




Increase in the number of adjuvant radiotherapy treatments in breast cancer patients in 2022: effect of COVID-19 pandemic?

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Coronavirus disease 2019 (COVID-19) caused by SARS-CoV-2 was declared a pandemic by the World Health Organization (WHO) on the 11th of March 2020 leading to some form of lockdown. The COVID-19 lockdown included restrictive measures for access to the health system and temporary health system reorganization with many resources diverted to the care of COVID-19 patients. Because of this, the temporary suspension of screening programs, various political orders to “stay at home” and public fear of the unknown, many diagnosed cancers experienced delays in treatment or went undiagnosed and oncological care suffered a slowdown. During the pandemic period, a decline in the number of cancer patients was noticed in many radiation oncology departments in Europe and the USA due to therapy deferrals for certain diseases, reduced referrals but also due to temporary reduction of screening programs [1, 2]. Although in our radiation therapy department no treatments were delayed (even for infected patients with mild–moderate symptoms), the therapeutic activity decreased by 9,75% comparing financial year (March–February) pre-pandemic (2019/2020) to the first pandemic year (2020/2021).

Due to the decrease in therapeutic activity during the pandemic and the temporary suspension of screening programs, a possible subsequent increase in the therapeutic activity was hypothesized due to the normalization of the health system and the reactivation of screening programs. Primary waiting list (patients postponed by radiation oncologists) and secondary waiting list (patients postponed by other specialists) were gradually resolved but patients with diagnostic delay are increasing and therefore stressing the radiation

therapy system capacity. This is at least the experience of our department.

The Catalan Institute of Oncology (ICO) located at Duran i Reynals Hospital in L’Hospitalet-Barcelona is a public cancer center of reference for a stable population of 1.300.000 people. The radiation oncology department has 5 linear accelerators and a brachytherapy unit. Our workload is about 3200 external radiotherapy treatments (72% with curative intent) and about 750 brachytherapy treatments per year. Analyzing our casuistry, we have observed a significant increase in radiotherapy treatments for breast cancer in the year 2022. Although we have seen a slight decrease in adjuvant breast radiation treatments in the 2 years of the pandemic in comparison with 2019, but in 2022 we noted a significant increase of 18.8% (Fig. 1). During these periods, there have been no substantial changes in our reference population or the incorporation of new referral centers or in the indications for treatment. Obviously, the aging of the population does not explain this sharp increase in the number of adjuvant breast cancer treatments and we believe that this is due to the increase in the number of screen-detected breast cancer diagnoses after resumption of screening programs [3] or patients who have subsequently consulted. In any case, whether due to diagnostic or therapeutic delays, the increase in activity is stressing our radiotherapy system capacity.

While we await our data on the number of breast cancers detected after the resumption of screening programs, the number of breast cancer surgeries and the stage distribution, we believe it is important to share our data with other radiation oncology departments that may have observed this phenomenon. Measures must be put in place to ensure sufficient capacity to meet demand without additional waiting lists at least until we return to pre-pandemic levels of activity.

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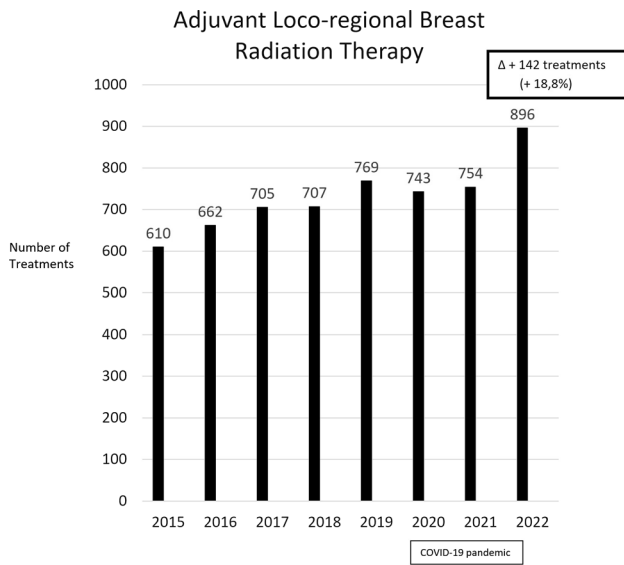


Fig. 1 Number of adjuvant loco-regional breast radiation treatments in the last eight years

Data availability Data provided in this letter to the editor are available upon request to the corresponding author.

Declarations

Conflict of interest The authors declare that they have no conflicts of interest.

Ethical approval This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent No informed consent is required.

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