

The Pandemic's Lasting Scars on Breast Cancer Care in Iran

Dear Editor

The retrospective study by Rezvani and others¹ provides a critical and sobering analysis of the pandemic's collateral damage on cancer care. I found their work to be a powerful, data-driven confirmation of what many of us in the field have feared: that the disruption of healthcare services during the pandemic would lead to later-stage diagnoses and poorer outcomes for a host of non-COVID conditions. This study, with its focus on a specific cohort of breast cancer patients in Shiraz, Iran, offers a valuable and much-needed regional perspective on this global phenomenon.

The study's headline findings—that patients diagnosed with breast cancer during the pandemic presented with significantly larger tumors, more advanced disease stages, and increased axillary involvement—are a stark and compelling piece of evidence. This is not just a statistical anomaly; it is a direct reflection of delayed diagnoses, missed screenings, and a healthcare system under unprecedented strain. The authors' meticulous analysis, which controls for a range of demographic and clinical variables, provides a robust foundation for this conclusion.

However, the real richness of this study lies in its nuanced exploration of the pandemic's impact on treatment modalities. The finding that the use of adjuvant chemotherapy and intraoperative radiotherapy declined, while the use of radiotherapy and hormonal therapy increased, is a fascinating and important point. This suggests a complex interplay of factors, including resource constraints, evolving clinical guidelines, and a potential shift towards less intensive treatment regimens in an effort to minimize patient exposure to the healthcare system. While these adaptations may have been necessary in the short term, they raise important questions about the long-term impact on patient outcomes.

While the study's findings are powerful, its limitations, as the authors acknowledge, are also significant. The retrospective, single-center design, while providing a rich source of data, necessarily limits the generalizability of the findings.² The small effect sizes for some of the key variables, such as tumor size and cancer stage, also warrant a cautious interpretation. However, even small shifts at a population level can have a significant impact, and the authors are right to highlight the potential for long-term consequences.

From a public health perspective, this study is a powerful call to action. The findings underscore the urgent need for a multi-pronged, life-course approach to cancer care, particularly in the context of public health emergencies. This must include strategies to ensure the continuity of cancer screening and diagnostic services, as well as the development of resilient and adaptable treatment pathways. The study also highlights the importance of patient education and outreach, to ensure that individuals continue to seek care for non-COVID conditions, even during a pandemic.

In conclusion, the study by Rezvani and others¹ is a valuable and important contribution to our understanding of the pandemic's impact on breast cancer care. It provides a rich and nuanced picture of the challenges faced by patients and healthcare systems, and it highlights the urgent need for action. The challenge now is to build on this work, with more prospective, multi-center studies, to develop and implement effective strategies to mitigate the long-term consequences of the pandemic on cancer outcomes.

Declaration of AI

In preparing this "Letter to the Editor", we did not use any Artificial Intelligence (AI)-assisted technologies such as Large Language Models (LLMs), chatbots, or image creators.

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