

661. DESIGUALDADES EN EL IMPACTO DE LA PANDEMIA DE COVID-19 EN LOS REGISTROS DE CÁNCER DE REDECAN

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Antecedentes/Objetivos: La pandemia COVID-19 ha producido un fuerte impacto en la sociedad y sistema sanitario. Con el objetivo de conocer cómo ha afectado a la vigilancia del cáncer en España, la Sociedad Española de Epidemiología (SEE) y la Red Española de Registros de Cáncer (REDECAN) desarrollaron una encuesta para valorar la repercusión en los Registros, durante la primera (marzo-junio de 2020) y sexta ola (noviembre de 2021-enero de 2022).

Métodos: Encuesta web ad hoc a los Registros de REDECAN en noviembre de 2022. Se recogió información acerca de las fuentes de información, número y tipo de profesionales de los equipos, horas semanales dedicadas a registro de cáncer, a gestión de actividades relacionadas con pandemia COVID-19, bajas laborales por COVID-19, referido a distintos momentos de la pandemia: el momento actual, primera y la sexta ola.

Resultados: Respuesta de 11 registros de 21 (52,3%). En la primera ola, ocho (72,7%) registros vieron afectados sus equipos debido a la pandemia. Médicos/as, enfermeras e informáticos dedicaron la mitad de su horario a dar soporte a COVID-19, mientras que los/las documentalistas redujeron su actividad, pero sin soporte a COVID-19. Los auxiliares administrativos/as mantuvieron sus horas de registro con un número similar de horas extras para gestión COVID-19 (37 y 34 horas). Tres registros (27,3%) declararon afectación en la actividad por bajas laborales por COVID-19. En la sexta ola, cinco registros (45,5%) reportaron afectación de actividad por la pandemia. Médicos/as, enfermeras e informáticos aumentaron las horas de actividad de registro y disminuyeron las de COVID-19. Los auxiliares administrativos/as siguieron realizando actividad de registro junto con actividad extra-COVID-19 (27 y 21 horas). En siete registros (63,6%) hubo bajas laborales por COVID-19. Los tres registros que no vieron afectados sus equipos por gestión COVID-19 fueron los que no dependían de las autoridades de salud pública.

Conclusiones/Recomendaciones: En la primera ola la mayoría de registros REDECAN declararon una reducción de actividad para dar soporte a COVID-19. En la sexta ola, con la variante ómicron, menos registros se vieron afectados a nivel funcional, pero aumentaron las bajas laborales por COVID-19, afectando a su actividad. Los registros no ubicados en Direcciones Generales de Salud Pública tuvieron que destinar menos recursos a gestión COVID-19. Esta desigualdad también se mostró a nivel profesional, donde los auxiliares administrativos/as tuvieron que soportar su actividad habitual y actividad extra para gestión COVID-19.

742. GLOBAL DISPARITIES IN CANCER DIAGNOSIS AND TREATMENT: A META-ANALYSIS OF 410 STUDIES

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Background/Objectives: Longer time intervals to diagnosis and treatment are related to shorter survival for various types of cancer. The main goal of this review was to estimate the median duration of

intervals on the cancer care pathway for various types of cancer. Secondary goals included comparing interval duration across high and lower-income countries, and conducting in-depth analysis of factors associated with longer interval duration for selected cancers.

Methods: We conducted a systematic review with meta-analysis following a pre-registered protocol. Eligible articles were published in the period 2009-2022 and reported the median duration of the following intervals in adult patients diagnosed with symptomatic cancer: patient interval (from the onset of symptoms to the first consultation), diagnostic interval (from the first consultation to diagnosis) and treatment interval (from diagnosis to treatment start). The methodological quality of studies was assessed using the Aarhus checklist. Median interval durations in days were combined in pooled estimates with 95% confidence intervals. Two types of cancer -breast and oral cancer - were selected for in-depth analysis of factors associated with longer interval duration.

Results: 410 articles from 68 countries and reporting on 5,537,594 patients were included. Pooled meta-analytic estimates were possible for 38 types of cancer but the majority of studies were conducted on patients with breast, lung, colorectal, and head and neck cancer. Patient intervals from lower-income countries were significantly longer than those from higher income countries for most cancers. The longest diagnostic intervals were observed for hematological (71 days [95%CI 52-85]), genitourinary (58 days [50-77]), and digestive/gastro-intestinal (57 days [45-67]) cancers. The longest treatment intervals were observed for genitourinary (57 days [45-66]) and gynecological (46 days [38-54]) cancers. In studies from high-income countries, the implementation of cancer-directed policies was associated with shorter patient and diagnostic intervals for several cancers. The in-depth analysis of breast (50 studies) and oral cancer (28 studies) showed significant socio-economic and geographical variation in interval duration, with implications for patient outcomes such as stage at diagnosis and survival.

Conclusions/Recommendations: This review identifies the cancers for which diagnosis and treatment initiation may take the longest and reveals the extent of global disparities in early diagnosis and treatment.

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909. CERVICAL CANCER SCREENING IN POTENTIALLY UNDERSCREENED POPULATION GROUPS

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Background/Objectives: Women in groups characterized by worse social vulnerability indicators present less adherence to cervical cancer screening (CCS) and higher incidence of cervical cancer (CC). On the other hand, those who have never been screened or that were screened less frequently than recommended are at higher risk of developing invasive CC. We aimed to describe the CCS access, awareness, and adherence in such groups, including Roma, homeless, migrants, sex workers, drug users, and > 50 years old.

Methods: Women aged above 18 years and belonging to at least one of the above-mentioned groups were recruited (n = 101) through support institutions. A structured questionnaire was applied by a trained researcher in Portuguese or English through in person or online interviews, between March and April 2023. After the survey, all women had access to a short Health Education session related to CC prevention. For data analysis, women pertaining to more than one of the groups were analysed in each of them, but were included in the group > 50 years old only when were not in any of the other groups.