Graft hysterectomy is strongly recommended at the time of caesarean section for serious medical reasons; however, in other cases, it is difficult for patients to decide whether to undergo hysterectomy at the time of caesarean section. This is because decision-making is required before the first childbirth and there is a potential risk that childbirth may lead to neonatal death or regret due to desiring another child after undergoing hysterectomy following the experience of raising a child.

Although there are no decision-making guidelines for second pregnancies, patients’ experiences have revealed that many factors are involved in the decision-making for second pregnancies and timing of graft hysterectomy. For teams considering the clinical application of UTx, new perspectives based on the experiences of the Dallas team are significant in setting the criteria for exit counselling and informed consent.

Disclosure of interests
None declared. Completed disclosure of interests form available to view online as supporting information.

Contribution to authorship
IK was involved in drafting of this letter. KB and DA provided intellectual input, supervised the research, and revised the manuscript.

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Effect of the COVID-19 pandemic on oncology screenings: it is time to change course

Sir,

We have found that the COVID-19 pandemic has had a significant negative effect on oncology screenings. Although this issue is well known to clinicians, the actual impact is less clear.

In most countries, national health services offer cancer screening programmes for breast, colon and cervical cancer. These secondary prevention measures are considered an integral part of treatment in oncology. Although cancer treatment has been guaranteed during the COVID-19 pandemic, screenings have been suspended and/or severely reduced worldwide during the first and second waves due to the reprioritisation of health services, as was clearly highlighted by Meggetto et al. In a report about a cervical screening programme in Ontario, recent data on the effect of screening discontinuation during the first wave demonstrated increased delays in cancer diagnosis and treatment. Notably, population-based studies reported a 30% reduction in primary care consultations and a 12–15% reduction in the number of referrals for both colorectal and breast cancer, with a significant increase in more advanced stages of disease compared with the same period in 2019.

National data in Italy showed a significant reduction in the number of screening tests performed between January and September 2020 compared with the same months in 2019 (Table 1). This was due to the suspension of booked screenings and also to a reduction in adherence to screenings, probably as a consequence of fear of COVID-19 (−17%, −21% and −20% for cervical, breast and colorectal cancer, respectively). Although we can justify the decrease in the number of tests (between 54% and 58%) during the first wave of the pandemic (January to May), the second period assessed before the second wave (June to September) still showed a significant reduction (between 28% and 46%) in adherence to screening. This led to a cumulative delay of an estimated 4 months or more, more than 6300 missed diagnoses of cervical, breast and colorectal cancer and 6600 precancerous colorectal lesions. Similar data may be expected during the second wave of the pandemic, increasing delay and missed diagnoses.

The discontinuation of the programme during the second wave of the COVID-19 pandemic may lead to a significant number of patients going undetected and untreated, thereby resulting in a further delay in diagnosing early stages of cancer. This may contribute to an increase in diagnoses of invasive cancer instead of precancerous lesions, and thus more advanced stages of the disease in the coming years. This would be accompanied by worse cancer prognoses and an increased need for more extensive treatments.
According to recent data it is likely that the delay will not be rectified for many years. It is politically challenging to prioritise secondary prevention during this second wave of the pandemic. However, it is necessary to make up for lost time and to prevent catastrophic scenarios in the coming years.

Disclosures of interest
None declared. Completed disclosure of interests form available to view online as supporting information.

Data availability
Data sharing is not applicable to this article as no new data were created or analysed in this study.

Supporting Information
Additional supporting information may be found online in the Supporting Information section at the end of the article.

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Table 1. Comparison of oncology screenings in Italy between 2019 and 2020

|                      | Cervical cancer screening | Breast cancer screening | Colon cancer screening |
|----------------------|---------------------------|-------------------------|-----------------------|
| Booked (n, %)        |                           |                         |                       |
| Jan–May              | –697 630 (–41.3%)         | –686 498 (–41.6%)       | –1 273 885 (–47.3%)   |
| Jun–Sept             | –465 212 (–39.5%)         | –260 824 (–23.8%)       | –633 904 (–34.2%)     |
| Total                | –1 162 842 (–40.5%)       | –947 322 (–34.5%)       | –1 907 789 (–42.0%)   |
| Performed (n, %)     |                           |                         |                       |
| Jan–May              | –362 001 (–55.1%)         | –454 625 (–53.6%)       | –601 862 (–57.8%)     |
| Jun–Sept             | –178 704 (–39.4%)         | –156 178 (–28.1%)       | –365 603 (–46.1%)     |
| Total                | –540 705 (–48.8%)         | –610 803 (–43.5%)       | –967 465 (–52.7%)     |
| Equivalent delay (months) |                       |                         |                       |
| Jan–May              | –2.9                      | –2.9                    | –3.0                  |
| Jun–Sept             | –1.5                      | –1.0                    | –1.8                  |
| Total                | –4.4                      | –3.9                    | –4.7                  |

Expected cancer rate in 1000 tests*: 4.5 4.7 1.1 6.7
Estimated missed diagnoses (n): –2383 –2793 –1168 –6667

Data were retrieved through the public database provided by the Italian National Screening Observatory (https://www.osservatorionazionalescreening.it/).

*Data compared with those in 2019.