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RECORD 1

Delayed cancer diagnoses and high mortality in children during the COVID-19 pandemic

Ding Y.-Y., Ramakrishna S., Long A.H., Phillips C.A., Montiel-Esparza R., Diorio C.J., Bailey L.C., Maude S.L., Aplenc R., Batra V., Reilly A.F., Rheingold S.R., Lacayo N.J., Sakamoto K.M., Hunger S.P.

Pediatric Blood and Cancer (2020) 67:9 Article Number: e28427. Date of Publication: 1 Sep 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2005439962&from=export

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RECORD 2

Post-lockdown management of oncological priorities and postponed radiation therapy following the COVID-19 pandemic: Experience of the Institut Curie

Beddok A., Calugaru V., Minsat M., Dendale R., De Oliveira A., Costa É., Goudjil F., Belshi R., Pierrat N., Rochas C., Gravigny A.C., Soisick L., Colella Fleury H., Créhange G.

Radiotherapy and Oncology (2020) 150 (12-14). Date of Publication: 1 Sep 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2006773562&from=export

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RECORD 3

Immunosuppression in hematological cancer patients with Covid-19 —Uncomplicated infections but delayed viral clearance?

Boyd K., Parcell B., Tauro S.

Leukemia Research (2020) 96 Article Number: 106407. Date of Publication: 1 Sep 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2006972524&from=export

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RECORD 4

Delayed melanoma diagnosis in the COVID-19 era: Increased breslow thickness in primary melanomas seen after the COVID-19 lockdown

Ricci F., Fania L., Paradisi A., Di Lella G., Pallotta S., Sobrino L., Panebianco A., Annessi G., Abeni D.

Journal of the European Academy of Dermatology and Venereology : JEADV (2020). Date of Publication: 11 Aug 2020

For Malignant Melanoma (MM), the Breslow thickness and the presence of ulceration

are important elements for determining the staging and prognosis1 . Skin cancer screening and dermoscopic examination allowed an earlier recognition of cutaneous MM, causing especially an over-detection of thin lesions, without a proportional decline in later-stage disease2 . Furthermore, the incidence of thicker MMs does not seem to be decreasing3;4 .

EMBASE LINK

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RECORD 5

Has COVID-19 Delayed the Diagnosis and Worsened the Presentation of Type 1 Diabetes in Children?

Rabbone I., Schiaffini R., Cherubini V., Maffeis C., Scaramuzza A.

Diabetes care (2020). Date of Publication: 10 Aug 2020

OBJECTIVE: To evaluate whether the diagnosis of pediatric type 1 diabetes or its acute complications changed during the early phase of the coronavirus disease 2019 (COVID-19) pandemic in Italy. RESEARCH DESIGN AND METHODS: This was a cross-sectional, Web-based survey of all Italian pediatric diabetes centers to collect diabetes, diabetic ketoacidosis (DKA), and COVID-19 data in patients presenting with new-onset or established type 1 diabetes between 20 February and 14 April in 2019 and 2020. RESULTS: Fifty-three of 68 centers (77.9%) responded. There was a 23% reduction in new diabetes cases in 2020 compared with 2019. Among those newly diagnosed patient who presented in a state of DKA, the proportion with severe DKA was 44.3% in 2020 vs. 36.1% in 2019 (P = 0.03). There were no differences in acute complications. Eight patients with asymptomatic or mild COVID-19 had laboratory-confirmed severe acute respiratory syndrome coronavirus 2. CONCLUSIONS: The COVID-19 pandemic might have altered diabetes presentation and DKA severity. Preparing for any "second wave" requires strategies to educate and reassure parents about timely emergency department attendance for non-COVID-19 symptoms.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L632585333&from=export

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RECORD 6

Delayed COVID Respiratory Failure: What every front line healthcare worker needs to know

Hedges M.S., Jackson K.D., Matcha G.V., Ramakrishna J.M., Libertin C.R.

Romanian journal of internal medicine = Revue roumaine de medecine interne (2020). Date of Publication: 10 Aug 2020

The pandemic of COVID-19 has presented several diagnostic challenges in both recognition of acute disease and also the temporal presentation of disease convalescence with return to normal activity. We present a case of delayed clinical

progression of COVID-19 associated respiratory failure on day 25 after initial symptom onset and, notably, after initial full resolution of symptoms and negative RT-PCR nasopharyngeal testing. The patient's delayed presentation of exertional dyspnea and the utilization of specific characteristics of chest radiography in confirmation with laboratory cytokine measurement allowed for clinical re-categorization of the patient's status to active COVID-19 clinical disease and changed acute management. COVID-19 positive patients should be advised to continue to monitor for respiratory deterioration for a greatly extended period of time, even if RT-PCR testing is negative and initial clinical symptoms have resolved. Frontline healthcare workers, including first responders and primary care providers, also need to be aware to monitor for and recognize this delayed presentation.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L632589851&from=export

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RECORD 7

Delay in Diagnosis of Barrett's Esophagus Cancer During the COVID-19 Pandemic: Lessons Learned

Trindade A.J., Rishi A.

The American journal of gastroenterology (2020). Date of Publication: 6 Aug 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L632579140&from=export

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RECORD 8

Treatment of patients with inflammatory rheumatic diseases with rituximab should be carefully considered during the SARS-CoV-2/COVID-19 pandemic. Response to: 'Persistence of rT-PCR-SARS-CoV-2 infection and delayed serological response, as a possible effect of rituximab according to the hypothesis of Schulze-Koops et al' by Benucci et al

Schulze-Koops H., Krueger K., Vallbracht I.V., Hasseli R., Skapenko A.

Annals of the rheumatic diseases (2020). Date of Publication: 4 Aug 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L632538448&from=export

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RECORD 9

In-Hospital Delays for Acute Stroke Treatment Delivery during the COVID-19 Pandemic

Katsanos A.H., de Sa Boasquevisque D., Ahmed Al-Qami M., Shawawrah M., McNicoll-Whiteman R., Gould L., Van Adel B., Sahlas D.J., Ng K.K.H., Perera K., Sharma M., Oczkowski W., Pikula A., Shoamanesh A., Catanese L.

The Canadian journal of neurological sciences. Le journal canadien des sciences

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neurologiques (2020) (1-17). Date of Publication: 3 Aug 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L632509205&from=export

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RECORD 10
COVID-19 threatens to cause collateral delay in cancer diagnosis
Miranda D.L.P., Nogueira-Rodrigues A., Fagundes T.P., Albuquerque R.M., Landeiro L.C.G.
Sao Paulo medical journal = Revista paulista de medicina (2020). Date of Publication: 3 Aug 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L632545446&from=export

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RECORD 11
Letter to the Editor: Intragastric Balloon Removal During the COVID-19 Pandemic: to Postpone or Not? That Is the Question
Chiappetta S., De Seta M., Rice M., Bottino V.
Obesity Surgery (2020) 30:8 (3224-3225). Date of Publication: 1 Aug 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2004804783&from=export

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RECORD 12
Time-sensitive ambulatory orthopaedic soft-tissue surgery paradigms during the COVID-19 pandemic
Ding B.T.K., Decruz J., Kunnasegaran R.
International Orthopaedics (2020) 44:8 (1531-1538). Date of Publication: 1 Aug 2020

Purpose: Timing of surgery for orthopaedic injuries continues to evolve, as an improved understanding of biology, healing, and technological advances continues to challenge historical norms. With the growing COVID-19 pandemic stretching limited healthcare resources, postponing surgery becomes an inevitable and unenviable task for most orthopaedic surgeons, and a shift in outpatient paradigms is required to mitigate poor outcomes in patients. Methods: A scoping review of five databases on surgical timing and orthopaedic soft-tissue injuries was performed. All randomized controlled trials, longitudinal cohort studies, retrospective case series, systematic reviews, meta-analyses, and expert opinions were included for review, with 65 studies meeting the inclusion criteria. Results: Better outcomes appear to be associated with early surgery for subluxations (< 1 week), recurrent dislocations (> 2 episodes), ligamentous and tendinous injuries (< 2 weeks), and bony avulsion injuries (< 3 weeks). Spinal conditions with neurological compromise should be operated on within 24 hours and spinal

instability within 72 hours to reduce the risk of complications and poor outcomes. Conclusion: Most soft-tissue orthopaedic injuries can be managed with outpatient ambulatory surgery in a semi-elective setting. As the paradigm for outpatient surgery shifts due to technological advances and the COVID-19 pandemic, it is critical for surgeons to time their surgery appropriately to maintain the high standards of orthopaedic practice.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2004937196&from=export

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RECORD 13

Delayed diagnosis of paediatric appendicitis during the COVID-19 pandemic

Snapiri O., Rosenberg Danziger C., Krause I., Kravarusic D., Yulevich A., Balla U., Bilavsky E.

Acta Paediatrica, International Journal of Paediatrics (2020) 109:8 (1672-1676). Date of Publication: 1 Aug 2020

Aim: To present seven paediatric patients with appendicitis, all with late diagnosis resulting from different aspects of the fear from the current global COVID-19 pandemic. Methods: Cases were collected from three paediatric surgical wards. Comparison between complicated appendicitis rates in the COVID-19 era and similar period in previous year was performed. Results: All seven children presented with complicated appendicitis. Main reasons for the delayed diagnosis during the COVID-19 era were parental concern, telemedicine use and insufficient evaluation. Higher complication rates were found during the COVID-19 era compared to similar period in previous year (22% vs 11%, P-value.06). Conclusion: The fear from COVID-19 pandemic may result in delayed diagnosis and higher complication rates in common paediatric medical conditions. We believe caregivers and healthcare providers should not withhold necessary medical care since delay in diagnosis and treatment in these routinely seen medical emergencies may become as big of a threat as COVID-19 itself.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2005168253&from=export

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RECORD 14

Collateral effects of COVID-19 pandemic in pediatric hematooncology: Fatalities caused by diagnostic delay

Parasole R., Stellato P., Conter V., De Matteo A., D'Amato L., Colombini A., Pecoraro C., Bencivenga C., Raimondo M., Silvestri S., Tipo V., Annicchiarico Petruzzelli L., Giagnuolo G., Curatolo A., Biondi A., Menna G.

Pediatric Blood and Cancer (2020) 67:8 Article Number: e28482. Date of Publication: 1 Aug 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2005195563&from=

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RECORD 15

Purposeful surgical delay and the coronavirus pandemic: how will black breast cancer patients fare?

Obeng-Gyasi S., Oppong B., Paskett E.D., Lustberg M.

Breast Cancer Research and Treatment (2020) 182:3 (527-530). Date of Publication: 1 Aug 2020

Purpose: The Coronavirus pandemic has exposed substantial racial and ethnic health and healthcare disparities. Black breast cancer patients face significant disparities in stage of presentation, surgical management, and mortality. The objective of this editorial is to examine the possible implications of the surgical delay imposed by the pandemic on black breast cancer patients. Methods: The American College of Surgeons, the Society of Surgical Oncology, and the American Society of Breast Surgeons recommendations for surgical delay during the Coronavirus Disease 2019 (COVID-19) were evaluated and discussed. Results: Guidelines by major surgical organizations on surgical delay for breast cancer patients may inadvertently exacerbate disparities in time to surgery for black breast cancer patients. Our recommendations to better characterize the impact of these guidelines on surgical delay among vulnerable populations include the following: (1) track time from biopsy-proven diagnosis to surgery by race and ethnicity, (2) document patient and institution-related reasons for surgical delay, (3) record patient and disease-related variables/reasons for the selection of breast conservation surgery, mastectomy, and reconstruction by race and ethnicity, and (4) collect data on impactful social determinants of health such as financial reserve, housing conditions, stress, and transportation. Conclusions: The COVID-19 pandemic may exacerbate delays in time to surgery among black breast cancer patients. Surgeons should incorporate collection of social determinants of health into their clinical practice to better understand the impact of COVID-19 on racial and ethnic disparities in surgical management.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2005267080&from=export

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RECORD 16

The painful cost of cancelling surgery due to COVID-19- can we do anything about it?

Ding A., Onida S., Davies A.H.

British Journal of Surgery (2020) 107:9 (e336). Date of Publication: 1 Aug 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2005561620&from=export

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RECORD 17

Beware of Time Delay and Differential Diagnosis when Screening for Symptoms of COVID-19 in Surgical Cancer Patients

Ghannam A., Souadka A.

Journal of the American College of Surgeons (2020) 231:2 (303). Date of Publication: 1 Aug 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2005845652&from=export

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RECORD 18

Re: Low-dose corticosteroid therapy does not delay viral clearance in patients with COVID-19

Jung J., Oh D.K., Ahn J.H., Hong S.-B., Sung H., Kim M.-N., Kim S.-H.

Journal of Infection (2020) 81:2 (e79-e81). Date of Publication: 1 Aug 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2005924582&from=export

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RECORD 19

Cancer treatment during the coronavirus disease 2019 pandemic: Do not postpone but decide wisely

Huillard O., Goldwasser F.

European Journal of Cancer (2020) 135 (51). Date of Publication: 1 Aug 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2006152785&from=export

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RECORD 20

Collateral damage: the impact on outcomes from cancer surgery of the COVID-19 pandemic

Sud A., Jones M.E., Broggio J., Loveday C., Torr B., Garrett A., Nicol D.L., Jhanji S., Boyce S.A., Gronthoud F., Ward P., Handy J.M., Yousaf N., Larkin J., Suh Y.-E., Scott S., Pharoah P.D.P., Swanton C., Abbosh C., Williams M., Lyratzopoulos G., Houlston R., Turnbull C.

Annals of Oncology (2020) 31:8 (1065-1074). Date of Publication: 1 Aug 2020

Background: Cancer diagnostics and surgery have been disrupted by the response of health care services to the coronavirus disease 2019 (COVID-19) pandemic. Progression of cancers during delay will impact on patients' long-term survival. Patients and methods: We generated per-day hazard ratios of cancer progression from observational studies and applied these to age-specific, stage-specific cancer survival for England 2013–2017. We modelled per-patient delay of 3 and 6 months and periods

of disruption of 1 and 2 years. Using health care resource costing, we contextualise attributable lives saved and life-years gained (LYGs) from cancer surgery to equivalent volumes of COVID-19 hospitalisations. Results: Per year, 94 912 resections for major cancers result in 80 406 long-term survivors and 1 717 051 LYGs. Per-patient delay of 3/6 months would cause attributable death of 4755/10 760 of these individuals with loss of 92 214/208 275 life-years, respectively. For cancer surgery, average LYGs per patient are 18.1 under standard conditions and 17.1/15.9 with a delay of 3/6 months (an average loss of 0.97/2.19 LYGs per patient), respectively. Taking into account health care resource units (HCRUs), surgery results on average per patient in 2.25 resource-adjusted life-years gained (RALYGs) under standard conditions and 2.12/1.97 RALYGs following delay of 3/6 months. For 94 912 hospital COVID-19 admissions, there are 482 022 LYGs requiring 1 052 949 HCRUs. Hospitalisation of community-acquired COVID-19 patients yields on average per patient 5.08 LYG and 0.46 RALYGs. Conclusions: Modest delays in surgery for cancer incur significant impact on survival. Delay of 3/6 months in surgery for incident cancers would mitigate 19%/43% of LYGs, respectively, by hospitalisation of an equivalent volume of admissions for community-acquired COVID-19. This rises to 26%/59%, respectively, when considering RALYGs. To avoid a downstream public health crisis of avoidable cancer deaths, cancer diagnostic and surgical pathways must be maintained at normal throughput, with rapid attention to any backlog already accrued.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2006926044&from=export

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RECORD 21

How Many Lives Will Delay of Colon Cancer Surgery Cost During the COVID-19 Pandemic? An Analysis Based on the US National Cancer Database

Larson D.W., Abd El Aziz M.A., Mandrekar J.N.

Mayo Clinic Proceedings (2020) 95:8 (1805-1807). Date of Publication: 1 Aug 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2007251542&from=export

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RECORD 22

The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study

Maringe C., Spicer J., Morris M., Purushotham A., Nolte E., Sullivan R., Rachet B., Aggarwal A.

The Lancet Oncology (2020) 21:8 (1023-1034). Date of Publication: 1 Aug 2020

Background: Since a national lockdown was introduced across the UK in March, 2020, in response to the COVID-19 pandemic, cancer screening has been suspended, routine diagnostic work deferred, and only urgent symptomatic cases prioritised for diagnostic intervention. In this study, we estimated the impact of delays in diagnosis on cancer

survival outcomes in four major tumour types. Methods: In this national population-based modelling study, we used linked English National Health Service (NHS) cancer registration and hospital administrative datasets for patients aged 15–84 years, diagnosed with breast, colorectal, and oesophageal cancer between Jan 1, 2010, and Dec 31, 2010, with follow-up data until Dec 31, 2014, and diagnosed with lung cancer between Jan 1, 2012, and Dec 31, 2012, with follow-up data until Dec 31, 2015. We use a routes-to-diagnosis framework to estimate the impact of diagnostic delays over a 12-month period from the commencement of physical distancing measures, on March 16, 2020, up to 1, 3, and 5 years after diagnosis. To model the subsequent impact of diagnostic delays on survival, we reallocated patients who were on screening and routine referral pathways to urgent and emergency pathways that are associated with more advanced stage of disease at diagnosis. We considered three reallocation scenarios representing the best to worst case scenarios and reflect actual changes in the diagnostic pathway being seen in the NHS, as of March 16, 2020, and estimated the impact on net survival at 1, 3, and 5 years after diagnosis to calculate the additional deaths that can be attributed to cancer, and the total years of life lost (YLLs) compared with pre-pandemic data. Findings: We collected data for 32 583 patients with breast cancer, 24 975 with colorectal cancer, 6744 with oesophageal cancer, and 29 305 with lung cancer. Across the three different scenarios, compared with pre-pandemic figures, we estimate a 7·9–9·6% increase in the number of deaths due to breast cancer up to year 5 after diagnosis, corresponding to between 281 (95% CI 266–295) and 344 (329–358) additional deaths. For colorectal cancer, we estimate 1445 (1392–1591) to 1563 (1534–1592) additional deaths, a 15·3–16·6% increase; for lung cancer, 1235 (1220–1254) to 1372 (1343–1401) additional deaths, a 4·8–5·3% increase; and for oesophageal cancer, 330 (324–335) to 342 (336–348) additional deaths, 5·8–6·0% increase up to 5 years after diagnosis. For these four tumour types, these data correspond with 3291–3621 additional deaths across the scenarios within 5 years. The total additional YLLs across these cancers is estimated to be 59 204–63 229 years. Interpretation: Substantial increases in the number of avoidable cancer deaths in England are to be expected as a result of diagnostic delays due to the COVID-19 pandemic in the UK. Urgent policy interventions are necessary, particularly the need to manage the backlog within routine diagnostic services to mitigate the expected impact of the COVID-19 pandemic on patients with cancer. Funding: UK Research and Innovation Economic and Social Research Council.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2007326538&from=export

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RECORD 23

Cancer diagnostic delay in the COVID-19 era: what happens next?

Hamilton W.

The Lancet Oncology (2020) 21:8 (1000-1002). Date of Publication: 1 Aug 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2007326542&from=export

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RECORD 24

Effect of delays in the 2-week-wait cancer referral pathway during the COVID-19 pandemic on cancer survival in the UK: a modelling study

Sud A., Torr B., Jones M.E., Broggio J., Scott S., Loveday C., Garrett A., Gronthoud F., Nicol D.L., Jhanji S., Boyce S.A., Williams M., Riboli E., Muller D.C., Kipps E., Larkin J., Navani N., Swanton C., Lyratzopoulos G., McFerran E., Lawler M., Houlston R., Turnbull C.

The Lancet Oncology (2020) 21:8 (1035-1044). Date of Publication: 1 Aug 2020

Background: During the COVID-19 lockdown, referrals via the 2-week-wait urgent pathway for suspected cancer in England, UK, are reported to have decreased by up to 84%. We aimed to examine the impact of different scenarios of lockdown-accumulated backlog in cancer referrals on cancer survival, and the impact on survival per referred patient due to delayed referral versus risk of death from nosocomial infection with severe acute respiratory syndrome coronavirus 2. Methods: In this modelling study, we used age-stratified and stage-stratified 10-year cancer survival estimates for patients in England, UK, for 20 common tumour types diagnosed in 2008–17 at age 30 years and older from Public Health England. We also used data for cancer diagnoses made via the 2-week-wait referral pathway in 2013–16 from the Cancer Waiting Times system from NHS Digital. We applied per-day hazard ratios (HRs) for cancer progression that we generated from observational studies of delay to treatment. We quantified the annual numbers of cancers at stage I–III diagnosed via the 2-week-wait pathway using 2-week-wait age-specific and stage-specific breakdowns. From these numbers, we estimated the aggregate number of lives and life-years lost in England for per-patient delays of 1–6 months in presentation, diagnosis, or cancer treatment, or a combination of these. We assessed three scenarios of a 3-month period of lockdown during which 25%, 50%, and 75% of the normal monthly volumes of symptomatic patients delayed their presentation until after lockdown. Using referral-to-diagnosis conversion rates and COVID-19 case-fatality rates, we also estimated the survival increment per patient referred. Findings: Across England in 2013–16, an average of 6281 patients with stage I–III cancer were diagnosed via the 2-week-wait pathway per month, of whom 1691 (27%) would be predicted to die within 10 years from their disease. Delays in presentation via the 2-week-wait pathway over a 3-month lockdown period (with an average presentational delay of 2 months per patient) would result in 181 additional lives and 3316 life-years lost as a result of a backlog of referrals of 25%, 361 additional lives and 6632 life-years lost for a 50% backlog of referrals, and 542 additional lives and 9948 life-years lost for a 75% backlog in referrals. Compared with all diagnostics for the backlog being done in month 1 after lockdown, additional capacity across months 1–3 would result in 90 additional lives and 1662 live-years lost due to diagnostic delays for the 25% backlog scenario, 183 additional lives and 3362 life-years lost under the 50% backlog scenario, and 276 additional lives and 5075 life-years lost under the 75% backlog scenario. However, a delay in additional diagnostic capacity with provision spread across months 3–8 after lockdown would result in 401 additional lives and 7332 life-years lost due to diagnostic delays under the 25% backlog scenario, 811 additional lives and 14 873 life-years lost under the 50% backlog scenario, and 1231 additional lives and 22 635 life-years lost under the 75% backlog scenario. A 2-month delay in 2-

week-wait investigatory referrals results in an estimated loss of between 0·0 and 0·7 life-years per referred patient, depending on age and tumour type. Interpretation: Prompt provision of additional capacity to address the backlog of diagnostics will minimise deaths as a result of diagnostic delays that could add to those predicted due to expected presentational delays. Prioritisation of patient groups for whom delay would result in most life-years lost warrants consideration as an option for mitigating the aggregate burden of mortality in patients with cancer. Funding: None.
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2007326549&from=export

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RECORD 25
Surge in Delayed Myocardial Infarction Presentations: An Inadvertent Consequence of Social Distancing During the COVID-19 Pandemic
Shah K., Tang D., Ibrahim F., Ghosh B., Bhatti S., Akhabue E., Vagaonescu T., Zakir R., Hakeem A.
JACC: Case Reports (2020) 2:10 (1642-1647). Date of Publication: 1 Aug 2020

This case series summarizes our experience of delayed acute myocardial infarction presentations during the coronavirus disease-2019 pandemic predominantly driven by patient fear of contracting the virus in the hospital. Many presented with complications rarely seen in the primary percutaneous coronary intervention era including ventricular septal rupture, left ventricular pseudoaneurysm, and right ventricular infarction. (Level of Difficulty: Beginner.) This case series summarizes our experience of delayed acute myocardial infarction presentations during the coronavirus disease-2019 pandemic predominantly...
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2007437723&from=export

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RECORD 26
Diagnostic Delay During the COVID-19 Pandemic: Liver Abscess Secondary to Acute Lithiasic Cholecystitis
Retraso diagnóstico durante la pandemia por COVID-19: absceso hepático secundario a colecistitis aguda litiásica
García Virosta M., Ortega I., Ferrero E., Picardo A.L.
Cirugia espanola (2020) 98:7 (409). Date of Publication: 1 Aug 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L631830607&from=export

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RECORD 27
Delayed Laboratory Response to COVID-19 Caused by Molecular Diagnostic

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Contamination
Mögling R., (10)(2e)., Berginc N., Bruisten S., Charrel R., Coutard B., Eckerle I., Enouf V., Hungnes O., Korukluoglu G., Kossyvakis T., Mentis A., Molenkamp R., Muradrasoli S., Papa A., Pigny F., Thirion L., van der Werf S., Reusken C.
Emerging infectious diseases (2020) 26:8 (1944-1946). Date of Publication: 1 Aug 2020

The emergence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) created an exceptional situation in which numerous laboratories in Europe simultaneously implemented SARS-CoV-2 diagnostics. These laboratories reported in February 2020 that commercial primer and probe batches for SARS-CoV-2 detection were contaminated with synthetic control material, causing delays of regional testing roll-out in various countries.
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L631838955&from=export

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RECORD 28
COVID-19 Delays Cancer Screenings
Cancer discovery (2020) 10:8 (OF4). Date of Publication: 1 Aug 2020

In recent months, the COVID-19 pandemic has caused many institutions to pause routine cancer screenings-delays that may not be problematic for patients but can create challenges for healthcare providers.
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L632018150&from=export

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RECORD 29
Patients' Perceptions on Surgical Care Suspension for Pelvic Floor Disorders During the COVID-19 Pandemic
Mou T., Brown O., Gillingham A., Geynisman-Tan J., Collins S., Lewicky-Gaupp C., Mueller M.G., Kenton K., Bretschneider C.E.
Female pelvic medicine & reconstructive surgery (2020) 26:8 (477-482). Date of Publication: 1 Aug 2020

OBJECTIVES: The primary objective of the study was to evaluate patients' attitudes toward the postponement of their scheduled procedures for pelvic floor disorders (PFD) because of the COVID-19 pandemic. Secondary objectives were to identify patients who were upset with the postponement of their PFD procedures and to identify factors that are associated with being upset because of the delay in care. METHODS: This was a cross-sectional, survey-based study of women from a single urban, academic practice using a novel questionnaire. The study cohort included women whose PFD surgeries or office procedures were postponed between March 17 and April 30, 2020. RESULTS: Ninety-eight women had surgeries postponed; 68 (70%) responded to our

questionnaire. Nearly half of the respondents (32/68, 47.1%) were upset about their procedures being postponed. Upset patients reported a greater impact of PFD symptoms on their mood than those who were not upset (P=0.002). Those who were upset were also more likely to report feelings of isolation (P=0.006), fear that their PFD would worsen because of delayed care (P < 0.001), and anxiety over surgery postponement (P < 0.001) than those who were not upset about the delays. When controlling for anxiety, social isolation, and impact of PFD symptom, anxiety (adjusted odds ratio = 15.7; 95% confidence interval = 3.7-66.6) and feeling of isolation (adjusted odds ratio = 9.7; 95% confidence interval = 1.5-63.7) remained associated with increased odds of being upset because of procedure delays. CONCLUSIONS: Half of women whose pelvic reconstructive procedures were postponed because of the COVID-19 pandemic were upset because of the delay in care, especially those who are emotionally and socially vulnerable during the COVID-19 pandemic.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L632245562&from=export

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RECORD 30

Early impact of the COVID-19 pandemic on acute stroke treatment delays

Neves Briard J., Ducroux C., Jacquin G., Alesefir W., Boisseau W., Daneault N., Deschaintre Y., Eneling J., Gioia L.C., Iancu D., Odier C., Raymond J., Roy D., Stapf C., Weill A., Poppe A.Y.

The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques (2020) (1-15). Date of Publication: 23 Jul 2020

This is an observational cohort study comparing 156 patients evaluated for acute stroke between March 30th and May 31st 2020 at a comprehensive stroke center with 138 patients evaluated during the corresponding time period in 2019. During the pandemic, the proportion of COVID- 19 positive patients was low (3%), the time from symptom-onset to hospital presentation was significantly longer, and a smaller proportion of patients underwent reperfusion therapy. Among patients directly evaluated at our institution, door-to-needle and door-to-recanalization metrics were significantly longer. Our findings support concerns that the current pandemic may have a negative impact on the management of acute stroke.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L632424732&from=export

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RECORD 31

Pan-Family Assays for Rapid Viral Screening: Reducing Delays in Public Health Responses During Pandemics

Erlichster M., Chana G., Zantomio D., Goudey B., Skafidas E.

Clinical infectious diseases : an official publication of the Infectious Diseases Society of America (2020). Date of Publication: 20 Jul 2020

BACKGROUND: COVID-19 has highlighted deficiencies in the testing capacity of many developed countries during the early stages of pandemics. Here we describe a strategy utilizing pan-family viral assays to improve early accessibility of large-scale nucleic acid testing. METHODS: Coronaviruses and SARS-CoV-2 were used as a case-study for assessing utility of pan-family viral assays during the early stages of a novel pandemic. Specificity of a pan-coronavirus (Pan-CoV) assay for a novel pathogen was assessed using the frequency of common human coronavirus (HCoV) species in key populations. A reported Pan-CoV assay was assessed to determine sensitivity to 60 reference coronaviruses, including SARS-CoV-2. The resilience of the primer target regions of this assay to mutation was assessed in 8893 high-quality SARS-CoV-2 genomes to predict ongoing utility during pandemic progression. RESULTS: Due to common HCoV species, a Pan-CoV assay would return false positives for as few as 1% of asymptomatic adults, but up to 30% of immunocompromised patients with respiratory disease. Half of reported Pan-CoV assays identify SARS-CoV-2 and with small adjustments can accommodate diverse variation observed in animal coronaviruses. The target region of one well established Pan-CoV assay is highly resistant to mutation compared to species-specific SARS-CoV-2 RT-PCR assays. CONCLUSIONS: Despite cross-reactivity with common pathogens, pan-family assays may greatly assist management of emerging pandemics through prioritization of high-resolution testing or isolation measures. Targeting highly conserved genomic regions make pan-family assays robust and resilient to mutation. A strategic stockpile of pan-family assays may improve containment of novel diseases prior to the availability of species-specific assays.
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L632399984&from=export

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RECORD 32
Has COVID-19 played an unexpected "stroke" on the chain of survival?
Naccarato M., Scali I., Olivo S., Ajčević M., Buoite Stella A., Furlanis G., Lugnan C., Caruso P., Peratoner A., Cominotto F., Manganotti P.
Journal of the Neurological Sciences (2020) 414 Article Number: 116889. Date of Publication: 15 Jul 2020

Background: The COVID-19 pandemics required several changes in stroke management and it may have influenced some clinical or functional characteristics. We aimed to evaluate the effects of the COVID-19 pandemics on stroke management during the first month of Italy lockdown. In addition, we described the emergency structured pathway adopted by an Italian University Hub Stroke Unit in the cross-border Italy-Slovenia area. Methods: We analyzed admitted patients' clinical features and outcomes between 9th March 2020 and 9th April 2020 (first month of lockdown), and compared them with patients admitted during the same period in 2019. Results: Total admissions experienced a reduction of 45% during the lockdown compared to the same period in 2019 (16 vs 29, respectively), as well as a higher prevalence of severe stroke (NIHSS>10) at admission (n = 8, 50% vs n = 8, 28%). A dramatic prevalence of stroke

of unknown symptom onset was observed in 2020 (n = 8, 50% vs n = 3, 10%). During lockdown, worse functional and independence outcomes were found, despite the similar proportion of reperfused patients. Similar 'symptoms alert-to-admission' and 'door-to-treatment' times were observed. During lockdown hospitalization was shorter and fewer patients completed the stroke work-up. Conclusion: In conclusion, the adopted strategies for stroke management during the COVID-19 emergency have suggested being effective, while suffering a reduced and delayed reporting of symptoms. Therefore, we recommend raising awareness among the population against possible stroke symptoms onset. Thus, think F.A.S.T. and do not stay-at-home at all costs.
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2005842876&from=export

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RECORD 33
Delayed referral of pediatric brain tumors during COVID-19 pandemic
Carai A., Locatelli F., Mastronuzzi A.
Neuro-oncology (2020). Date of Publication: 5 Jul 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L632263445&from=export

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RECORD 34
Effect of the COVID-19 pandemic on treatment delays in patients with st-segment elevation myocardial infarction
Reinstadler S.J., Reindl M., Lechner I., Holzknecht M., Tiller C., Roithinger F.X., Frick M., Hoppe U.C., Jirak P., Berger R., Delle-Karth G., Laßnig E., Klug G., Bauer A., Binder R., Metzler B.
Journal of Clinical Medicine (2020) 9:7 (1-10) Article Number: 2183. Date of Publication: 1 Jul 2020

Coronavirus disease 19 (COVID-19) and its associated restrictions could affect ischemic times in patients with ST-segment elevation myocardial infarction (STEMI). The objective of this study was to investigate the influence of the COVID-19 outbreak on ischemic times in consecutive all-comer STEMI patients. We included consecutive STEMI patients (n = 163, median age: 61 years, 27% women) who were referred to seven tertiary care hospitals across Austria for primary percutaneous coronary intervention between 24 February 2020 (calendar week 9) and 5 April 2020 (calendar week 14). The number of patients, total ischemic times and door-to-balloon times in temporal relation to COVID-19-related restrictions and infection rates were analyzed. While rates of STEMI admissions decreased (calendar week 9/10 (n = 69, 42%); calendar week 11/12 (n = 51, 31%); calendar week 13/14 (n = 43, 26%)), total ischemic times increased from 164 (interquartile range (IQR): 107–281) min (calendar week 9/10) to 237 (IQR: 141–560) min (calendar week 11/12) and to 275 (IQR: 170–590) min (calendar week 13/14) (p = 0.006). Door-to-balloon times were constant (p = 0.60).

There was a significant difference in post-interventional Thrombolysis in myocardial infarction (TIMI) flow grade 3 in patients treated during calendar week 9/10 (97%), 11/12 (84%) and 13/14 (81%; p = 0.02). Rates of in-hospital death and re-infarction were similar between groups (p = 0.48). Results were comparable when dichotomizing data on 10 March and 16 March 2020, when official restrictions were executed. In this cohort of all-comer STEMI patients, we observed a 1.7-fold increase in ischemic time during the outbreak of COVID-19 in Austria. Patient-related factors likely explain most of this increase. Counteractive steps are needed to prevent further cardiac collateral damage during the ongoing COVID-19 pandemic.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2004696205&from=export

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RECORD 35

SARS-CoV-2 infection anxieties and general population restrictions delay diagnosis and treatment of acute haematological malignancies

Molica M., Mazzone C., Cordone I., Pasquale A., Niscola P., de Fabritiis P.

British Journal of Haematology (2020) 190:1 (e5-e8). Date of Publication: 1 Jul 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2004965828&from=export

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RECORD 36

The impact of imposed delay in elective pediatric neurosurgery: an informed hierarchy of need in the time of mass casualty crisis

Ahluwalia R., Rocque B.G., Shannon C.N., Blount J.P.

Child's Nervous System (2020) 36:7 (1347-1355). Date of Publication: 1 Jul 2020

SARS-CoV-2 COVID-19, coronavirus, has created unique challenges for the medical community after national guidelines called for the cancellation of all elective surgery. While there are clear cases of elective surgery (benign cranial cosmetic defect) and emergency surgery (hemorrhage, fracture, trauma, etc.), there is an unchartered middle ground in pediatric neurosurgery. Children, unlike adults, have dynamic anatomy and are still developing neural networks. Delaying seemingly elective surgery can affect a child's already vulnerable health state by further impacting their neurocognitive development, neurologic functioning, and potential long-term health states. The purpose of this paper is to demonstrate that "elective" pediatric neurosurgery should be risk-stratified, and multi-institutional informed guidelines established.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2005002341&from=export

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RECORD 37

Embase®

Delayed benign surgery during the COVID-19 pandemic: the other side of the coin
La Torre M., Pata F., Gallo G.
British Journal of Surgery (2020) 107:8 (e258). Date of Publication: 1 Jul 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2005008881&from=export

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RECORD 38
Low-dose corticosteroid therapy does not delay viral clearance in patients with COVID-19
Fang X., Mei Q., Yang T., Li L., Wang Y., Tong F., Geng S., Pan A.
Journal of Infection (2020) 81:1 (147-178). Date of Publication: 1 Jul 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2005576061&from=export

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RECORD 39
Widespread Postponement of Functional Urology Cases During the COVID-19 Pandemic: Rationale, Potential Pitfalls, and Future Consequences
Phé V., Karsenty G., Robert G., Gamé X., Cornu J.-N.
European Urology (2020) 78:1 (4-5). Date of Publication: 1 Jul 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2005692261&from=export

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RECORD 40
Cancer treatment during the coronavirus disease 2019 pandemic: Do not postpone, do it!
Omarini C., Maur M., Luppi G., Narni F., Luppi M., Dominici M., Longo G., Piacentini F.
European Journal of Cancer (2020) 133 (29-32). Date of Publication: 1 Jul 2020

At the end of January 2020, a novel betacoronavirus, known as severe acute respiratory syndrome coronavirus 2, progressively spread in Italy. Patients with cancer are considered more prone to infections because of the immunosuppressive status due to both malignancy and anticancer treatments. From the first Italian government restrictions (23rd February), Modena Cancer Center adopted practical health vigilance recommendations to minimise the risk of exposure to the virus without overlooking cancer management. From 23rd February to 31st March 2020, 1257 patients on active anticancer treatment for oncological or haematological malignancies attended our institution. All the staff activities were rescheduled following our practical coronavirus disease 2019 (COVID-19) guideline. During this period, we have tallied 9 cases of COVID-19 infection (0.71%) in patients with cancer and 3 cases (1.66%) in health workers. The mortality rate of our patients with cancer was 22%, consistent with the

data reported in the literature. In conclusion, following our practical health vigilance recommendations, physicians should be confident in maintaining life-saving anticancer treatment without exceedingly increasing the risk of nosocomial COVID-19 infection. The high rate of mortality suggested that all patients on active anticancer treatment with flu-like symptoms have to be carefully screened for COVID-19 infection.
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2005892579&from=export

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RECORD 41
Letter to the Editor: Is COVID-19 the Cause of Delayed Surgical Treatment of Spine Trauma in Latin America?
Cabrera J.P., Yurac R., Guiroy A., Carazzo C.A., Joaquim A.F., Zamorano J.J., Valacco M.
World Neurosurgery (2020) 139 (724-725). Date of Publication: 1 Jul 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2005924381&from=export

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RECORD 42
Quantifying the improvement in confirmation efficiency of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) during the early phase of the outbreak in Hong Kong in 2020
Ran J., Zhao S., Zhuang Z., Chong M.K.C., Cai Y., Cao P., Wang K., Lou Y., Wang W., Gao D., Yang L., He D., Wang M.H.
International Journal of Infectious Diseases (2020) 96 (284-287). Date of Publication: 1 Jul 2020

Backgrounds: The emerging virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), caused a large outbreak of coronavirus disease, COVID-19, in Wuhan, China, since December 2019. COVID-19 soon spread to other regions of China and overseas. In Hong Kong, local mitigation measures were implemented since the first imported case was confirmed on January 23, 2020. Here we evaluated the temporal variation of detection delay from symptoms onset to laboratory confirmation of SARS-CoV-2 in Hong Kong. Methods: A regression model is adopted to quantify the association between the SARS-CoV-2 detection delay and calendar time. The association is tested and further validated by a Cox proportional hazard model. Findings: The estimated median detection delay was 9.5 days (95%CI: 6.5 − 11.5) in the second half of January, reduced to 6.0 days (95%CI: 5.5 − 9.5) in the first half of February 2020. We estimate that SARS-CoV-2 detection efficiency improved at a daily rate of 5.40% (95%CI: 2.54 − 8.33) in Hong Kong. Conclusions: The detection efficiency of SARS-CoV-2 was likely being improved substantially in Hong Kong since the first imported case was detected. Sustaining enforcement in timely detection and other effective control measures are recommended to prevent the SARS-CoV-2 infection.

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RECORD 43
Missed or delayed diagnosis of Kawasaki disease during the 2019 novel coronavirus disease (COVID-19) pandemic
Harahsheh A.S., Dahdah N., Newburger J.W., Portman M.A., Piram M., Tulloh R., McCrindle B.W., de Ferranti S.D., Cimaz R., Truong D.T., Burns J.C.
Journal of Pediatrics (2020) 222 (261-262). Date of Publication: 1 Jul 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2005950172&from=export

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RECORD 44
Decrease and Delay in Hospitalization for Acute Coronary Syndromes During the 2020 SARS-CoV-2 Pandemic
Secco G.G., Zocchi C., Parisi R., Roveta A., Mirabella F., Vercellino M., Pistis G., Reale M., Maggio S., Audo A., Kozel D., Centini G., Maconi A., Di Mario C.
Canadian Journal of Cardiology (2020) 36:7 (1152-1155). Date of Publication: 1 Jul 2020

The diffusion of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) forced the Italian population to restrictive measures that modified patients' responses to non-SARS-CoV-2 medical conditions. We evaluated all patients with acute coronary syndromes admitted in 3 high-volume hospitals during the first month of SARS-CoV-2 Italian-outbreak and compared them with patients with ACS admitted during the same period 1 year before. Hospitalization for ACS decreased from 162 patients in 2019 to 84 patients in 2020. In 2020, both door-to-balloon and symptoms-to-percutaneous coronary intervention were longer, and admission levels of high-sensitive cardiac troponin I were higher. They had a lower discharged residual left-ventricular function and an increased predicted late cardiovascular mortality based on their Global Registry of Acute Coronary Events (GRACE) scores.
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2007056399&from=export

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RECORD 45
Acute coronary syndromes undergoing percutaneous coronary intervention in the COVID-19 era: comparable case volumes but delayed symptom onset to hospital presentation
Toner L., Koshy A.N., Hamilton G.W., Clark D., Farouque O., Yudi M.B.
European heart journal. Quality of care & clinical outcomes (2020) 6:3 (225-226). Date

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of Publication: 1 Jul 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L631705164&from=export

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RECORD 46
Admission of patients with STEMI since the outbreak of the COVID-19 pandemic: a survey by the European Society of Cardiology
Pessoa-Amorim G., Camm C.F., Gajendragadkar P., De Maria G.L., Arsac C., Laroche C., Zamorano J.L., Weidinger F., Achenbach S., Maggioni A.P., Gale C.P., Poppas A., Casadei B.
European heart journal. Quality of care & clinical outcomes (2020) 6:3 (210-216). Date of Publication: 1 Jul 2020

AIMS: The COVID-19 pandemic required a significant redeployment of worldwide healthcare resources. Fear of infection, national lockdowns and altered healthcare priorities have the potential to impact utilisation of healthcare resources for non-communicable diseases. To survey health professionals' views of the impact of the COVID-19 pandemic on the rate and timing of admission of patients with ST-elevation myocardial infarction (STEMI), the European Society of Cardiology (ESC) administered an internet-based questionnaire to cardiologists and cardiovascular nurses across 6 continents. METHODS AND RESULTS: 3101 responses were received from 141 countries across 6 continents. 88.3% responded that their country was in "total lockdown" and 7.1% in partial lockdown. 78.8% responded that the number of patients presenting with STEMI was reduced since the coronavirus outbreak and 65.2% indicated that the reduction in STEMI presentations was >40%. Approximately 60% of all respondents reported that STEMI patients presented later than usual and 58.5% that >40% of STEMI patients admitted to hospital presented beyond the optimal window for primary percutaneous intervention (PCI) or thrombolysis. Independent predictors of the reported higher rate of delayed STEMI presentation were a country in total lockdown, >100 COVID-19 cases admitted locally, and the complete restructuring of the local cardiology service. CONCLUSION: The survey indicates that the impact of COVID-19 on STEMI presentations is likely to be substantial, with both lower presentations and a higher rate of delayed presentations occurring. This has potentially important ramifications for future healthcare and policy planning in the event of further waves of this pandemic.
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L631925904&from=export

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RECORD 47
Coronavirus disease 2019 is delaying the diagnosis and management of chest pain, acute coronary syndromes, myocarditis and heart failure
Siripanthong B., Hanff T.C., Levin M.G., Vidula M.K., Khanji M.Y., Nazarian S., Chahal

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C.A.A.
Future cardiology (2020). Date of Publication: 1 Jul 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L632243255&from=export

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RECORD 48
Safety first: Evidence for delay of radical prostatectomy without use of androgen deprivation therapy during COVID-19
Sean Ong X.R., Condon B., Bagguley D., Lawrentschuk N., Azad A., Murphy D.
Future Oncology (2020) 16:20 (1409-1411). Date of Publication: 1 Jul 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L632392591&from=export

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RECORD 49
Reluctance to seek pediatric care during the COVID-19 pandemic and the risks of delayed diagnosis
Ciacchini B., Tonioli F., Marciano C., Faticato M.G., Borali E., Pini Prato A., Felici E.
Italian Journal of Pediatrics (2020) 46:1 Article Number: 87. Date of Publication: 29 Jun 2020

Since the outbreak of COVID-19 pandemic, the number of cases registered worldwide has risen to over 3 million. While COVID-19 per se does not seem to represent a significant threat to the pediatric population, which generally presents a benign course and a low lethality, the current emergency might negatively affect the care of pediatric patients and overall children welfare. In particular, the fear of contracting COVID-19 may determine a delayed access to pediatric emergency facilities. Present report focuses on the experience of The Children Hospital in Alessandria (northern Italy). The authors document a drop in the number of admissions to the emergency department (A&E) during the lock-down. They will also focus on four emblematic cases of pediatric patients who were seen to our A&E in severe conditions. All these cases share a significant diagnostic delay caused by the parents' reluctance to seek medical attention, seen as a potential risk factor for COVID-19 contagion. None was found positive to all COVID-19 swab or immunologic testing. All in all, our data strongly support the importance of promoting a direct and timely interaction between patients and medical staff, to prevent the fear of COVID-19 from causing more harm than the virus itself.
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L632195048&from=export

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RECORD 50
COVID-19 testing delays and pathology services in the UK

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Banatvala J.
The Lancet (2020) 395:10240 (1831). Date of Publication: 13 Jun 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2006160000&from=export

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RECORD 51
Cancer and COVID-19 — potentially deleterious effects of delaying radiotherapy
Nagar H., Formenti S.C.
Nature Reviews Clinical Oncology (2020) 17:6 (332-334). Date of Publication: 1 Jun 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2004786399&from=export

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RECORD 52
Delayed Initiation of Remdesivir in a COVID-19-Positive Patient
Hillaker E., Belfer J.J., Bondici A., Murad H., Dumkow L.E.
Pharmacotherapy (2020) 40:6 (592-598). Date of Publication: 1 Jun 2020

We present a case of late initiation of remdesivir antiviral therapy in the successful treatment of a patient with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in a mixed medical intensive care unit of a community teaching hospital. A previously healthy 40-year-old man was admitted to the hospital 3 days after the onset of coronavirus disease 2019 (COVID-19) symptoms including dry cough, fever, and shortness of breath progressing to intubation and increased mechanical ventilator support. A request for compassionate use remdesivir was submitted on the same hospital day as the positive COVID-19 polymerase chain reaction result. Supportive measures, in addition to a 5-day course of hydroxychloroquine, were maintained until remdesivir could be supplied on day 9 of hospitalization, 13 days after symptom onset. Sixty hours after initiating remdesivir, the patient was successfully extubated and able to transition to room air within 24 hours of extubation. Late initiation of remdesivir may be effective in treating SARS-CoV-2, unlike antivirals utilized for different disease states, such as oseltamivir, that are most effective when started as soon as possible following symptom onset. Urgent action is needed by regulatory agencies to work with drug manufacturers to expedite the study and approval of investigational agents targeting SARS-CoV-2 as well as to meet manufacturing demands.
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2004786728&from=export

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RECORD 53
Collateral damage of COVID-19 pandemic: Delayed medical care

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Masroor S.
Journal of Cardiac Surgery (2020) 35:6 (1345-1347). Date of Publication: 1 Jun 2020

During the COVID-19 pandemic, emergency room visits have drastically decreased for non-COVID conditions such as appendicitis, heart attack, and stroke. Patients may be avoiding seeking medical attention for fear of catching the deadly condition or as an unintended consequence of stay-at-home orders. This delay in seeking care can lead to increased morbidity and mortality, which has not been figured in the assessment of the extent of damage caused by this pandemic. This case illustrates an example of "collateral damage" caused by the COVID-19 pandemic. What would have been a standard ST-elevation myocardial infarction treated with timely and successful stenting of a dominant right coronary artery occlusion, became a much more dangerous postinfarction ventricular septal defect; all because of a 2-day delay in seeking medical attention by an unsuspecting patient.
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2004958492&from=export

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RECORD 54
Delayed diagnosis of COVID-19 in a 34-year-old man with atypical presentation
Harkin T.J., Rurak K.M., Martins J., Eber C., Szporn A.H., Beasley M.B.
The Lancet Respiratory Medicine (2020) 8:6 (644-646). Date of Publication: 1 Jun 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2006102457&from=export

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RECORD 55
How Coronavirus Disease 2019 Outbreak Is Impacting Colorectal Cancer Patients in Italy: A Long Shadow Beyond Infection
Pellino G., Spinelli A.
Diseases of the colon and rectum (2020) 63:6 (720-722). Date of Publication: 1 Jun 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L631700722&from=export

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RECORD 56
Treatment delays in oncology patients during COVID-19 pandemic: A perspective
Kumar D., Dey T.
Journal of global health (2020) 10:1 (010367). Date of Publication: 1 Jun 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L632159406&from=export

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RECORD 57

Analysis of CT image and clinical characteristics of 55 patients with corona virus disease 2019 and delayed diagnosis and treatment

Jia Y., Yun-Hua Y., You-Guang L., Chuan-Shen J., Xian-Liang L., Wen-Feng L., Guo-Qing Y., Dong-Liang L.

Medical Journal of Chinese People's Liberation Army (2020) 45:5 (486-491). Date of Publication: 28 May 2020

Objective To analyze the clinical and CT imaging features of some patients diagnosed having corona virus disease 2019 (COVID-19) with delayed diagnosis and treatment in Wuhan, Hubei Province for providing a reference for diagnosis and treatment of the disease. Methods A total of 55 patients diagnosed as having COVID-19 by RT-PCT or CT admitted to Wuhan Taikang Tongji COVID-19 Specialized Hospital from 2020-02-15 to 2020-02-25 were retrospectively analyzed. Case data were collected on the first-day history, and the chest CT, blood routine and C-response protein measurements. The clinical manifestations, laboratory examinations and CT imaging features of the patients were analyzed. Results The first symptoms included fever in 33 cases (60.0%), cough in 30(54.6%) expectoration in 7(12.7%), dyspnea in 9(16.4%), chest distress in 15(27.3%), headache in 4(7.3%), fatigue in 33(60.0%), muscle soreness in 10(18.2%) and diarrhea in 7(12.7%). Most of the patients had normal white blood cell, lymphocyte and C-reactive protein levels. The imaging manifestations of CT lesions can be roughly divided into three categories: stripe shadow and consolidation as main clinical manifestations (26 cases, 47.3%), stripe shadow and consolidation mixed with ground glass opacity (10 cases, 18.2%) and patchy ground glass opacity (19 cases, 34.5%). Patients with more than two lobes involved were older, while other clinical and laboratory indexes were not closely related to imaging findings. Conclusions Most of the COVID-19 patients with delayed diagnosis and treatment may improve their clinical symptoms at the time of hospitalization with normal white blood cell, lymphocyte and C-reactive protein levels. Stripe shadow, consolidation, and patchy ground glass opacity are the major CT imaging findings. The patients with extensive lesions are older than these with localized CT imaging findings.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2006934004&from=export

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RECORD 58

COVID-19 infections among healthcare workers exposed to a patient with a delayed diagnosis of COVID-19

Baker M.A., Rhee C., Fiumara K., Bennett-Rizzo C., Tucker R., Williams S.A., Wickner P., Beloff J., McGrath C., Poulton A., Klompas M.

Infection control and hospital epidemiology (2020) (1-9). Date of Publication: 27 May 2020

We report on Covid-19 infection risk amongst healthcare workers exposed to a patient diagnosed with Covid-19 on day 13 of hospitalization. There were 44 healthcare

workers exposed to the patient before contact and droplet precautions were implemented: of these, 2/44 (5%) developed Covid-19 potentially attributable to the exposure.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L631912107&from=export

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RECORD 59

A negative fallout of COVID-19 lockdown in Italy: life-threatening delay in the diagnosis of celiac disease

Catassi G.N., Vallorani M., Cerioni F., Lionetti E., Catassi C.

Digestive and liver disease : official journal of the Italian Society of Gastroenterology and the Italian Association for the Study of the Liver (2020). Date of Publication: 16 May 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L631787326&from=export

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RECORD 60

The Danger of Neglecting Melanoma during the COVID-19 Pandemic

Gomolin T., Cline A., Handler M.Z.

The Journal of dermatological treatment (2020) (1-8). Date of Publication: 29 Apr 2020

Due to the COVID-19 pandemic, planned medical and surgical activities are being postponed. For the dermatology community, this interruption to the healthcare system can lead to delays in the diagnosis and treatment of melanoma. Neglecting melanoma during this crisis can result in increased mortality, morbidity and healthcare costs. With the COVID-19 pandemic evolving and no clear solutions in sight, it is time for the prospective evaluation of teledermatology. However, dermatologists should be cautious and continue seeing patients with pigmented lesions in person due to the necessity of early surgical intervention.

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L631804093&from=export

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RECORD 61

The outbreak of Novel Coronavirus disease (COVID-19) caused a worrying delay in the diagnosis of oral cancer in north-west Italy: the Turin Metropolitan Area experience

Arduino P.G., Conrotto D., Broccoletti R.

Oral diseases (2020). Date of Publication: 19 Apr 2020

Recently, the epidemic of Novel Coronavirus disease 2019 (COVID-19) has become a

chief public health challenge for many countries around the world. In Italy, it started in January the 31st with the first 2 cases reported; on Monday the 13th of April, the total confirmed cases were 156.363 with 19.901 total deaths (www.who.int). Turin is the fourth Italian city, with roughly 862.000 inhabitants, and the capital of Piedmont region, one of the most affected by COVID-19.
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L631579619&from=export

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RECORD 62
In the time of corona - Is it safe to delay treatment for prostate cancer?
Fantin J.P.P., Spessoto L.C.F., Facio F.N.
Revista da Associacao Medica Brasileira (2020) 66:4 (388-389). Date of Publication: 1 Apr 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L2006826490&from=export

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RECORD 63
Prone ventilation for novel coronavirus pneumonia: no time to delay
Pan C., Zhang W., Du B., Qiu H.B., Huang Y.Z.
Zhonghua nei ke za zhi (2020) 59 (E007). Date of Publication: 12 Mar 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L631243026&from=export

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RECORD 64
Effect of delay in diagnosis on transmission of COVID-19
Rong X.M., Yang L., Chu H.D., Fan M.
Mathematical biosciences and engineering : MBE (2020) 17:3 (2725-2740). Date of Publication: 11 Mar 2020

The outbreak of COVID-19 caused by SARS-CoV-2 in Wuhan and other cities of China is a growing global concern. Delay in diagnosis and limited hospital resources lead to a rapid spread of COVID-19. In this study, we investigate the effect of delay in diagnosis on the disease transmission with a new formulated dynamic model. Sensitivity analyses and numerical simulations reveal that, improving the proportion of timely diagnosis and shortening the waiting time for diagnosis can not eliminate COVID-19 but can effectively decrease the basic reproduction number, significantly reduce the transmission risk, and effectively prevent the endemic of COVID-19, e.g., shorten the peak time and reduce the peak value of new confirmed cases and new infection, decrease the cumulative number of confirmed cases and total infection. More rigorous prevention measures and better treatment of patients are needed to control its further spread, e.g., increasing

available hospital beds, shortening the period from symptom onset to isolation of patients, quarantining and isolating the suspected cases as well as all confirmed patients.
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RECORD 65
Lessons from the USA Delayed Response to the COVID-19 Pandemic
Balogun J.A.
African journal of reproductive health (2020) 24:1 (14-21). Date of Publication: 1 Mar 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L631695223&from=export

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RECORD 66
Immunization recommendations and safety and immunogenicity on the delayed vaccination of non-national immunization program for the corona virus disease 2019 in China
Zhonghua er ke za zhi = Chinese journal of pediatrics (2020) 58 (E010). Date of Publication: 27 Feb 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L631087189&from=export

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RECORD 67
Effect of COVID-19 epidemic on delay of diagnosis and treatment path for patients with nasopharyngeal carcinoma
Yang Y., Shen C., Hu C.
Cancer Management and Research (2020) 12 (3859-3864). Date of Publication: 2020

Introduction: 2019 novel coronavirus disease (COVID-19) outbreaks have been occurring in China and other countries in the world. To prevent further spread of the disease, restrictions of population flow from the government and measures to reduce virus transmission from hospitals may lead to the delay of diagnosis and treatment in patients with nasopharyngeal carcinoma (NPC). Methods: All NPC patients with radiotherapy indications were included from 20 weekdays before (group A) and after (group B) January 31, 2020, when the institute began to take measures against COVID-19. The waiting intervals of each step and variation from the diagnosis and treatment path of NPC between two groups were compared. Results: Significant differences were found between the group A and group B in the median waiting days for pathological biopsy (5 vs 15, P=0.012), radiotherapy immobilization and simulation (3.5 vs 16.5,

P<0.001), validation of position and plan (20 vs 61, P<0.001) and initiation of radiotherapy (28 vs 36, P=0.005). During the waiting period of radiotherapy, 32.4% of the NPC patients received an additional one cycle of chemotherapy to the original treatment strategy. Conclusion: The prevalence of COVID-19 caused delay in the diagnosis and treatment of NPC patients to a certain extent. Additional chemotherapy could be considered to counteract the effect of treatment delay. More specific measures should be taken to balance the risk of delayed diagnosis and treatment of NPC and infection of COVID-19.
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RECORD 68
Recovery from critical covid-19 despite delays in diagnosis and respiratory treatment: A cautionary tale
Fan O., Qiang F., Shuhong G., Haibing Y., Xiangyang L., Min T., Li Y.
Signa Vitae (2020) 16:1 (193-198). Date of Publication: 2020

Although an acute, usually self-resolving disease, COVID-19 can also be deadly. Thus far, no approved specific treatments for this novel highly contagious disease are available, which posed great challenges on clinicians worldwide. Here we present the case of a relatively young COVID-19 patient who recovered well, despite delayed diagnosis and initiation of aggressive treatment. From the case, we speculated that: (a) Delayed diagnosis may miss the optimal antiviral treatment period for severe cases. (b) Monitoring of inflammatory markers and blood gas analysis in early stage may assist in identifying high-risk patients. (c) Glucocorticoids therapy in early stage may be harmful to the patient. (d) Once progressed to ARDS, mechanical ventilatory support should be considered as soon as possible in case of refractory hypoxemia. (e) ECMO, a scarce medical resource, should not be abused to treat COVID-19 patients with very low expected survival rates, especially during the period when medical resources are run out. (f) convalescent plasma therapy should be initiated in earlier stage of disease.
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RECORD 69
The outbreak of Novel Coronavirus disease (COVID-19) caused a worrying delay in the diagnosis of oral cancer in north-west Italy: the Turin Metropolitan Area experience
Arduino P.G., Conrotto D., Broccoletti R.
Oral Diseases (2020). Date of Publication: 2020

Recently, the epidemic of Novel Coronavirus disease 2019 (COVID-19) has become a chief public health challenge for many countries around the world. In Italy, it started in

January the 31st with the first 2 cases reported; on Monday the 13th of April, the total confirmed cases were 156.363 with 19.901 total deaths (www.who.int). Turin is the fourth Italian city, with roughly 862.000 inhabitants, and the capital of Piedmont region, one of the most affected by COVID-19.
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RECORD 70
Delay in OnabotulinumtoxinA Treatment During the COVID-19 Pandemic-Perspectives from a Virus Hotspot
Ali A.
Headache (2020). Date of Publication: 2020

The COVID-19 pandemic has undoubtedly changed our practice of medicine. With our collective resources and attention focused on caring for those afflicted with the disease, other medical conditions have temporarily but understandably faced constraint. For migraine patients who often require in-person visits for infusions and procedures, this has become particularly challenging. Here, we share our experience in navigating this exigency amidst a local surge of COVID-19.
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RECORD 71
COVID-19: Safe Guidelines for Breast Imaging During the Pandemic
Seely J.M., Scaranelo A.M., Yong-Hing C., Appavoo S., Flegg C., Kulkarni S., Kornecki A., Wadden N., Loisel Y., Schofield S., Leslie S., Gordon P.
Canadian Association of Radiologists Journal (2020). Date of Publication: 2020

During the COVID-19 pandemic, breast imaging must be performed using safe practices. Balancing the need to avoid delays in the diagnosis of breast cancer while avoiding infection requires careful attention to personal protective equipment and physical distancing and vigilance to maintain these practices. The Canadian Society of Breast Imaging/Canadian Association of Radiologists guideline for breast imaging during COVID-19 is provided based on priority according to risk of breast cancer and impact of delaying treatment. A review of the best practices is presented that allow breast imaging during COVID-19 to maximize protection of patients, technologists, residents, fellows, and radiologists and minimize spread of the infection. The collateral damage of delaying diagnosis of breast cancer due to COVID-19 should be avoided when possible.
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RECORD 72

Glucocorticoid therapy delays the clearance of SARS-CoV-2 RNA in an asymptomatic COVID-19 patient

Ma S.-Q., Zhang J., Wang Y.-S., Xia J., Liu P., Luo H., Wang M.-Y.

Journal of Medical Virology (2020). Date of Publication: 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L2005208765&from=export

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RECORD 73

Indirect effects of COVID-19 on child health care: delayed diagnosis of developmental dysplasia of the hip

Buonsenso D., Menzella N., Morello R., Valentini P.

Journal of Ultrasound (2020). Date of Publication: 2020

EMBASE LINK

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RECORD 74

A collateral effect of the COVID-19 pandemic: Delayed diagnosis in pediatric solid tumors

Chiaravalli S., Ferrari A., Sironi G., Gattuso G., Bergamaschi L., Puma N., Schiavello E., Biassoni V., Podda M., Meazza C., Spreafico F., Casanova M., Terenziani M., Luksch R., Massimino M.

Pediatric Blood and Cancer (2020). Date of Publication: 2020

EMBASE LINK

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RECORD 75

Patient-reported treatment delays in breast cancer care during the COVID-19 pandemic

Papautsky E.L., Hamlish T.

Breast Cancer Research and Treatment (2020). Date of Publication: 2020

Purpose: The coronavirus disease (COVID-19) pandemic has had a profound impact on cancer care in the US Guidelines focused on the management of COVID-19, rather than healthcare needs of breast cancer patients requiring access to crucial services. This US survey of breast cancer survivors characterizes treatment delays early period in the pandemic. Methods: We developed a survey and administered it to 609 adult breast cancer survivors in the US. We used snowball sampling with invitations distributed via social media. We used logistic regression to select a model of delay from a pool of independent variables including race, cancer stage, site of care, health insurance, and

age. We used descriptive statistics to characterize delay types. Results: Forty-four percent of participants reported cancer care treatment delays during the pandemic. Delays in all aspects of cancer care and treatment were reported. The only variable which had a significant effect was age (97 (.95, 99), $p < 0.001$) with younger respondents ($M = 45.94$, $SD = 10.31$) reporting a higher incidence of delays than older respondents ($M = 48.98$, $SD = 11.10$). There was no significant effect for race, insurance, site of care, or cancer stage. Conclusions: Our findings reveal a pervasive impact of COVID-19 on breast cancer care and a gap in disaster preparedness that leaves cancer survivors at risk for poor outcomes. Delays are critical to capture and characterize to help cancer providers and healthcare systems develop effective and patient–tailored processes and strategies to manage cases during the current pandemic wave, subsequent waves, and future disasters.

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RECORD 76

Impact of COVID-19 pandemic on lung cancer treatment scheduling

Fujita K., Ito T., Saito Z., Kanai O., Nakatani K., Mio T.

Thoracic Cancer (2020). Date of Publication: 2020

The current coronavirus disease 2019 (COVID-19) pandemic is associated with a heavy burden on the mental and physical health of patients, regional healthcare resources, and global economic activity. Many patients with lung cancer are thought to be affected by this situation. Therefore, in this study, we aimed to evaluate the impact of COVID-19 pandemic on lung cancer treatment scheduling. We retrospectively reviewed the medical records of lung cancer patients who were undergoing anticancer treatment at the National Hospital Organization Kyoto Medical Center (600 beds) in Kyoto, Japan, between 1 March 2020 and 31 May 2020. After the medical records were reviewed, the patients were assigned to one of two groups, depending on whether their lung cancer treatment schedule was delayed. We assessed the characteristics, types of histopathology and treatment, and the reason for the delay. A total 15 (9.1%) patients experienced a delay in lung cancer treatment during the COVID-19 pandemic. Patients with a treatment delay received significantly more immune checkpoint inhibitor (ICI) monotherapy than patients without a treatment delay ($P = 0.0057$). On the contrary, no patients receiving molecular targeted agents experienced a treatment delay during the COVID-19 pandemic period ($P = 0.0027$). The treatments of most of the patients were delayed at their request. We determined that 9.1% lung cancer patients suffered anxiety and requested a treatment delay during the COVID-19 pandemic. Oncologists should bear in mind that patients with cancer have more anxiety than expected under unprecedented circumstances such as the COVID-19 pandemic.

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RECORD 77

A negative fallout of COVID-19 lockdown in Italy: Life-threatening delay in the diagnosis of celiac disease

Catassi G.N., Vallorani M., Cerioni F., Lionetti E., Catassi C.

Digestive and Liver Disease (2020). Date of Publication: 2020

EMBASE LINK

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RECORD 78

Delay and Differential Diagnosis and Screening for Symptoms of COVID-19

Wiwanitkit V.

Journal of the American College of Surgeons (2020). Date of Publication: 2020

EMBASE LINK

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RECORD 79

The delay in confirming COVID-19 Cases Linked to a Religious Group in Korea

Kim H.-J., Hwang H.-S., Choi Y.-H., Song H.-Y., Park J.-S., Yun C.-Y., Ryu S.

Journal of Preventive Medicine and Public Health (2020) 53:3 (164-167). Date of Publication: 2020

Objectives: As of March 3, 2020, the Shincheonji religious group accounted for the majority of Korean cases of coronavirus disease 2019 (COVID-19). Nonetheless, the most likely cause of the broad spread of COVID-19 among members of the Shincheonji religious group remains largely unknown. Methods: We obtained data of laboratory-confirmed cases related to the Shincheonji religious group from press releases by Korean public health authorities and news reports. We measured the period from the date of illness onset to the date of COVID-19 confirmation. Results: We analysed data from 59 cases (median age, 30 years). The estimated median period between the date of symptom onset and the date of COVID-19 confirmation was 4 days (95% confidence interval, 1-12). Conclusions: There was a delay in COVID-19 confirmation from the date of illness onset among the cases linked to the Shincheonji religious group. This delay likely contributed to the occurrence of many cases of COVID-19 in the group.

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RECORD 80

Letter to the Editor: COVID-19 and the Neurosurgical Treatment of Idiopathic Normal Pressure Hydrocephalus: Shall We Continue to Postpone "Non-emergent" Surgical Procedures?

La Corte E., Palandri G.
World Neurosurgery (2020). Date of Publication: 2020
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RECORD 81
The effect of delaying transperineal fusion biopsy of the prostate for patients with suspicious MRI findings—Implications for the COVID-19 era
Savin Z., Dekalo S., Marom R., Barnes S., Gitstein G., Mabjeesh N.J., Matzkin H., Yossepowitch O., Keren-Paz G., Mano R.
Urologic Oncology: Seminars and Original Investigations (2020). Date of Publication: 2020

Objective: Image guided biopsies are an integral part of prostate cancer evaluation. The effect of delaying biopsies of suspicious prostate mpMRI lesions is uncertain and clinically relevant during the COVID-19 crisis. We evaluated the association between biopsy delay time and pathologic findings on subsequent prostate biopsy. Materials and methods: After obtaining IRB approval we reviewed the medical records of 214 patients who underwent image-guided transperineal fusion biopsy of the prostate biopsy between 2017 and 2019. Study outcomes included clinically significant (ISUP grade group ≥2) and any prostate cancer on biopsy. Logistic regression was used to evaluate the association between biopsy delay time and outcomes while adjusting for known predictors of cancer on biopsy. Results: The study cohort included 195 men with a median age of 68. Median delay between mpMRI and biopsy was 5 months, and 90% of patients had a ≤8 months delay. A significant association was found between PI-RADS 5 lesions and no previous biopsies and shorter delay time. Delay time was not associated with clinically significant or any cancer on biopsy. A higher risk of significant cancer was associated with older age (P = 0.008), higher PSA (0.003), smaller prostate volume (<0.001), no previous biopsy (0.012) and PI-RADS 5 lesions (0.015). Conclusions: Our findings suggest that under current practice, where men with PI-RADS 5 lesions and no previous biopsies undergo earlier evaluation, a delay of up to 8 months between imaging and biopsy does not affect biopsy findings. In the current COVID-19 crisis, selectively delaying image-guided prostate biopsies is unlikely to result in a higher rate of significant cancer.
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RECORD 82
Electronic screening system through community engagement: A national strategic plan to Find COVID-19 patients and reduce clinical intervention delays
Amir-Behghadami M., Gholizadeh M.
Infection Control and Hospital Epidemiology (2020). Date of Publication: 2020

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RECORD 83
Impact of delayed diagnoses at the time of COVID-19: Increased rate of preventable bilateral blindness in giant cell arteritis
Monti S., Delvino P., Bellis E., Milanesi A., Brandolino F., Montecucco C.
Annals of the Rheumatic Diseases (2020) Article Number: 217915. Date of Publication: 2020
EMBASE LINK
http://www.embase.com/search/results?subaction=viewrecord&id=L631875667&from=export

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RECORD 84
COVID-19 infections among healthcare workers exposed to a patient with a delayed diagnosis of COVID-19
Baker M.A., Rhee C., Fiumara K., Bennett-Rizzo C., Tucker R., Williams S.A., Wickner P., Beloff J., Mcgrath C., Poulton A., Klompas M.
Infection Control and Hospital Epidemiology (2020). Date of Publication: 2020

We report on Covid-19 infection risk amongst healthcare workers exposed to a patient diagnosed with Covid-19 on day 13 of hospitalization. There were 44 healthcare workers exposed to the patient before contact and droplet precautions were implemented: Of these, 2/44 (5%) developed Covid-19 potentially attributable to the exposure.
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RECORD 85
Mechanical Thrombectomy for Acute Ischemic Stroke Amid the COVID-19 Outbreak: Decreased Activity, and Increased Care Delays
Kerleroux B., Fabacher T., Bricout N., Moïse M., Testud B., Vingadassalom S., Ifergan H., Janot K., Consoli A., Ben Hassen W., Shotar E., Ognard J., Charbonnier G., L'Allinec V., Guédon A., Bolognini F., Marnat G., Forestier G., Rouchaud A., Pop R., Raynaud N., Zhu F., Cortese J., Chalumeau V., Berge J., Escalard S., Boulouis G.
Stroke (2020) (2012-2017). Date of Publication: 2020

Background and Purpose: The efficiency of prehospital care chain response and the adequacy of hospital resources are challenged amid the coronavirus disease 2019 (COVID-19) outbreak, with suspected consequences for patients with ischemic stroke eligible for mechanical thrombectomy (MT). Methods: We conducted a prospective

national-level data collection of patients treated with MT, ranging 45 days across epidemic containment measures instatement, and of patients treated during the same calendar period in 2019. The primary end point was the variation of patients receiving MT during the epidemic period. Secondary end points included care delays between onset, imaging, and groin puncture. To analyze the primary end point, we used a Poisson regression model. We then analyzed the correlation between the number of MTs and the number of COVID-19 cases hospitalizations, using the Pearson correlation coefficient (compared with the null value). Results: A total of 1513 patients were included at 32 centers, in all French administrative regions. There was a 21% significant decrease (0.79; [95%CI, 0.76-0.82]; P<0.001) in MT case volumes during the epidemic period, and a significant increase in delays between imaging and groin puncture, overall (mean 144.9±SD 86.8 minutes versus 126.2±70.9; P<0.001 in 2019) and in transferred patients (mean 182.6±SD 82.0 minutes versus 153.25±67; P<0.001). After the instatement of strict epidemic mitigation measures, there was a significant negative correlation between the number of hospitalizations for COVID and the number of MT cases (R^2-0.51; P=0.04). Patients treated during the COVID outbreak were less likely to receive intravenous thrombolysis and to have unwitnessed strokes (both P<0.05). Conclusions: Our study showed a significant decrease in patients treated with MTs during the first stages of the COVID epidemic in France and alarming indicators of lengthened care delays. These findings prompt immediate consideration of local and regional stroke networks preparedness in the varying contexts of COVID-19 pandemic evolution.

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RECORD 86

Repeated false-negative tests delayed diagnosis of COVID-19 in a case with granulomatosis with polyangiitis under maintenance therapy with rituximab and concomitant influenza pneumonia

Hakroush S., Franz J., Larsen J., Korsten P., Winkler M.S., Tampe B.

Annals of the Rheumatic Diseases (2020). Date of Publication: 2020

EMBASE LINK

http://www.embase.com/search/results?subaction=viewrecord&id=L632409601&from=export

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RECORD 87

Delayed Diagnosis of Postintubation Tracheal Stenosis due to the Coronavirus Disease 2019 Pandemic: A Case Report

Ramalingam H., Sharma A., Pathak V., Narayanan B., Rathod D.K.

A and A Practice (2020) Article Number: e01269. Date of Publication: 2020

Tracheal stenosis is an uncommon but severe problem after long-term intubation. Here, we report a patient who came from a containment zone of coronavirus disease 2019

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(COVID-19) and presented with complaints of breathlessness and cough. She was suspected to have an infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Later, she developed type 2 respiratory failure and carbon dioxide narcosis because of delay in diagnosis of severe, near-complete postintubation tracheal stenosis due to over suspicion of COVID-19 during the current pandemic.

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