

## Diagnostic delays in cervical cancer due to the covid-19 pandemic.

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### Introduction

The COVID-19 pandemic has had far-reaching impacts on global healthcare systems, with significant disruptions extending to preventive services such as cervical cancer screenings. The necessity to reallocate resources and enforce lockdown measures led to a substantial decline in routine medical services, including Pap smears and HPV testing, critical for the early detection and management of cervical cancer. This essay examines the extent of these disruptions, the subsequent implications for cervical cancer outcomes, and the measures needed to mitigate these effects within the scope of Clinical Pathology and Laboratory Medicine [1].

The enforcement of lockdowns and social distancing measures necessitated the suspension of non-emergency medical services, leading to a notable decrease in cervical cancer screening rates. Studies indicate that during the peak of the pandemic, many healthcare facilities either cancelled or postponed routine screening appointments [2]. For instance, a study in the United States reported a 75% reduction in Pap tests during the initial months of the pandemic compared to previous years. Similar trends were observed globally, highlighting a significant gap in preventive care [3].

The reduction in screenings has led to diagnostic delays, which can result in the progression of precancerous lesions to invasive cervical cancer. Early detection through regular screenings is vital for successful treatment and improved prognosis. The lack of timely screenings may lead to an increase in late-stage diagnoses, which are more challenging to treat and are associated with higher morbidity and mortality. Pathology laboratories have reported fewer biopsy samples for cervical lesions, indicating a potential backlog of undiagnosed cases [4].

The pandemic-induced delays in cervical cancer screenings may have a long-term impact on patient outcomes. The National Cancer Institute (NCI) has projected an increase in cervical cancer mortality rates over the next decade due to the pandemic-related disruptions. Delayed diagnosis and treatment can lead to advanced disease stages at presentation, necessitating more aggressive and extensive treatment, which could negatively impact the quality of life and survival rates [5].

Several barriers contributed to the decline in cervical cancer screenings during the pandemic. Fear of contracting COVID-19 in healthcare settings discouraged many individuals from

seeking preventive care. Additionally, the reallocation of healthcare resources towards managing COVID-19 cases left limited availability for routine screenings. Socioeconomic factors also played a role, as the pandemic exacerbated existing disparities in healthcare access, particularly affecting low-income and marginalized populations [6].

The adoption of telemedicine has been instrumental in maintaining continuity of care during the pandemic. Telehealth consultations provided a platform for healthcare providers to educate patients about the importance of screenings and offer guidance on self-sampling techniques for HPV testing. While telemedicine cannot entirely replace in-person screenings, it serves as a valuable tool for patient engagement and continuity of care during disruptions [7].

To address the backlog of missed screenings, healthcare systems need to implement targeted strategies. Outreach programs aimed at rescheduling missed appointments and prioritizing high-risk individuals for screenings can help mitigate the impact of the pandemic [8]. Additionally, increasing awareness about the safety of healthcare facilities and the importance of timely screenings is crucial. Pathology laboratories should prepare for an influx of screening samples as services resume and ensure timely processing to avoid further delays [9].

The pandemic has underscored the need for robust healthcare systems capable of maintaining essential services during crises. Investing in digital health infrastructure, such as telemedicine platforms and electronic health records, can enhance healthcare delivery during emergencies. Training healthcare personnel to manage preventive services alongside emergency care is also essential. Moreover, public health policies should incorporate contingency plans to ensure continuity of preventive services during future pandemics [10].

### Conclusion

The COVID-19 pandemic has significantly disrupted cervical cancer screenings, leading to diagnostic delays and potential worsening of patient outcomes. Addressing these challenges requires a multifaceted approach involving targeted outreach, adoption of telemedicine, and strengthening healthcare infrastructure. By learning from the disruptions caused by the pandemic, healthcare systems can better prepare for future crises, ensuring that essential preventive services like cervical cancer screenings are maintained.

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## References

1. Miller MJ. Impact of COVID-19 on cervical cancer screening rates among women aged 21–65 years in a large integrated health care system—Southern California, January 1–September 30, 2019, and January 1–September 30, 2020. *MMWR. Morb Mortal Wkly Rep.* 2021;70..
2. Nogami Y, Makabe T, Komatsu H, et al. Impact of COVID-19 on cervical cancer screening in Japan: a survey of population-based screening in urban Japan by the Japan Society of Gynecologic Oncology. *J Obstet Gynaecol Res.* 2022;48(3):757-65..
3. Al-Quteimat OM, Amer AM. The impact of the COVID-19 pandemic on cancer patients. *Am. J. Clin Oncol.* 2020;43(6):452-5.
4. Vose JM. Delay in cancer screening and diagnosis during the COVID-19 pandemic: what is the cost?. *Oncol .* 2020;34(9):343-.
5. Vardhanabhuti V, Ng KS. Differential impact of COVID-19 on cancer diagnostic services based on body regions: a public facility-based study in Hong Kong. *Int J Radiat Oncol Biol Phys.* 2021;111(2):331-6.
6. Sharpless NE. COVID-19 and cancer. *Science.* 2020;368(6497):1290-.
7. Jazieh AR, Akbulut H, Curigliano G, et al. Impact of the COVID-19 pandemic on cancer care: a global collaborative study. *JCO Glob Oncol.* 2020;6:1428-38.
8. Webster P. Virtual health care in the era of COVID-19. *lancet.* 2020;395(10231):1180-1.
9. Pasquale S, Gregorio GL, Caterina A, et al. COVID-19 in low-and middle-income countries (LMICs): a narrative review from prevention to vaccination strategy. *Vaccines.* 2021;9(12):1477.
10. Price ST, Mainous AG, Rooks BJ. Survey of cancer screening practices and telehealth services among primary care physicians during the COVID-19 pandemic. *Prev. Med. Rep.* 2022;27:101769.