

## Breast Cancer Screening for Women in Their 40s Reduces Mortality

**A** *Lancet Oncology* study of more than 160,000 participants indicates that screening women in their 40s for breast cancer reduces mortality with a minimal amount of overdiagnoses.<sup>1</sup>

Queen Mary University of London researchers conducted a new analysis of The UK Breast Screening Age Trial, which between 1990 and 1997 randomized participants aged 39 to 41 years to receive either annual mammography or the usual British National Health Services screening. The latter breast screening starts with mammograms at the age of 50 and screens women every 3 years through age 70.

This new analysis examined data from 23 years of follow-up from the initial trial. Findings show that screening women aged 40 to 49 led to a significant 25% reduction in breast cancer mortality in the first 10 years. The total years of life saved in the breast cancer intervention group was approximately 620, or 11.5 years per 1000 women.

In addition, modest overdiagnosis was observed in the younger age group, and findings show those overdiagnosed cancers also would otherwise be diagnosed starting at age 50.

As a result, researchers concluded that screening in the 40- to 49-year age group does not increase overdiagnoses beyond those occurring in women aged 50 years or older.

The mortality benefit is primarily seen in the first 10 years; study findings show, however, that a reduction continues to persist in the long term with approximately 1 life saved per 1000 women screened. Because mammography technology has improved since the 1990s, the benefits of current screening are likely higher than those observed in this trial, researchers add. Further study is necessary to determine whether progress in breast cancer early detection technology and treatment would have an impact on screening-related mortality reduction in this younger age group. Researchers did not consider the cost-effectiveness of screening at lower ages for this study.

### Reference

1. Duffy S, Vulkan D, Cuckle H, et al. Effect of mammographic screening from age 40 years on breast cancer mortality (UK Age trial): final results of a randomised, controlled trial. *Lancet Oncol.* 2020;21:1165-1172. doi:10.1016/S1470-2045(20)30528-3Share

DOI: 10.1002/cncr.33439

## Poor COVID-19 Outcomes and Deaths Linked to Advanced Age and Pre-existing Conditions

**P**oorer outcomes and higher death rates in patients with cancer and COVID-19 may be attributable more to older age and higher numbers of underlying conditions than the cancer itself, according to a study presented at the Conference on Coronavirus Diseases of the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) last September.

Researchers retrospectively analyzed a cohort of 435 patients with cancer and COVID-19 from a total of 3071 patients enrolled between March and August 2020. The data came from the Lean European Open Survey on SARS-CoV-2 Infected Patients registry. The German Society for Infectious Diseases and ESCMID's Emerging Infections Task Force created the registry to gather reliable clinical data to answer critical questions about COVID-19.

Led by Maria Rüttrich, MD (Jena University Hospital, Germany), the study's median observational period of 14 days included baseline characteristics of socio-demographics, comorbidities, and Eastern Cooperative Oncology Group (ECOG) Performance Status scores (which measured the functional status of patients with cancer), as well as outcomes of COVID-19. Most patients were aged 76 to 85 years (36.5%) and female (41%) and had an ECOG score of 2, meaning that they were capable of limited self-care and were confined to a bed or chair for more than 50% of the day. Fifty-nine percent of the patients had solid tumors, whereas 18% had lymphoma and 11% had leukemia. Additionally, 54% had an active malignant disease and 22% had received anticancer treatment within the last 3 months after testing positive for SARS-CoV-2.



Progression to complicated/critical phases of COVID-19 was observed in 55% of patients; 28% received critical care, with 66% percent of these patients requiring mechanical ventilation. The COVID-19 mortality rate was 23%, with men twice as likely to die as women (28% vs 14%). Active cancer disease also was associated with a higher mortality rate from COVID-19 in comparison with patients who did not have recurrent or metastatic cancer or were actively being treated (27% vs 17%).

Notably, in comparison with patients who did not have cancer, age and comorbidities differed significantly. The patients without cancer were younger and had fewer comorbidities. Furthermore, survival at 30 days was worse for patients with cancer than those without cancer (70% vs 77%), and the mortality rate was higher (23% vs 14%). When researchers adjusted for age, sex, and comorbidity, however, COVID-19 survival and mortality from COVID-19 in patients with cancer were comparable in patients with cancer and those who did not have cancer.

DOI: 10.1002/cncr.33441

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