



IMPACT OF COVID-19 PANDEMIC ON BREAST CANCER SCREENING PROGRAM IN BASRA CITY

Dr. Nawar H. Khalil¹, Dr. Mustafa S. Shareef²

Breast Cancer Screening Centre in Basra Teaching Hospital ,Basra, Iraq.
AL- Ahli Hospital, Doha, Qatar.

nawarhisham@hotmail.com

Article history:	Abstract:
<p>Received: May 21st 2022 Accepted: June 21st 2022 Published: August 3rd 2022</p>	<p>Background: Screening mammography offers the possibility of discovering malignant disease at an early stage, which is consequently treated early, thereby reducing the mortality rate; At the end of Wuhan city in China, became the centre of an outbreak of pneumonia of unknown cause, known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), The World Health Organization (WHO) stated it as a global pandemic on March 11, 2020, in addition to the physical health effects of the virus in infected persons, the pandemic is also causing harmful social and mental health effects.</p> <p>Objective: The purpose of the study is to estimate the attendance of women to Early Detecting Clinics of Breast diseases in Basra City.</p> <p>Patients and Methods: a cross-sectional study was conducted from Feb.2020 to Jan.2021. A total of 384 females were interviewed to assess the effect of COVID-19 on their attendance to Early Detecting Clinics of Breast diseases in Basra City. Data analysed using SPSS version 26 software.</p> <p>Results: The total responder 100% (384 / 384). The study population shows the mean age of the female participants was 45±7.22 years, 60% of them are of their primary education level, 38% are employed, 10.9% attending Breast centers during pandemic routinely to their appointment, about 89.1% attend BC as a first time during pandemic, while about 50.9% was hesitant to attend BC during pandemic, of them attend in time, finally we found that 39.6% of participants received at least one dose of corona vaccine during pandemic and only 26% attend for screening purpose.</p> <p>Conclusions & recommendations: We conclude that a considerable number of women were afraid to attend their appointments or first time to Breast Centres when COVID-19 pandemic began but also one-third of participants attend them during pandemic and about 27% were vaccinated.</p> <p>We recommended that to enhance the role of primary health care media to raise the awareness of women about the importance of screening for breast cancer even during COVID-19 pandemic and encourage vaccination to retain normal life.</p>

Keywords: Mammography, Screening, Pandemic, Vaccine

INTRODUCTION:

At the end of December, 2019, Wuhan city in China, became the centre of an outbreak of pneumonia of unknown cause. By Jan, 2020, Chinese experts had isolated a novel coronavirus, known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [1], [2]. The World Health Organization (WHO) confirmed COVID-19 as a public Health Emergency on Jan 30, 2020, and stated it as a global pandemic on

March 11, 2020 [3]. Up to the present time, the spread of this disease has been extremely rapid all over the world [4].

Epidemiology of COVID-19.

At first the virus began in Wuhan City of Hubei Province of China in December 2019 and spread rapidly to many states in the world [5]. In Iraq, COVID-19 was firstly recognized on the 24th of February 2020 at Al-Najaf city. Two weeks later, the Iraqi Ministry of Health



(MOH) publicized that 101 cases have been tested positive of COVID-19 with 9 deaths cases in 14 provinces; Baghdad city had around 40% of those cases. This is indicative of the rapid spread of COVID-19 across the country[6].in Basra on 9 of March the first case was reported [7] Basra Province is governorate in south of Iraq , bordering Iran to the east and Kuwait to the south. The main city in the province is the city of Basra.

Most women who had undergo changes of breast tissue in their life due to normal growth and the changes in hormone. So that, feeling of lumps, breast pain, nipple discharges, or skin irritation is expected pictures of breast problems. Most of breast problems and abnormalities happen in the breast are not cancerous but are far more common than malignant ones [8].

Breast lesion investigations consist of self and clinical breast examination, X-ray mammography, and FNA. In addition, there is other efficient complementary imaging modalities provide more information in order to have a definite breast diagnosis [3].

Screening tool for breast cancer is with mammography uses X-ray imaging to find breast lesion before a lump can be felt clinically. The aim is to treat cancer as early as possible, when a cure and decrease mortality is more likely. When women get invitation to breast screening should be informed of both the advantages and disadvantages. That to ensure that the requirements for present choice for women contemplating whether or not to attend a screening program can be met [9].

VACCINATION:

Recognizing the urgency of tuning vaccine doses into vaccinated and protected communities, WHO continue to support all countries to reach 70% vaccination coverage of their population.

Vaccine supply has improved but absorption had not kept pace. In some countries, we see insufficient political commitment to roll out vaccines [10].

Access to safe and effective vaccines is important to ending the COVID-19 pandemic, but also must continue on preventive measure like wearing masks, cleaning our hands, ensuring good ventilation inside ,social distancing and avoiding crowded area[10].

1.3 . Early Breast Cancer Detection Program.

Screening with mammography uses X-ray imaging to find breast cancer before a lump can be felt. The goal is to treat cancer earlier, when a cure is more likely. Classification of mammographic results according to Breast Imaging-Reporting and Data System scores will determine the appointment of next visit [9].

PATIENTS AND METHODS:

A cross section study was designed on a sample of female at reproductive age attending primary health care center in Basra city .data was collected in period from first of February 2021 to first of June 2021 .to study the impact of covid_19 pandemic on desire of pregnancy in Basra city .Taking the information by direct interview to complete the questionnaire.

A total of 384 females where interviewed to assess the effect of COVID_19 on their attendance to Early Detecting Clinics of Breast diseases in Basra City.

Definition of variables

Age: the age categorized into 10 year interval groups including:

Less than 30 year.

30-39 year

40-49 years

50-59 years

More than 60 years

Occupation: the current job of the patients.

Employed: Any participant who works in governmental or Privet work.

Non-employed.

Education: This was recorded as completed stages of formal schooling and grouped as following:

-Illiterate

-Primary

-Secondary

-Institute

-Bachelor

-High education

Did your visit to BC for the first time during the pandemic or it is follow up visit?

-First visit

- follow up visit (have an appointment)

Do you have fear or hesitated to attend the breast centre?

Yes

No

If the answer is yes, what is the reason?

Fear of getting covid 19 infection to yourself or your family.

Not vaccinated

Infected with covid 19 at this time

Think it is an unprotected procedure

Vaccination status

-Not vaccinated

-One dose vaccine

-Two doses vaccine



Reason of attending breast centre
 Screening
 Have medical symptoms

RESULTS

The total number of sample size is 384 female were interviewed.

Table 3.1 Demographical data of the enrolled patients.
 Variables No. %

Table (3.2): Did your visit to BC for the first time during the pandemic or it is follow up visit?

Age	mean±SD)	45±7.22	
		Frequency	
Occupation	Employed	146	38.0
	Non employed	238	62.0
Education	Illiterate	18	4.7
	Primary	96	25.0
	Secondary	90	23.4
	Institute	79	20.6
	Bachelor	87	22.7
	High education	14	3.6
	Total	384	100.0

Table (3.2): Did your visit to BC for the first time during the pandemic or it is follow up visit?

	Frequency	Percent
First visit	342	89.1
Follow up visit	42	10.9
Total	384	100

Table (3.3): Do you have fear or hesitated to attend the breast centre?

	Frequency	Percent
Yes	195	50.8
No	189	49.2
Total	384	100

Table (3.4): Causes of fear to attend Breast Centre:

Reasons	Frequency	Percent
Fear of getting covid 19 infection to yourself or your family	75	19.5
Not vaccinated	232	60.4
Infected with covid 19 at this time	41	10.7
Think it is an unprotected procedure	36	9.4
Total	384	100



Table (3.5): Vaccination status

	Frequency	Percent
Not vaccinated	232	60.4
-One dose vaccine	48	12.6
-Two doses vaccine	104	27.0
Total	384	100

Table (3.6): Reason of attending breast centre

	Frequency	Percent
Screening	100	26.0
Medical symptom	284	74.0
Total	384	100



DISCUSSION:

COVID-19 is a widely distributed infection, rapidly spread all over the world specially in country are less prepared to face this sanitary emergencies [11].

The pandemic has disrupted preventive care all over the world including cancer screening. It was a real challenge to health care systems reveal that 16% of participant get COVID-19 two weeks after mammography [12].as that half of women involved in our study were hesitated and nearly one fifth were afraid to get the infection to themselves or their families.

Studies from the United States and Europe have shown that cancer screening dropped dramatically during the pandemic.[13] Also the covid-19 pandemic forced the Dutch national breast screening program to a halt in 2020.[14]

In our study 89% of women visit the breast centre for first time and only 10% for an appointment for follow up and half of women attending breast centre were hesitated to attend that the screening program in Dutch was resumed at 40% capacity which increased to 60% gradually after 2 years of the pandemic [14] similarly for United States and Europe that breast cancer screening and diagnostic mammograms falling by 58% and 38% respectively, United Kingdom modeling study estimated that delayed and missed screenings would likely increase breast cancer death among women .A Spanish study show that the participation were lower in first time visit so the pandemic negatively affected screening attendance especially in previous participants and declined sharply when pandemic started .[15] while in Taiwan the breast screening program has continued during the pandemic the total number decreased by 26% [16].

In our study, only 39.4% get vaccinated in spite of half of them were hesitated to visit breast clinics at time of pandemic, moreover, the most important primary and secondary preventive strategies (reduction of risk factors, exposure, vaccination cancer screening)intended in Italy to reduce the future burden of breast cancer that should be adopted actively.[17]

CONCLUSION:

We conclude that considerable number of women about half of them were afraid to attend their appointments or first time visit in Breast Centres when covid-19 pandemic began but also one third of participant attend them during pandemic and about 27 % were fully vaccinated.

RECOMMENDATION:

enhance the role of primry health care and media to raise the awarnace of women about importance of screening for breast cancer even during covid_19 pandemic.

encourage vaccination to retain normal life..

Social media have a big rule in giving the information to people about covid_19. And preventive medicine programs including breast cancer screening.

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