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Invited Commentary

Redressing breast cancer screening disparities during the COVID-19 pandemic: Turning crisis into opportunity



The Covid-19 pandemic has had a disproportionate impact with regards to both COVID-related and non-COVID-related conditions on people of color and medically underserved populations in the United States (US).¹ In the early part of the pandemic (i.e., spring 2020), screening mammography was paused across the US.² Specifically, breast cancer screening decreased by more than 90% in the early months of the pandemic.^{3,4} Black women were already 40% more likely to die following a breast cancer diagnosis than White women before the pandemic, and decreased screening participation is one of several factors believed to contribute to this disparity.^{5,6}

In this issue of the *American Journal of Surgery*, Fasano et al. evaluated the impact of the COVID-19 breast cancer screening hiatus on subsequent screening patterns within the New York Presbyterian Hospital Network.⁷ The authors found a mitigation of racial and socioeconomic disparities within their population when analyzing post-hiatus breast cancer screening.

The authors refer to multiple interventions that may have improved the return to screening in all patients but especially those in disadvantaged communities. They initiated a “Welcome Back Safely” campaign that focused on making the screening process safer and more accessible via extended daily hours, weekend openings, and enhanced cleaning protocols. The authors are to be commended for improving access to and utilization of breast cancer screening following the hiatus, especially among African American patients and Medicaid recipients, and for addressing cancer-related disparities during this unprecedented time in history.

The authors also reference formation of a Brooklyn-based multidisciplinary breast program, which was launched immediately prior to the pandemic screening hiatus and was not utilized to its full potential until the post-hiatus period. This program is located in a primarily African American geographic area within the New York Presbyterian Hospital Network. This program played a large role in alleviating disparities as it was deployed where the majority of their African American patients received care. Mammography volume quickly ramped up following the screening hiatus, with concomitant increases not only in screening participation but also in the proportion of screen-detected and early-stage breast cancers that were diagnosed. It is difficult to ascertain what the impact of the new center may have been on improving disparities in screening if the pandemic hiatus had not happened but without question, the Brooklyn-based program has been very successful at improving access to care and benefiting the community at a challenging time.

This is an exciting manuscript demonstrating an improvement in breast cancer screening disparities despite the ongoing challenges of the COVID-19 pandemic. Further studies to clarify the individual impact of these simultaneous interventions on breast cancer screening can help identify the most high-yield targets for process improvement and access reform and can facilitate development of a scalable, generalizable approach that may improve cancer screening in other communities.

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