

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 strategies in protocols with preoperative 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.

### Details of ethics approval

Not applicable.

### Acknowledgements

None.

### Funding

Not applicable. ■

### References

- 1 Johannesson L, Wall A, Warren AM, Gregg AR, Testa G. Decisions on second pregnancy after uterus transplantation and timing for

removal of the uterus—DUETS (Dallas UtErus Transplant Study). *BJOG* 2021; doi: <https://doi.org/10.1111/1471-0528.16685>.

- 2 Brännström M, Johannesson L, Bokström H, Kvarnström N, Mölne J, Dahm-Kähler P, et al. Livebirth after uterus transplantation. *Lancet* 2015;385:607–16.
- 3 Ozkan O, Dogan NU, Ozkan O, Mendilcioglu I, Dogan S, Aydinuraz B, et al. Uterus transplantation: from animal models through the first heart beating pregnancy to the first human live birth. *Womens Health (Lond)* 2016;12:442–9.
- 4 Järholm S, Enskog A, Hammarling C, Dahm-Kähler P, Brännström M. Uterus transplantation: joys and frustrations of becoming a 'complete' woman—a qualitative study regarding self-image in the 5-year period after transplantation. *Hum Reprod* 2020;35:1855–63.

Iori Kisu,  Kouji Banno, & Daisuke Aoki

Department of Obstetrics and Gynecology,  
Keio University School of Medicine, Tokyo,  
Japan

Accepted 19 March 2021.

DOI: 10.1111/1471-0528.16834

### 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,<sup>1</sup> as was clearly highlighted by Meggetto et al.<sup>2</sup> 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.<sup>2,3</sup>

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.

**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–Sep	–1.5	–1.0	–1.8	
Total	–4.4	–3.9	–4.7	
	Cervical cancer (≥CIN2)	Breast cancer	Colon cancer	Advanced colorectal adenomas
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.osservatorionazionale screening.it/>).

\*Data compared with those in 2019.

## Supporting Information

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

## References

- Jones D, Neal RD, Duffy SRG, Scott SE, Whitaker KL, Brain K. Impact of the COVID-19 pandemic on the symptomatic diagnosis of cancer: the view from primary care. *Lancet Oncol* 2020;21:748–50.
- Meggetto O, Jembere N, Gao J, Walker MJ, Rey M, Rabeneck L, et al. The impact of the COVID-19 pandemic on the Ontario Cervical Screening Program, colposcopy and treatment services in Ontario, Canada: a population-based study. *BJOG* 2021;128:1503–10.
- Toss A, Isca C, Venturelli M, Nasso C, Ficarra G, Bellelli V, et al. Two-month stop in mammographic screening significantly impacts on breast cancer stage at diagnosis and upfront treatment in the COVID era. *ESMO Open* 2021;6: 100055.
- Riera R, Bagattini AM, Pacheco RL, Pachito DV, Roitberg F, Ilbawi A. Delays and disruptions in cancer health care due to COVID-19 pandemic: systematic review. *JCO Glob Oncol* 2021;7:311–23.

M Scioscia,<sup>a</sup> M Noventa,<sup>b</sup> S Palomba,<sup>c</sup> & AS Laganà<sup>d</sup>

<sup>a</sup>Unit of Gynaecological Surgery, Mater Dei Hospital, Bari, Italy <sup>b</sup>Department of Women and Children's Health, Clinic of Gynaecology and Obstetrics, University of Padua, Padua, Italy <sup>c</sup>Department of Experimental and Clinical Medicine, University Magna Graecia of Catanzaro, Catanzaro, Italy <sup>d</sup>Department of Obstetrics and Gynecology, "Filippo Del Ponte" Hospital, University of Insubria, Varese, Italy

Accepted 21 May 2021.

DOI: 10.1111/1471-0528.16857

According to recent data<sup>4</sup> 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.