgently needed to avoid severe economic and social outcomes, and a tighter regulation on health-care prices, with a particular focus on private community oncology providers, is needed urgently. ■ *The Lancet Oncology*



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For more on the **increase of unemployment in the USA** see https://www.cnn.com/2020/04/30/economy/unemployment-benefits-coronavirus/index.html

For more on the **potential loss of health insurance in the USA** see https://www.rwjf.org/en/library/research/2020/05/how-the-covid-19-recession-could-affect-health-insurance-coverage.html

For the **report on the impact of COVID-19 on the US health-care system** see https://www.iqvia.com/insights/the-iqvia-institute/covid-19/shifts-in-healthcare-demand-delivery-and-care-during-the-covid-19-era

For more on the **costs of COBRA** see https://www.marketplace.org/2020/05/13/cobra-health-insurance-covid-19-jobs/

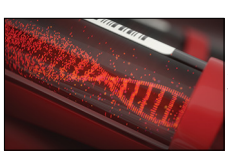
Cancer detection: the quest for a single liquid biopsy for all

In an Editorial published in 2016, *The Lancet Oncology* commented on the plans of the company, GRAIL, to create a universal blood test that would allow screening of asymptomatic people for several types of cancer. We raised several questions, including the sensitivity and specificity of these tests, what tumours could be detected, the ethical implications for positive cases, and how to best inform clinical practice and guide the patient. Now, two new studies have been published that attempt to answer some of these questions: the CCGA study and the DETECT-A trial.

Initial results are encouraging. The CCGA study used a test to detect more than 50 types of cancer with high specificity (>99%). Sensitivity in 12 prespecified cancer types increased with tumour stage (from 39% sensitivity in stage I to 92% in stage IV disease). The DETECT-A trial combined the blood test with whole-body PET imaging. The specificity was also high at greater than 99%; 65% of cancers were detected at an early stage, and sensitivity varied with tumour type. These studies, however, reignite the debate about the ethical implications of general population testing and how to manage positive test results. They also raise the question of feasibility.

When technology evolves, price becomes an important lever in how widely it can be adopted. One clear lesson from the COVID-19 pandemic is that, even in high-income countries, mass testing can quickly exacerbate existing funding frailties in health systems. This consideration is particularly important with cancer, given numbers are increasing fast worldwide. The case for long-term savings made by detecting and treating cancers earlier must be made more clearly to governments and insurers alike.

4 years after GRAIL's ambition was announced, we now see encouraging scientific progress. However, several of our previous questions remain unanswered, and importantly, can these tests be refined to have a cost-benefit suitable for use worldwide? ■ *The Lancet Oncology*



Fanatic Studio/ Gary Waters/Science Photo Library

For more on **GRAIL's plan** see **Editorial** *Lancet Oncol* 2016; **17:** 123

For more on the **CCGA study** see https://www.annalsofoncology.org/article/S0923-7534(20)36058-0/fulltext

For more on the **DETECT-A trial** see https://science.sciencemag.org/content/early/2020/04/27/science.abb9601

For more on the **increasing number of patients with cancer in low-income and middle-income countries** see *J Glob Oncol* 2019; **5:** 1–8