



Cancer Isn't Cancelled: Mammography Rescheduling Reminders in Era of COVID-19

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Background

The advent of COVID-19 led to national cancellation of elective screenings, such as mammograms. It is widely cited that screening mammography play a vital role in the prevention and detection of breast cancer in women ages 40-74. The timing of biennial screening mammogram, was found to reduce mortality by 34% for ages 50-74. Biennial mammograms effectively diagnose, and reduce breast cancer mortality, however thousands were never rescheduled after cancellation. The purpose of this project was to utilize telephone calls to remind patients to reschedule for mammograms which were cancelled due to COVID-19 and never independently rescheduled.

Methods

86 patients who had a mammography appointment cancelled between March-June 2020, but had not independently rescheduled their appointment, were included. Scripts for standardized spoken and voicemail messages were developed to ensure standardization of communication. Researchers were not able to reschedule patients, the scripted calls gave patients a reminder and information to reschedule themselves. Phone call assignments were evenly distributed amongst 4 students and made on weekdays, 8a-5p. After the 1st round of calls, patients who had not rescheduled entered a 2nd round of calls. Data was recorded in Microsoft Excel and included the researcher(s) who called, the date(s) and time(s) called, answer status and rescheduling status.

Results

PERCENT OF WOMEN RESCHEDULED AFTER PHONE CALL REMINDERS

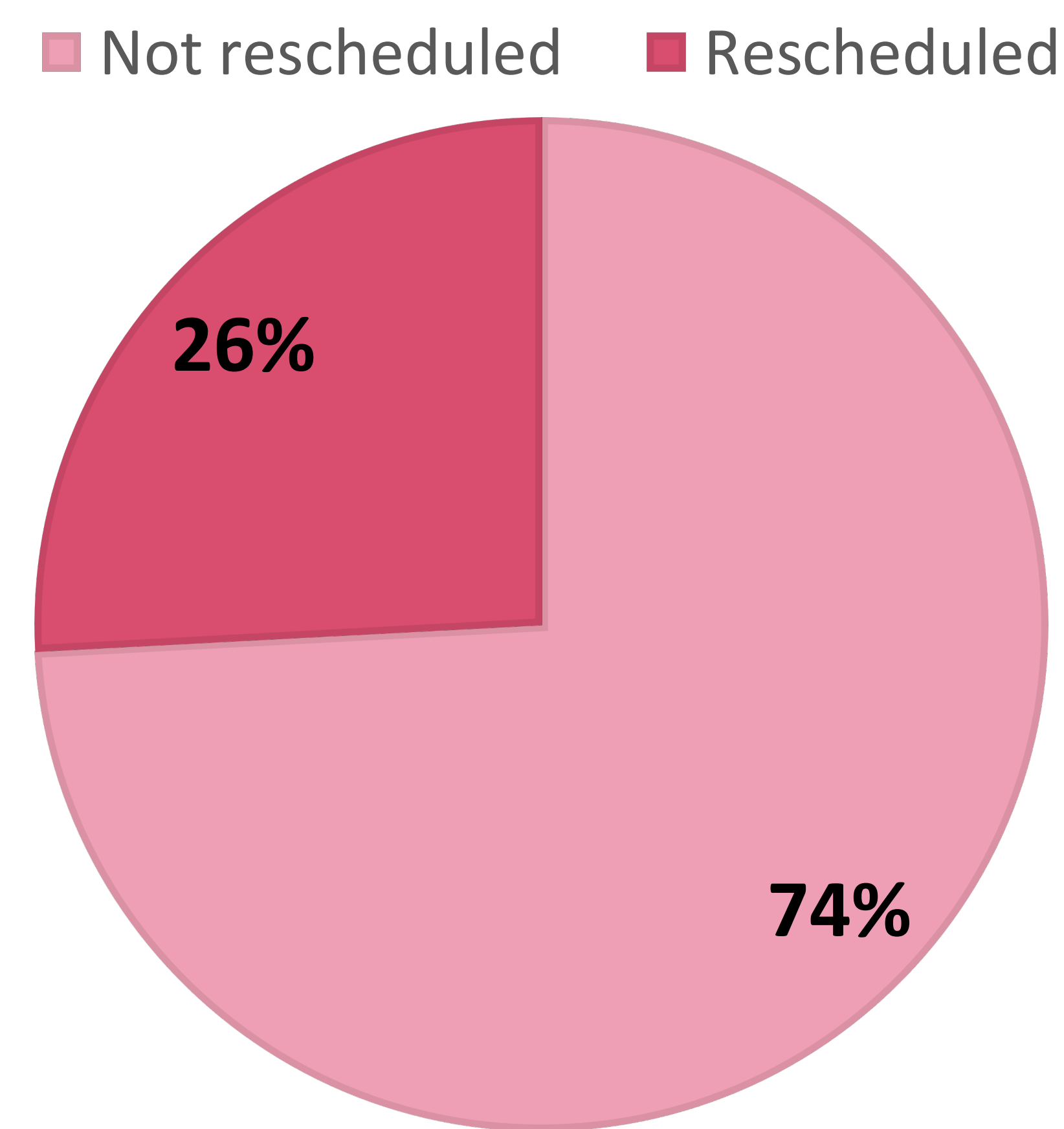


Figure 1. Percent of mammograms rescheduled after phone call.

NUMBER OF MAMMOGRAMS COMPLETED IN 2019 VS 2020

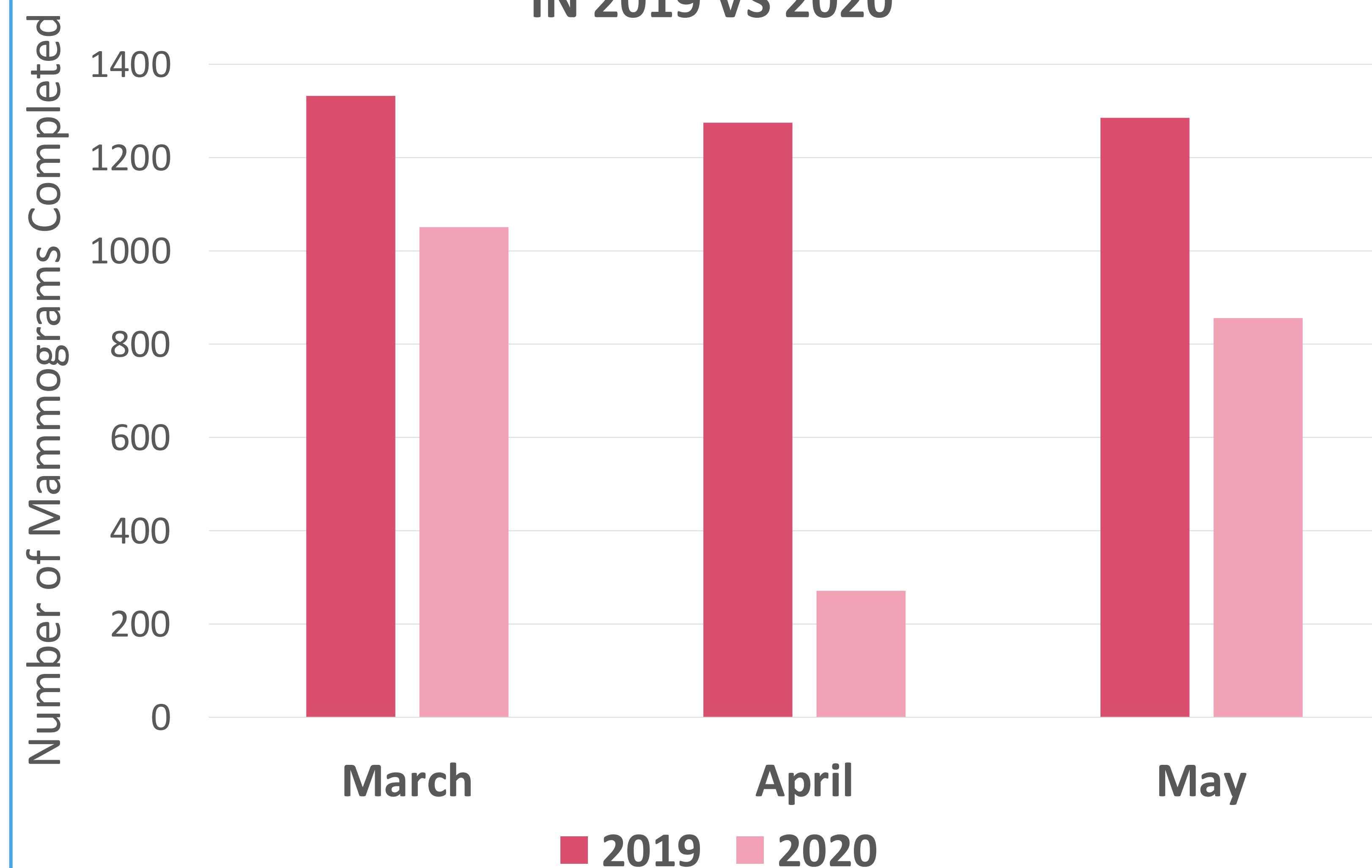


Figure 2. Mammograms completed at same location in 2019 and 2020

Discussion

Of the 86 women included in the study, phone call reminders resulted in 30.23% rescheduled. While this is a noteworthy rate of rescheduling, there are 60 women at this location still to be rescheduled. Given the known statistic that that 1 in 8 women will receive a breast cancer diagnosis in their lifetime, this leaves 7 women at this one location at risk. If this data were to be extrapolated to the state or nationwide scale, a considerable number of women at risk. From March to May, this imaging location conducted 55.96% fewer mammograms in 2020 than the corresponding months in 2019. One limitation was the inability to reschedule patients at the time of the reminder call, resulting in patients lost to follow up because the step of calling the primary office scheduling line was incomplete.

Conclusion

Phone call reminders were effective to reschedule patients for their federally cancelled mammograms. However, the question remains, what qualifies as an acceptable “rescheduling rate” after a pandemic cancels all screening mammograms? Future studies should investigate the correlation between COVID-19 mammogram cancellations and rate of breast cancer diagnoses, particularly those found at advanced stages. Future public health and education efforts will need to focus on the importance of biennial mammograms.