The impact of the pandemic on breast cancer screening

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Caroline Carvalho Yochida
Maria Elisa Braga Modesto
Ana Luísa Pinheiro Rezende
Eloísa Sanches Fernandes
Sofia Banzatto

ABSTRACT
Screening for breast cancer is disseminated by several Brazilian health institutions, including MS, INCA and SBM. In addition to greater sensitivity for detecting breast CA, this screening has proven benefits in terms of reducing mortality in the target population. In early 2020, the covid-19 virus arrived in the country and since then, the reality of public and private health has changed. show that, with the pandemic period, screening for breast cancer was limited, directly impacting its diagnosis and, therefore, its treatment. The cases detected had a worse prognosis: symptomatic women, with palpable masses and more aggressive subtypes. Indolent tumors were the most affected by interruption of screening.
I conclude by emphasizing the importance of carrying out campaigns to raise awareness of the population regarding the need to resume clinical follow-ups in health care networks, which must be prepared to meet their new demands.

Keywords: mammography, screening, pandemic, COVID-19, breast cancer.

1 INTRODUCTION

Breast cancer screening is disseminated by several Brazilian health institutions, including MS, INCA and SBM. In addition to the greater sensitivity for the detection of breast cancer, this screening has proven benefits in terms of reducing mortality in the target population. In early 2020, the covid-19 virus arrived in the country and from then on, the reality of public and private health has changed. With the pandemic, there was a health emergency with a drop in clinical breast exams and mammograms, which led to a significant decrease in the number of breast cancer diagnoses. As a result, thousands of women were affected, being submitted late to invasive and unresolvable tests.

2 METHODOLOGY

A literature review was conducted based on 7 scientific articles published on Google Scholar and Scielo platforms.

3 RESULTS

Among the 7 scientific articles selected, a decrease in the number of mammograms performed in 2020 (pandemic) was observed when compared to 2019 (pre-pandemic), which went from 1,966,565 to 1,192,274, with the Midwest being the region that showed the most reduction in the examination. The main reasons for the decrease in diagnosis were: isolation, difficulty in scheduling, lockdown,

interruption of care in health units, overload of services and health professionals. As a way to maintain medical care, teleconsultations have become an alternative to face-to-face visits to offices. However, virtual consultations have their limitations, and the delay in breast cancer screening is an example of the damage that this distance care can cause. The impact of the delay in diagnosis and treatment of these patients is the increased chances of developing a more serious disease and complications. Data show that in 2019 there was a higher proportion of BI-RADS 1 and 2 diagnoses, compared to 2020, in which there was an increase in BI-RADS 4 and 5 exams, mainly in patients aged 61-70 years. In the evaluated period, there was a prioritization of patients with advanced age, history and symptoms suggestive of breast cancer (palpable lesions, nipple retraction, papillary effusion or other signs of metastatic lesions), leading to increased diagnoses of breast cancer at more advanced stages.

4 CONCLUSION

Data show that, with the pandemic period, screening for breast cancer was limited, directly impacting its diagnosis and, therefore, its treatment. The cases detected were of worse prognosis: symptomatic women, with masses palpable and more aggressive subtypes. Indolent tumors were the most affected by screening interruption.

I conclude by emphasizing the importance of conducting campaigns to raise awareness among the population about the need to resume clinical follow-ups in health care networks, which must be prepared to meet their new demands.

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