THE IMPACT OF THE COVID PANDEMIC ON COMPLETION OF RADIATION THERAPY FOR CERVICAL CANCER

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Topic: Cervical

Objectives
To determine if the COVID pandemic affected treatment times for women with locally advanced (FIGO Stages IIb-IVa) cervical cancer.

Methods
Subjects diagnosed with and treated for locally advanced (FIGO Stages IIb-IVa) cervical cancer with chemo/radiotherapy at a large, urban, tertiary hospital between 1/1/19-12/31/21 were identified and the following was collected: Demographics, urban/rural home address, stage, histology, and the dates of diagnostic biopsy, first visit with oncologist, and start and completion of radiotherapy.

Results
69 subjects were identified. (59 Black vs 10 white; 35 urban vs 34 rural). Median time from biopsy to seeing an oncologist was 14.2 days. Median time from seeing an oncologist to start of radiotherapy was 29.9 days, and median time from start to completion of radiotherapy was 62.9 days. Pre-COVID (P, 2019-2/20) vs during (D, 3/20+), median times in days were: Biopsy until seeing oncologist: 12.7(P) vs 15.2(D); seeing oncologist until start of radiotherapy: 27.3(P) vs 31.6(D); start until completion of radiotherapy: 62.2(P) vs 63.4(D); and biopsy until completion of radiotherapy: 99.9(P) vs 109.3(D). When urban(U) vs rural (R) subjects are compared in the pre-pandemic era, median times were: Biopsy until seeing oncologist: 10.5(U) vs 14.9(R); seeing oncologist until start of radiotherapy: 19.8(U) vs 34.7(R); start until completion of radiotherapy: 58.6(U) vs 65.4(R); and biopsy until completion of radiotherapy: 88.1(U) vs 113.9(R). When urban(U) vs rural (R) subjects are compared in the During-pandemic era, median times in days were: Biopsy until seeing oncologist: 12.9(U) vs 17.8(R); seeing oncologist until start of radiotherapy: 28.3(U) vs 35.4(R); start until completion of radiotherapy: 60.4(U) vs 66.8(R); and biopsy until completion of radiotherapy: 101.0(U) vs 118.9(R). All differences were significant to p<0.001.

Conclusions
The COVID Pandemic was associated with an increased time from diagnosis to completion of treatment for locally advanced cervical cancer. (99.9 vs 109.3 days) Rural subjects experienced longer times in treatment than urban subjects prior to COVID, and this difference was exacerbated by the pandemic: 101(U) v.118.9(R) Rural subjects will require proactive efforts to maintain compliance with treatment.