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COVID-19 pandemic impact in newly diagnosed breast cancer patients (BCP) at a third level hospital

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Background: On March 2020, the World Health Organization declared the COVID-19 outbreak a pandemic. Worldwide, health authorities recommended limiting elective surgeries, diagnostic procedures and non-urgent face-to-face consultations. The full range of consequences of these restrictive measures in cancer diagnosis has not yet been well documented in Spain. Here, we report the impact of these disruptions in the diagnosis of breast cancer at our institution.

Methods: We performed a retrospective study comparing new breast cancer diagnosis at the medical oncology department in a tertiary center in 2019 and 2020. Data corresponding to clinical-pathological features at diagnosis was collected from clinical records. Categorical variables were compared using the Fisher’s exact test and chi-square. Normally-distributed continuous variables were compared using two-sample t-tests. P values of < 0.05 were considered statistically significant.

Results: In 2020, there were 210 new BCP, which represent a 26% decrease compared to 2019 (n = 285). The overall number of screening mammograms (SM) decreased from 13041 in 2019 to 8239 in 2020 (37%), resulting in 46% fewer new diagnosis in this group (57 in 2019 vs 31 in 2020). Diagnoses made after referral from other hospital services were also reduced (40 in 2019 vs 23 in 2020, 42% reduction). Smaller reductions were observed in new breast cancer patients referred from other hospitals (19%) and from primary care centers (13%). Diagnoses at stage I were significantly reduced by 47% (n = 135 in 2019 vs n = 71 in 2020) and in stage II by 18% (n = 108 in 2019 vs n = 89 in 2020). Stage III diagnoses were increased by 30% (n = 23 in 2019 vs n = 30 in 2020) and in stage IV by 11%, although the absolute number of patients was similar in both subgroups (n = 18 in 2019 vs n = 20 in 2020) (p = 0.0068).

Conclusions: Suspension of SM and limited outpatient consultations have contributed to diagnostic delays. Accordingly, higher proportion of patients presented with locally advanced disease. These delays are expected to have an impact in breast cancer specific survival in the coming years. Therefore, our findings should raise awareness about the importance of defining measures to prevent COVID pandemic impact on other diseases.

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Discordance rates of clinicopathological features in bilateral breast cancer

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Background: Bilateral breast cancer (BBC) constitutes 2-11% of all BC diagnoses. The information exists regarding the discordance rates of clinicopathological features in BBC.

Methods: Medical records of women with primary BC diagnosed between 2013-2020 in a center in Monterrey, Mexico were reviewed. Overall survival (OS) rates of synchronous BBC (SBBC) and metachronous BBC (MBBC) patients were estimated using the Kaplan–Meier method after excluding patients with in situ or stage IV disease.

Results: A total of 1785 patients were diagnosed with BC, of which 53 (3.0%) were SBBC (<3 months between diagnoses) and 15 (0.8%) were MBBC (median time elapsed between diagnoses: 36 months). In patients with BBC, the median age at diagnosis was 51 years (range 24-77). The most common molecular subtype in BBC was HR+/HER2- (60.3% in SBBC and 40.0% in MBBC). Concordance and discordance rates are presented in the table. OS rates at 3 years were 92.9% (95%CI 59.1-99.0%) in MBBC and 84.7% (95%CI 61.0-94.6%) in SBBC (p < 0.05 by log-rank test).

| Stage | Patients who did image exams (n) | Total of image exams | Patients with abnormal findings (n) |
|-------|-------------------------------|---------------------|-----------------------------------|
| I     | (n=64)                        | 43                  | 88                                | 0                                  |
| II    | (n=37)                        | 30                  | 89                                | 0                                  |
| IIIB  | (n=20)                        | 21                  | 18                                | 3                                  |
| IIIC  | (n=10)                        | 7                   | 19                                | 3                                  |
| IIIB  | (n=9)                         | 9                   | 24                                | 4                                  |
| IIIC  | (n=2)                         | 2                   | 4                                 | 0                                  |

Conclusions: Despite the evidence regarding the right work up and diagnosis, there are still some patients with early breast cancer that undergo excessive image exams. It is important to work with coordination and in a multidisciplinary team in order to create adequate protocols, to accurately stage and stratify breast cancer patients. As shown with our results, in more initial stages, the exams do not detect metastatic disease and can contribute to the delay of treatments, to an increase of health costs and also as a source of distress to patients.

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Imaging for distant metastasis in local and locally advanced breast cancer: Practice and detection rates

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Background: Breast cancer is the most common cancer among women, with most cases being diagnosed at an early stage of the disease, with 5% being metastatic at diagnosis. Despite this, besides physical examination, other imaging tests at diagnosis are not routinely recommended, unless high tumour burden, aggressive biology or when symptoms suggestive of metastases are present.

Methods: Retrospective and comprehensive study including breast cancer patients that were diagnosed and evaluated at an oncology department during the year of 2019, at a district hospital in Portugal. Data was obtained from patients’ clinical process and analyzed by SPSSv25.

Results: 156 patients were included with a median of 64 years and the majority were females = 152. Regarding tumor histology, the majority was ductal carcinoma (83%), with most having a grade 2 tumor (57%). Regarding breast cancer subtypes, the majority (86%) was a luminal-like tumor. The ECOG Performance Status at the beginning of treatment was evaluated with 87% having grade 0-1. Diagnostic work-up exams were performed in 117 patients and they included computed tomography of thorax abdomen and pelvis, bone scintigraphy, ultrasounds, among others. All patients with initial stages were asymptomatic and of the patients with abnormal findings, 7 were treated. Regarding treatment, 126 patients were submitted to endocrine therapy and 92 systemic therapy: 5 as palliative, 54 as neoadjuvant and 33 as adjuvant setting.

Table: 178P Asked exams according to initial clinical stage

| Stage | Patients who did image exams (n) | Total of image exams | Patients with abnormal findings (n) |
|-------|-------------------------------|---------------------|-----------------------------------|
| I     | (n=64)                        | 43                  | 88                                | 0                                  |
| II    | (n=37)                        | 30                  | 89                                | 0                                  |
| IIIB  | (n=20)                        | 21                  | 18                                | 3                                  |
| IIIC  | (n=10)                        | 7                   | 19                                | 3                                  |
| IIIB  | (n=9)                         | 9                   | 24                                | 4                                  |
| IIIC  | (n=2)                         | 2                   | 4                                 | 0                                  |

