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for top-tertile journals and increased for bottom- and middle-tertile journals. This likely reflects journal adjustment of the number of citable items, a key element in IF calculation. Although other studies have identified this potential source of bias,^{3,4} there has been little attention to this issue in scientometric studies of OB/GYN research. Despite the limitations of this study, such as the exclusion of general medicine and specialty journals and the lack of granularity on how journals characterize citable items, the findings suggest that journal self-citations are not an important contributor to IF trends in OB/GYN journals. Other factors, such as journal adjustment of citable items, may have larger temporal impact. ■

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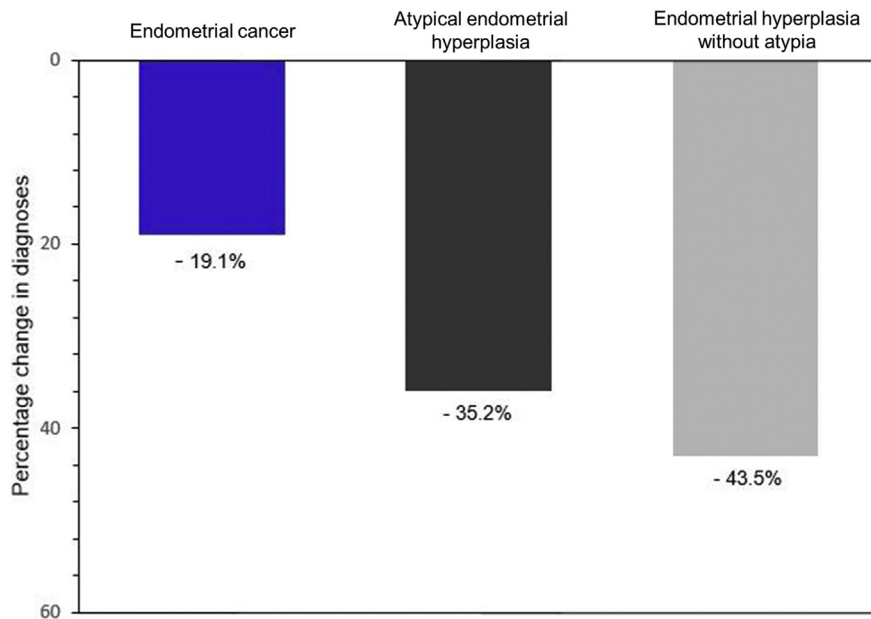
The impact of the COVID-19 pandemic on endometrial cancer and endometrial hyperplasia diagnoses: a population-based study



OBJECTIVE: Endometrial cancer is the most common gynecologic malignancy in high-income countries, and most cases arise from a precursor lesion, endometrial hyperplasia. During the COVID-19 pandemic, many professional bodies advised a suspension in gynecologic services, except for urgent care,^{1,2} to reduce COVID-19 transmission and optimize limited human and physical resources. In the United Kingdom, remote management of abnormal uterine bleeding, the major presenting symptom of endometrial cancer and endometrial hyperplasia, was recommended, with referral to secondary care only in urgent cases.² This contradicted the established Royal College of Obstetricians and Gynaecologists' guidelines, which advised hysteroscopy and/or endometrial biopsy within 4 weeks for diagnosis of

suspected endometrial hyperplasia or cancer.³ We described the impact of the COVID-19 pandemic on pathologic diagnoses of endometrial cancer and endometrial hyperplasia within population-based databases in Northern Ireland.

STUDY DESIGN: The Northern Ireland Cancer Registry is a population-based register covering 1.9 million inhabitants.⁴ Electronic pathology reports were used to identify unique patients diagnosed with endometrial cancer or endometrial hyperplasia between March 1, 2020, and December 31, 2020 (the initial stages of the COVID-19 pandemic when "lockdown" was introduced at various times). Data were compared with the average number of histopathologically

FIGURE**Percentage change in the diagnoses of endometrial cancer, atypical endometrial hyperplasia, and endometrial hyperplasia without atypia**

The figure shows the percentage decline in endometrial cancer, atypical endometrial hyperplasia, and endometrial hyperplasia without atypia diagnoses for the period of March 2020 to December 2020 compared with the 3-year average during the same months between 2017 and 2019. Wylie. *Effect of the COVID-19 pandemic on the diagnoses of endometrial cancer and endometrial hyperplasia. Am J Obstet Gynecol* 2022.

confirmed cases during the same months between 2017 and 2019. Further information is available in the [Supplemental Methods](#).

RESULTS: The number of endometrial cancer diagnoses declined by 19.1% between March 2020 and December 2020 compared with the equivalent months from 2017 to 2019 (Figure). There was some evidence of recovery in winter months, with diagnoses in October and November returning to expected levels (Supplemental Figure). Overall, 70 fewer endometrial cancer cases than expected were diagnosed from March 2020 to December 2020.

The number of atypical hyperplasia and hyperplasia without atypia diagnoses declined by 35.2% and 43.5%, respectively, compared with the data from 2017 to 2019 (Figure). Data were limited to indicate recovery in winter months (Supplemental Figure). There were 40 and 20 fewer cases of hyperplasia without atypia and atypical hyperplasia, respectively, than expected between March 2020 and December 2020.

CONCLUSION: We demonstrated a marked reduction in pathologic diagnoses of endometrial cancer and endometrial hyperplasia during the first 10 months of the COVID-19 pandemic. Although endometrial cancer diagnoses showed signs of recovery, endometrial hyperplasia diagnosis continued to lag behind expected rates, likely because of the reprioritization of gynecologic services.³

Similar to our study, a Northern California investigation observed a 35% reduction in pathologic diagnoses of endometrial cancer during the first 12 weeks of the pandemic compared with 2019 levels.⁵ To the best of our knowledge, our study is the first to quantify the impact of the COVID-19 pandemic on population-based pathologic endometrial hyperplasia diagnoses. However, some caution is required on identification of unique patients and data stability because of the use of pathologic Systematized Nomenclature of Medicine code diagnoses. Therefore, we may be underestimating absolute case numbers; however, the proportional decline in diagnoses likely remains the same.

With the transitions in the COVID-19 pandemic, innovative organization of gynecologic investigative and surgical services is necessary to ensure timely diagnoses of cancer and premalignant conditions. This will be especially relevant in future potential “lockdowns.” ■

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Impact of the COVID-19 pandemic on induced abortions in France in 2020



OBJECTIVE: A major concern during the COVID-19 lockdowns was reduced access to time-sensitive reproductive healthcare, in particular, healthcare related to abortions.¹ France's first lockdown from March 17 to May 10, 2020, consisted of strict stay-at-home orders that dramatically limited population movement.² Medical care was exempted from these restrictions, but pandemic-related health service reorganization and fears of infection created potential obstacles to abortion services. In France, abortions are permitted without restriction until 14 weeks of gestation (until 7 weeks' gestation in an ambulatory setting). After 14 weeks of gestation, only abortions for severe anomalies or maternal health risks can be performed after authorization by a medical committee. To maintain access to abortion services, the government modified management of medical abortions by extending the gestational limit to 9 weeks in an ambulatory setting, authorizing telemedicine visits, and allowing direct pickup from pharmacies of call-in orders for mifepristone and misoprostol.^{3,4} This study aimed to

investigate changes in the use of abortion services during and after this first very restrictive COVID-19 lockdown in France.

STUDY DESIGN: We used data on the number of monthly abortions from 2016 to 2020 in France (N=1,104,408). Data on all procedural and medical abortions in hospitals and clinics are recorded in hospital discharge data, whereas medical abortions prescribed in doctors' or midwives' offices can be obtained from insurance claims data. We modeled the time series from 2016 to February 2020 to forecast the expected monthly values with their confidence intervals for March 2020 onward using an autoregressive integrated moving average model. Potential increases in delayed care were assessed by the percentage of abortions within 2 weeks of the legal limit. Live birth conceptions were estimated from birth registration data by subtracting 9 months from the date of birth, and monthly conceptions in 2020 were compared with those in 2018 and 2019.

SUPPLEMENTAL METHODS**The Northern Ireland Cancer Registry**

The Northern Ireland Cancer Registry (NICR) is a population-based register covering approximately 1.9 million inhabitants and is the officially recognized provider of cancer statistics for Northern Ireland. The NICR has demonstrated robust validity against key performance indicators of high-quality cancer registration.¹ The NICR has collected information on all patients diagnosed with cancer and certain premalignant conditions in Northern Ireland since 1993. Ethical approval for the NICR databases, including the waiving of requirement for individual patient consent, was granted by the Office for Research Ethics Committees of Northern Ireland (reference number 20/NI/0132).

Endometrial cancer diagnoses

Electronic pathology reports were received by the NICR and used to identify all unique patients diagnosed with endometrial cancer (corresponding to International Classification of Disease, 10th Revision, codes C54 and C55) and histopathologically confirmed between March 1, 2020, and December 31, 2020, in Northern Ireland. These data were compared with the 3-year average number of patients with a pathologic diagnosis of endometrial cancer during the same period between 2017 and 2019.

Endometrial hyperplasia diagnoses

Systematized Nomenclature of Medicine codes were used to identify patients with endometrial hyperplasia diagnoses in

Northern Ireland between March 1, 2020, and December 31, 2020, and the same period for the years 2017–2019. Location codes T83000 (uterus, not otherwise specified [NOS]), T83200 (cervix uteri, NOS), T83240 (endocervix), T83400 (endometrium), and T83600 (myometrium) were used in combination with morphology codes M72000 (hyperplasia, NOS) and M72005 (atypical hyperplasia, NOS), as advised by an expert gynecologic histopathologist (W.G.M.). Endometrial hyperplasia was classified as either hyperplasia without atypia or atypical hyperplasia according to the 2014 World Health Organization classification of endometrial hyperplasia based on the criteria suggested by Kurman and Norris.²

Data analysis

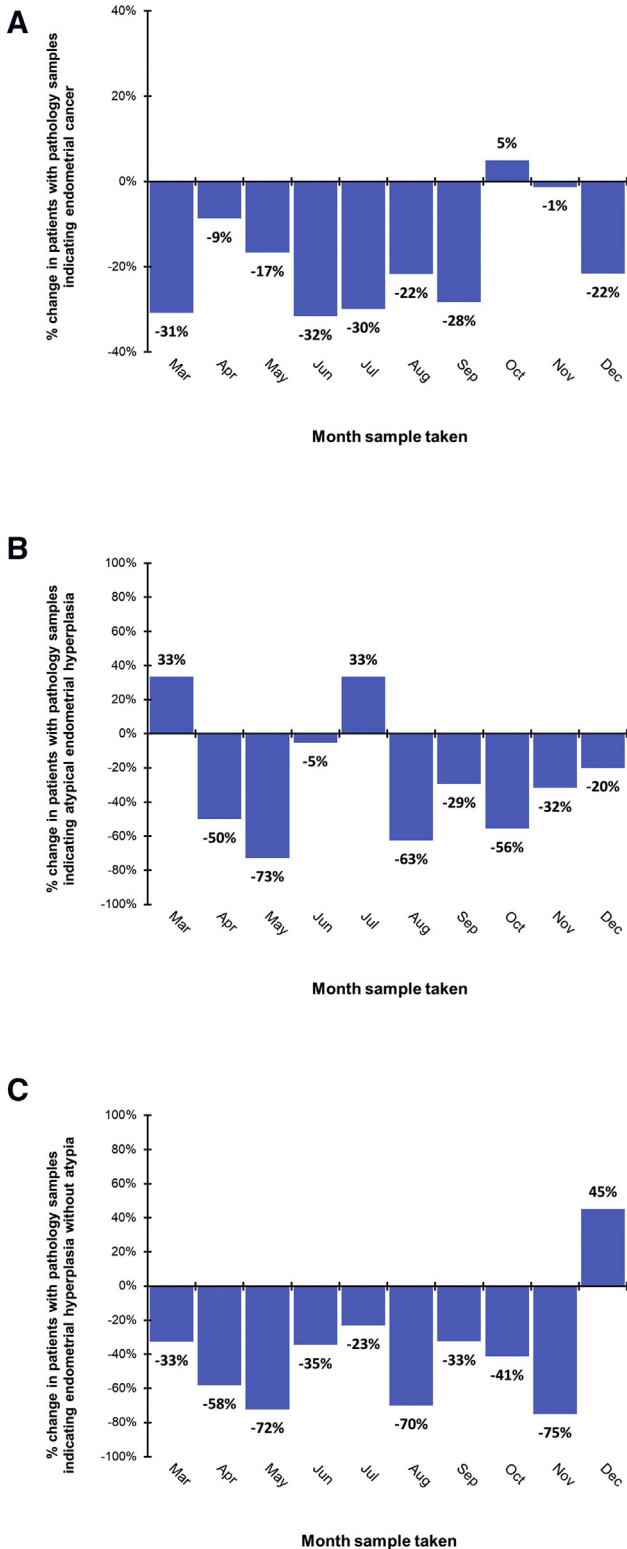
Descriptive statistics (frequencies and proportions over time) were presented for the number of patients diagnosed with endometrial cancer, atypical hyperplasia, and hyperplasia without atypia in Northern Ireland between March 2020 and December 2020, respectively. Comparisons were made to the same monthly range for 2017–2019, for which a 3-year average was estimated. ■

SUPPLEMENTAL REFERENCES

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SUPPLEMENTAL FIGURE

Percentage change in the monthly diagnoses of endometrial cancer, atypical endometrial hyperplasia, and endometrial hyperplasia without atypia



← The figures show the percentage decline in **(A)** endometrial cancer, **(B)** atypical endometrial hyperplasia, and **(C)** endometrial hyperplasia without atypia diagnoses per month in 2020 compared with the monthly average in 2017–2019.

Wylie. The impact of the COVID-19 pandemic on the diagnoses of endometrial cancer and endometrial hyperplasia. *Am J Obstet Gynecol* 2022.