

CORRESPONDENCE

COVID-related disruption in mammographic screening: a year later



In April 2021, we published in *ESMO Open* the results of a retrospective single-institution study¹ that evaluated the consequences on breast cancer (BC) diagnosis of a 2-month interruption of mammographic screening in a region of northern Italy highly affected by severe acute respiratory syndrome coronavirus 2. Our data showed a significant decrease in *in situ* BC diagnosis (−10.4%) and an increase in node-positive (+11.2%) and stage III BC (+10.3%) between May and July 2020 compared to the same trimester of 2019. Interestingly, despite screening interruption, we found that the procedures to establish a definitive diagnosis and treatment start were subsequently carried out without delay, while the median time to surgery even shrank by 7 days.

At the beginning of 2021, the screening program has been restored at full capacity. Therefore, we recently collected data on the trimester May-July 2021 with the aim of evaluating trends in stage at diagnosis after the complete restoration of the screening program. We found that in May-July 2021, *in situ* BC diagnoses significantly increased (+9.7%) and stage III BC decreased (−7%) compared to the same trimester of 2020. Additionally, node-positive BCs reduced (−5.9%), but without a statistical significance. The results of this updated analysis are summarized in **Figure 1**. Over the 3 years, no significant differences in menopausal status or biological features emerged.

Median time from first cytological or histological diagnosis to first surgical and/or oncological visit and median time from first oncological visit to neoadjuvant treatment start remained substantially unchanged, whereas median time to surgery decreased in 2020 and increased again in 2021. It is likely that the reduced time to surgery in 2020 was due to the lower rate of *in situ* tumors and overall diagnosed BC that decreased in that trimester (223 in 2019, 177 in 2020 and 236 in 2021), as well as the reorganization of operating theaters in a dedicated coronavirus disease-free hospital.

This update further corroborates the hypothesis that the disruption of mammographic screening is one of the main reasons for the increase in stage at BC diagnosis in May-July 2020 and underlines the importance to quickly restore the screening service at full capacity in case of unavoidable interruption.

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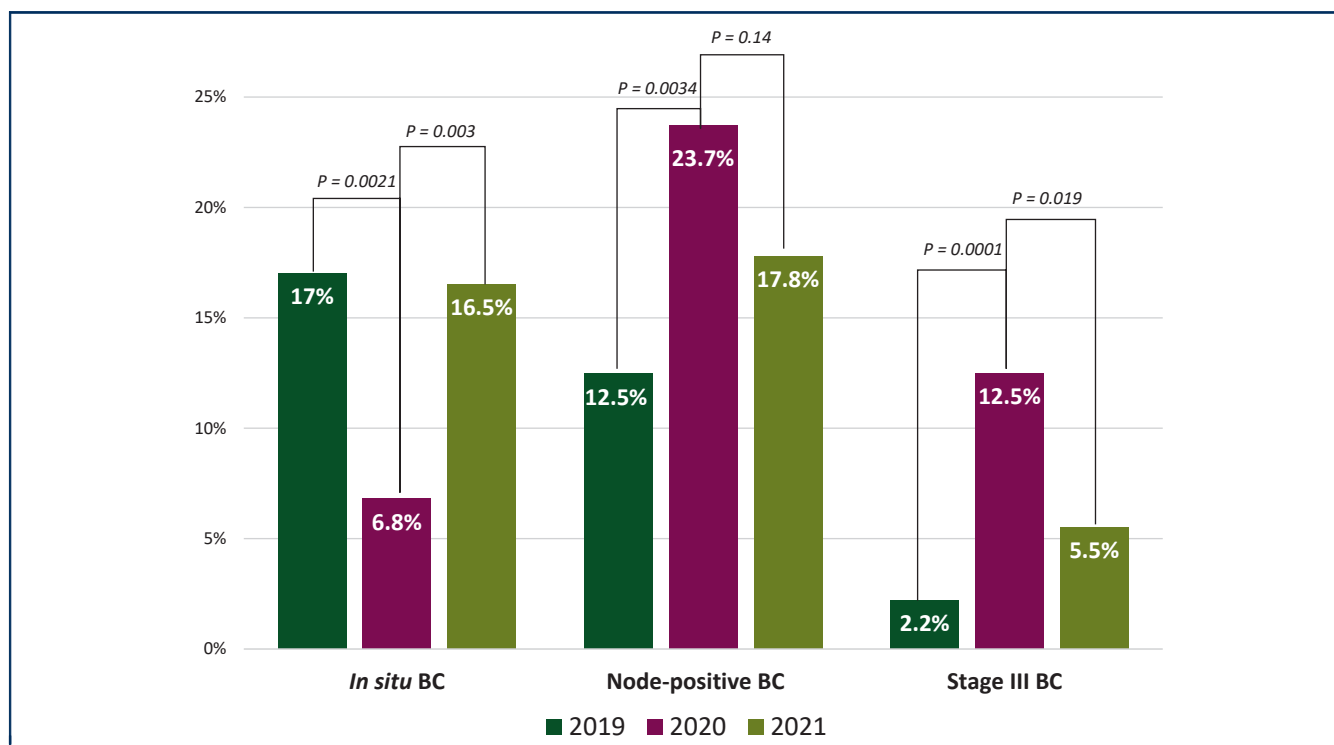


Figure 1. Comparison between rate of *in situ* breast cancer (BC), node-positive BC and stage III BC diagnosed in May-July 2019, 2020 and 2021.

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1. Toss A, Isca C, Venturelli M, et al. Two-month stop in mammographic screening significantly impacts on breast cancer stage at diagnosis and upfront treatment in the COVID era. *ESMO Open*. 2021;6(2):100055.