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### Breast Cancer Screening Amidst the COVID-19 Pandemic

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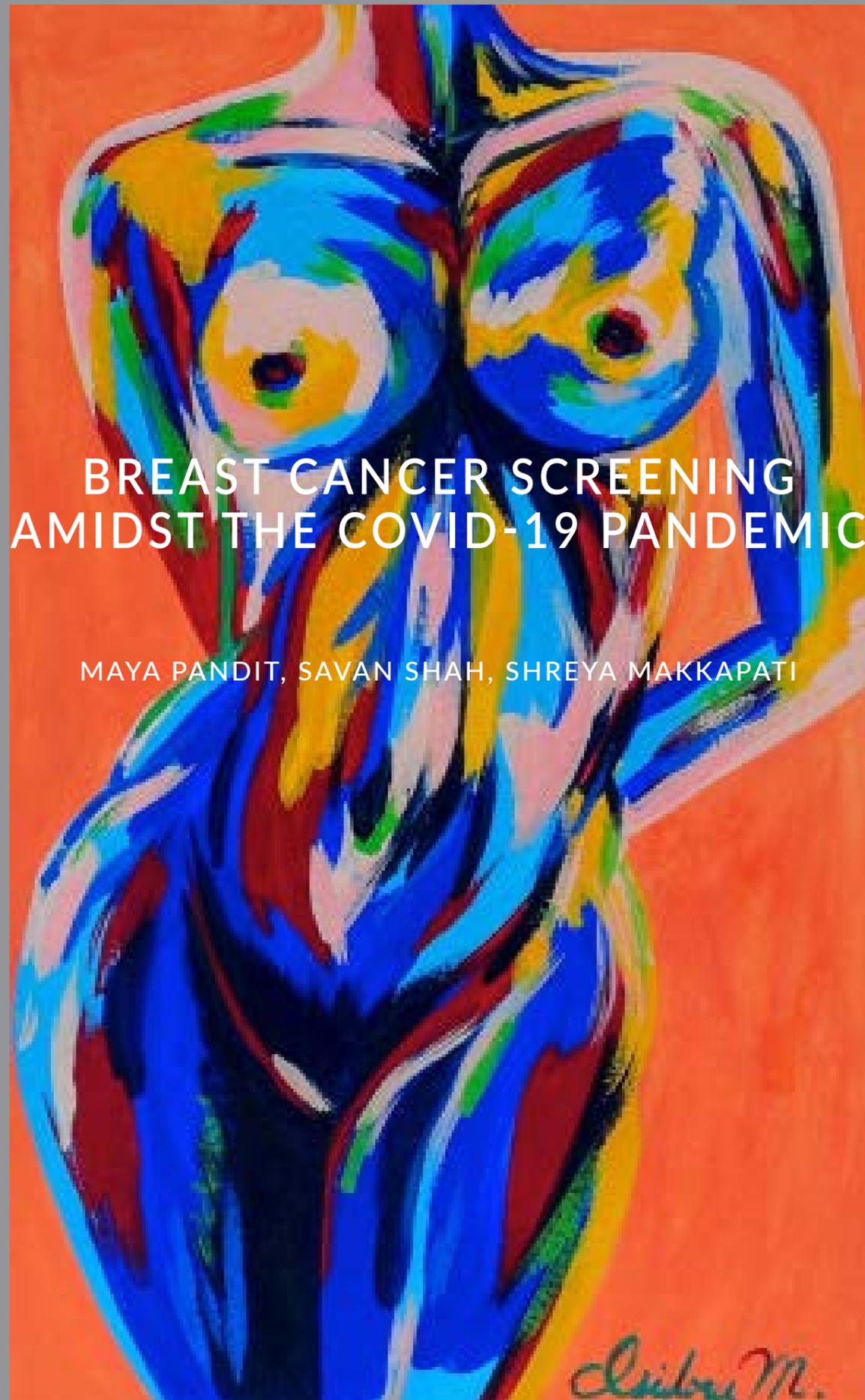
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## Breast Cancer Screening Amidst the COVID-19 Pandemic

Cover Page Footnote

Artwork by Isidora Monteparo



## BREAST CANCER SCREENING AMIDST THE COVID-19 PANDEMIC

MAYA PANDIT, SAVAN SHAH, SHREYA MAKKAPATI

The rise of SARS CoV-2 virus, a respiratory disease known as COVID-19, has presented providers and patients with unprecedented challenges regarding the prevention of breast cancer. COVID-19 has significantly impacted preventative screenings, diagnostic tests and genetic counseling both nationally and worldwide. Given the widespread concerns regarding employment, social distancing, and virus exposure risk, many patients have reduced motivation to be proactive in utilizing preventative services (Janda, 2020). Researchers have predicted that these delays in screening and diagnosis could lead to a significant increase in cancer-related deaths, displaying an urgent need to increase preventative measures and employ risk reduction methods for long-term care of breast cancer patients. Given that early diagnosis has a significant impact on breast cancer prognosis, an analysis of screening changes is essential in navigating diagnostic regulations in the pandemic environment and assessing long-term repercussions of interruption of breast cancer diagnostics.

Nationally, multiple studies have revealed that breast cancer screening rates decreased amidst the lockdown period of the COVID-19 pandemic. One cross sectional study reported a 51.8% decrease in average weekly number of newly diagnosed breast patients when comparing a baseline period (January 6, 2019 to February 29, 2020) to the emergence of COVID-19 (March 1 to April 18, 2020) (Kaufman, 2020). Furthermore, a US based survey revealed 26.5% of 404 participants reported deferred or cancelled breast cancer service, of which the most commonly impacted type was mammogram, MRI, or ultrasound (Warner, 2020).

The decreased screening rates are likely a result of both closures due to hospital COVID-19 regulations, as well as altered health seeking behaviors to avoid exposure to the virus. Researchers have estimated that delayed screening could lead to an excess of more than 30,000 cancer and multimorbidity deaths in the US, suggesting an urgent need to plan for post-pandemic increases in cancer incidence and management (Lai, 2020).

The delay of breast cancer screening and follow-up poses significant risks to long-term breast cancer management. Due to this emerging crisis, frequent patient monitoring as well as individualized follow-up plans are desperately needed. Increased utilization of telehealth modalities can enable improved communication and frequency of follow-up appointments and bolster the doctor-patient relationship, while still maintaining adequate viral transmission precautions. The incorporation of hospital-provided private transportation services for select patients could facilitate increased accessibility for necessary in-person appointments. Some studies have also suggested that patients may benefit from direct behavioral “nudging” from practitioners; for example, personalized reminders for screening scheduling or incentives for influenza/COVID-19 vaccinations during diagnostic testing appointments (Janda,

2020). One study from Taiwan revealed a delayed decrease in screening at mobile mammography visits compared to hospital mammography, suggesting that utilization of mobile units could increase screening rates (Peng, 2020). While health providers can enable systemic changes to improve cancer screening access and patient monitoring, it is critical that they consider established risk stratification schema, such as the one created by the American College of Surgeons’ COVID-19 Breast Cancer Consortium, to properly organize follow-up appointments in particularly vulnerable populations.

It is essential for physicians and public health practitioners to recognize the ways in which existing cancer disparities could be exacerbated in the pandemic environment. The COVID-19 pandemic has disproportionately affected underserved and vulnerable populations, which may have additional barriers, such as work conflicts, changes in employment, and lack of daycare services for children, that hinder utilization of screening services during the pandemic (Carethers, 2020). Therefore, it is critical that health professionals create outreach programs that can incorporate extended screening hours, awareness for screening programs, and transportation to improve accessibility for these populations. As vaccination efforts increase and the public begins to resume regularly scheduled preventative care, healthcare providers must not only look

to improve cancer screenings, but also focus on reaching out to vulnerable populations with missed diagnostic tests to mitigate worsened prognosis.

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