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²⁰²¹ **ESVO**^{CI}

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1609P- COVID-19 outbreak repercussions on breast cancer diagnoses and access to treatment: preliminary data from the COVID-DELAY study

1) Department of Oncology, Università Politecnica delle Marche, AOU Ospedali Riuniti-Ancona, ITALY 2) Medical Oncology Department, ASST Fatebenefratelli Sacco, Milan, ITALY 3) Division of Medical Oncology, Ospedali Riuniti Padova Sud, Monselice, ITALY 4) Department of Biomolecular Sciences, University of Urbino Carlo Bo, Urbino, ITALY

tightness of diagnostic-therapeutic pathways.

INTRODUCTION

The coronavirus disease (COVID-19) has profoundly impacted on cancer care since March 2020. With our country in the eye of the pandemic storm, cancer patients (pts) faced an unprecedented challenge in accessing crucial services. Cancer screening programs were postponed to preserve health care system capacity. Breast cancer (BC) mainly benefits from early detection. Our multicenter study aimed to assess impact of COVID-19 outbreak on access to cancer diagnosis and treatment for BC pts compared to pre-pandemic period.

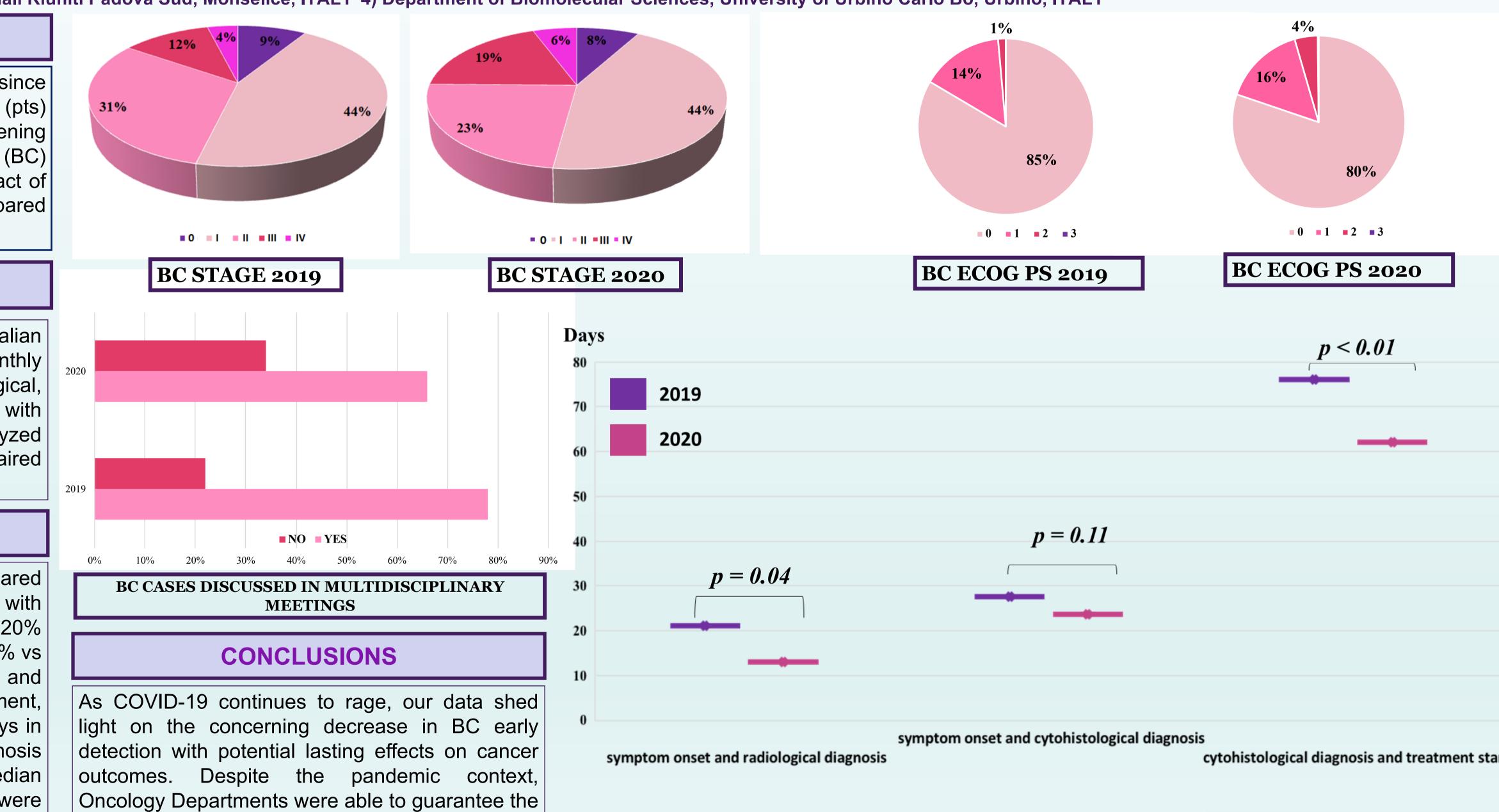
METHODS

All consecutive medical records of new diagnosed BC pts pertained to 3 Italian Oncology Departments between March and December 2020 were evaluated. Monthly access rate and temporal intervals between date of symptoms onset, radiological, cytohistological diagnosis and treatment start were computed and compared with those of the same period in 2019. Differences between the two years were analyzed using Fisher's exact test or chi-square test for categorical variables and unpaired Student t test, or the Mann-Whitney U test for continuous variables.

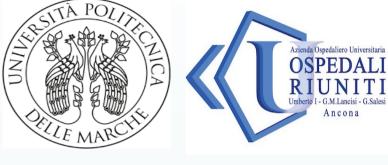
RESULTS

A significant reduction (27%) in newly diagnosed BC cases was seen when compared with 2019 (430 vs 595). Newly BC pts in 2020 were less likely to be diagnosed with early stage (stage I-II) BC (75% vs 84%, p < 0.01), had a worsened ECOG PS (20%) had PS > 0 in 2020 vs 15% in 2019) and were more symptomatic at diagnosis (37% vs 17%, p < 0.01). Other clinical and tumor characteristics such as histotype and molecular subtype were similar regardless of the year. Looking at pts management, time intervals between symptom onset and radiological diagnosis (median 13 days in 2020 vs 21 days in 2019, p = 0.04), symptom onset and cytohistological diagnosis (23.5 vs 27.5 days, p = 0.11), cytohistological diagnosis and treatment start (median 62 vs 76 days, p < 0.01) were maintained or even improved. However, less BC were discussed in multidisciplinary meetings during 2020 (66% vs 78%, p < 0.01).

R. Berardi¹, G. Mentrasti¹, S. Crocetti¹, N. La Verde², R. Chiari³, M.S. Cona², L. Nicolardi³, C. De Filippis¹, S. Oldani², F. Pecci¹, F. Venanzi¹, M.B.L. Rocchi⁴, A. Savini¹, L. Cantini¹, M. Pistelli¹



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cytohistological diagnosis and treatment start

Correspondance to: r.berardi@staff.univpm..it The Authors have not conflicts of statement to declare.