

# Cancer screening coverage in Poland – from bad to better to the worst during the SARS-CoV-2 pandemic

Paweł Koczkodaj<sup>1</sup>, Michał F. Kamiński<sup>2</sup>, Agata Ciuba<sup>1,3</sup>, Joanna Didkowska<sup>1</sup>

<sup>1</sup>Department of Cancer Epidemiology and Primary Prevention, Maria Skłodowska-Curie National Research Institute of Oncology, Warsaw, Poland

<sup>2</sup>Cancer Prevention Department, Maria Skłodowska-Curie National Research Institute of Oncology, Warsaw, Poland

<sup>3</sup>Department of Social Medicine and Public Health, Doctoral School, Medical University of Warsaw, Warsaw, Poland

**Submitted:** 28 September 2020, **Accepted:** 13 March 2021

**Online publication:** 8 April 2021

Arch Med Sci 2021; 17 (4): 1132–1133

DOI: <https://doi.org/10.5114/aoms/134239>

Copyright © 2021 Termedia & Banach

**Corresponding author:**

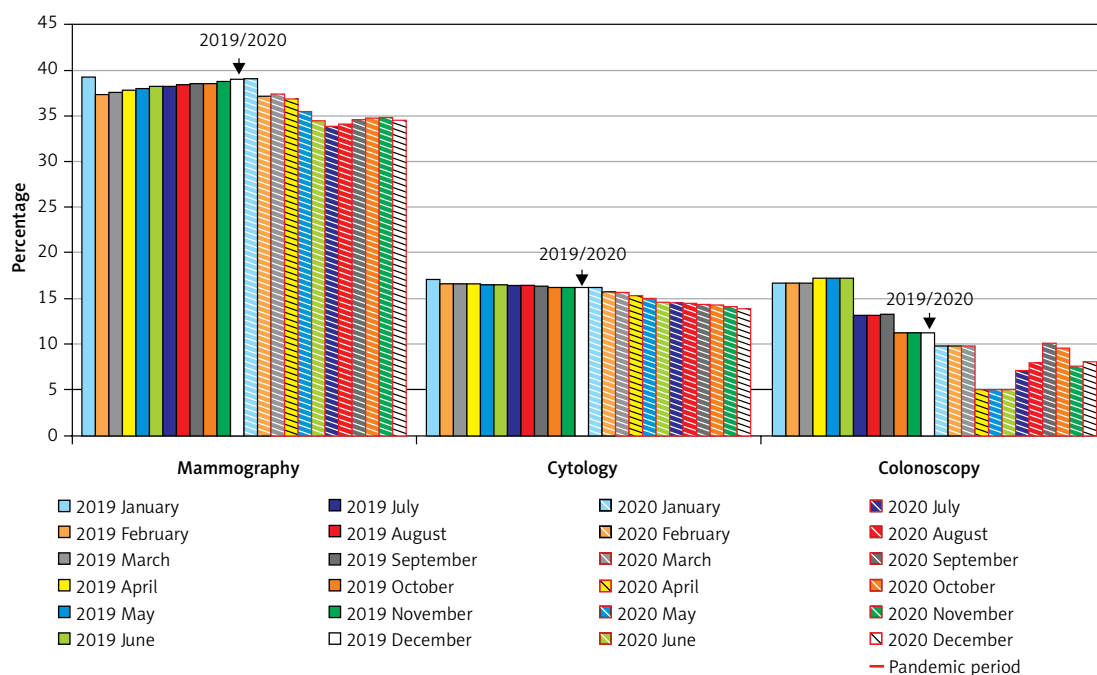
Paweł Koczkodaj PhD  
Maria Skłodowska-Curie  
National Research  
Institute of Oncology  
Warsaw, Poland  
E-mail: [pawel.koczkodaj@gmail.com](mailto:pawel.koczkodaj@gmail.com)

While a vast majority of countries put much more effort into the fight against the SARS-CoV-2 virus, crucial changes connected with the current epidemiological situation have appeared in other important public health areas – including in cancer prevention. Long term effects of suspended screening may have far-reaching health consequences.

Maringe *et al.* [1] warned that in the UK a significant increase in cancer deaths due to delays in screening is expected. Despite distinct differences between the UK and Polish health care systems, we can also assume a similar scenario in the case of Poland. Since the start of the COVID-19 pandemic in Poland – the beginning of March 2020 – a visible decrease in screening coverage in Poland has been observed, similarly to almost every country. At the beginning, lockdown in Poland was characterized by a significant limitation of planned medical procedures performed across the country, including cancer screening. Apart from that, on March 20<sup>th</sup> 2020, the Polish government officially introduced in the whole country a state of epidemic, which was combined with e.g. transformation of selected medical entities into specialized facilities dedicated solely for COVID-19 diagnosis and treatment. Moreover, the Polish authorities also decided to introduce restrictions concerning movement of people which enhanced the effect of lowering participation in screening programs as well [2].

In general, the described decrease is continuing also after the end of the national lockdown in May/June 2020 (Figure 1) [3, 4]. In the case of Poland the discussed drop was particularly visible in the case of colorectal cancer screening – which may be connected with use of a specific, more invasive medical procedure – colonoscopy (in comparison with cytology and mammography). Even though in July, August and September 2020 an increase in participation rates was visible, the differences in pre-pandemic and pandemic periods are the biggest in the case of colonoscopy.

The coronavirus pandemic has distorted the basic value of cancer screening – early detection and prevention. To avoid disastrous health, economical, and social consequences, immediate health policy actions are needed, especially as the estimates presented in Maringe *et al.*'s article may be higher for Polish patients due to multiplication of the pandemic effect and the baseline low screening coverage, which was considered as low or very low before.



**Figure 1.** Cancer screening in Poland in 2019 and 2020 (mammography, cytology – coverage rate; colonoscopy – participation rate) [3, 4]

One of the key unanswered questions to guide these health policy actions is to estimate the risk of SARS-CoV-2 virus transmission and COVID-19 disease associated with participation in cancer screening programs – especially in the face of the next – already 3<sup>rd</sup> – wave of the pandemic.

### Acknowledgments

This work was further supported by the Maria Skłodowska-Curie National Research Institute of Oncology subsidy from the Ministry of Science and Higher Education.

### Conflict of interest

The authors declare no conflict of interest.

### References

1. Maringe C, Spicer J, Morris M, et al. The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study. *Lancet Oncol* 2020; 21: 1023-34.
2. Official website of the Polish government – <https://www.gov.pl/web/koronawirus/wprowadzamy-stan-epidemii-w-polsce> accessed on March 10th 2021.
3. Data sourced from the National Health Fund in Poland, <https://www.nfz.gov.pl/dla-pacjenta/programy-profilaktyczne/dane-o-realizacji-programow/> accessed on February 3rd 2021,
4. Data sourced from the Colorectal cancer population screening program in Poland (on demand) supervised by the Maria Skłodowska-Curie National Research Institute of Oncology in Warsaw, Poland.