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Research Article

The Impact of Educational Level on Oncology Outpatient Admissions During the Covid-19 Pandemic

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Abstract

Objectives: The corona virus disease pandemic disrupted routine cancer care and may have affected oncology outpatient admissions according to educational level. This study evaluated changes in admissions, cancer types, metastatic presentation, and educational distribution before and during the pandemic.

Methods: This retrospective, single-center study included 2,649 patients admitted to a medical oncology outpatient clinic between March 11, 2019, and March 11, 2021. Patients were grouped into pre-pandemic and pandemic periods. Demographic data, cancer diagnosis, educational status, and metastatic status at admission were compared using appropriate statistical tests and logistic regression.

Results: Admissions decreased by 20% during the pandemic. The proportion of university graduates increased from 14.5% to 21.1% (p=0.005). Higher education was associated with pandemic-period admission (OR=1.89; 95% CI: 1.50–2.37; p<0.001). Metastatic presentation increased from 39.2% to 43.8% (p=0.019) and remained independently associated with the pandemic period (OR=1.21; 95% CI: 1.01–1.46; p=0.038).

Conclusion: During the pandemic, admissions decreased, higher-educated patients were more represented, and metastatic presentation increased.

Keywords: Covid-19 Pandemic, Educational Status, Oncology Outpatient Admissions

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The corona virus disease (Covid-19 virus), first detected in Wuhan, China, in December 2019, spread rapidly worldwide.[1] The first case in Türkiye was reported on March 11, 2020, and the World Health Organization declared a pandemic on the same date.[2,3] Upon the detection of the first case, the Ministry of Health in Türkiye established a coronavirus scientific committee and implemented measures in line with the committee's recommendations. One of these measures was the restriction of routine and elective health services and, in some cases, the redirection of resources toward Covid-19 services.

Cancer is a group of insidious and progressive diseases that have an increasing impact on public health worldwide, including in Türkiye. Early diagnosis plays a crucial role in effective treatment planning.[4] Türkiye has implemented screening programs for breast, colon, and cervical cancer.[5] Effective treatment can be applied when cancer is detected at an early stage through these routine programs and when patients seek care for early complaints. However, the pandemic disrupted early screening programs and delayed hospital visits due to fear of infection. Studies have shown that the pandemic resulted in decreases in new cancer cases, on-

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cology outpatient clinic visits, and participation in national cancer screening programs in Türkiye and worldwide.[6–13]

Education level is positively correlated with health literacy. Higher health literacy may lead to more effective use of health services. This relationship is also observed in cancer diagnoses, as studies have shown that lower education levels are associated with an increased likelihood of advanced-stage diagnoses.[14] Additionally, higher health literacy was associated with more active adoption of health behaviors related to Covid-19.[15,16]

The Covid-19 pandemic has adversely affected Türkiye and the world in several areas. For oncology patients, a delay in diagnosis and treatment, regardless of whether a Covid-19 diagnosis is present, can be critical. However, it remains unclear whether educational status impacts outpatient admissions during the pandemic and whether the pandemic affects the distribution of cancer types and the rate of admissions at metastatic stages among adult patients in Türkiye. To our knowledge, no previous Turkish study has examined educational level as a determinant of differences in visits to oncology outpatient admissions during the pandemic using regression analysis, nor has it assessed its association with metastatic presentation at admission. Therefore, we aimed to evaluate whether differences in educational level affect oncology outpatient admissions during the pandemic period and whether there are differences in cancer types and metastatic-stage admissions among oncology outpatient clinic admissions compared with the pre-Covid period.

Methods

Study Design and Patient Selection

This was a retrospective, observational, single-center study. Data were collected from patient files at the Prof. Dr. Süleyman Yalçın City Hospital Medical Oncology Outpatient Clinic between March 11, 2019, and March 11, 2021. All eligible patients admitted during the study period were included. Patients were divided into two groups based on March 11, 2020, when the World Health Organization declared the pandemic and the first case of COVID-19 was reported in Türkiye. Patient sex, age, disease diagnosis, educational status, and presence of metastasis at admission were collected from their files, and data from both groups were compared. Educational levels were recorded as illiterate, primary school, secondary school, high school, and university graduates. For the purposes of regression analysis, education level was regrouped as low, medium, and high. The low-education group included illiterate individuals and primary school graduates, the medium-education group included secondary and high school graduates, and the high-education group included university graduates. Patients with insufficient data in their files were excluded from the study.

The study was conducted in accordance with the Declaration of Helsinki and the guidelines for Good Clinical Practice. The study protocol was approved by the Clinical Research Ethics Committee of Istanbul Medeniyet University Göztepe Training and Research Hospital (Approval No: 2022/0124; Date: 16.03.2022).

Statistical Analysis

Statistical analyses were performed using SPSS version 23.0 (IBM Corp., Armonk, NY, USA), and the mean, standard deviation, minimum, maximum, and percentages were calculated. Chi-square analysis methods were used for categorical data, Student's t-test analysis methods were used for normally distributed data, and the Mann-Whitney U test was used for non-normally distributed data. Binary logistic regression analysis was conducted to identify factors associated with medical oncology outpatient admissions before and during the pandemic, as well as metastasis status. For the regression analysis, educational level was divided into three groups: illiterate individuals and primary school graduates were classified as "low education," secondary school and high school graduates as "medium education," and university graduates as "high education." The results are presented along with the odds ratios (ORs), 95% confidence intervals (CIs), and p-values. Results with p-values <0.05 were considered statistically significant.

Results

Two thousand six hundred forty-nine patients were included in our study, of whom 1,465 were admitted to the outpatient clinic one year before the Covid-19 pandemic (11/03/2019–11/03/2020), and 1,184 were admitted during the pandemic (11/03/2020–11/03/2021). The mean age of patients admitted before the pandemic was 63.99±14.82 years, and it was 63.57±13.85 years for those admitted during the pandemic. Of the patients, 58.7% who applied before the pandemic and 57.6% admitted during the pandemic were women. The difference between the groups was not significant ($p>0.05$).

Patients were categorized according to their educational status. The results are summarized in Table 1, along with the baseline characteristics. Before the pandemic, illiteracy was 170 (11.6%), primary school was 532 (36.3%), secondary school was 281 (19.2%), high school was 270 (18.4%), and university was 212 (14.5%). During the pandemic, these rates were 138 (11.7%), 315 (26.6%), 143 (12.1%), 285 (24.1%), and 250 (21.1%), respectively ($p=0.005$). During the pandemic, the educational data of 53 patients could not be accessed. The metastasis rate at admission was 39.2% before

Table 1. Baseline characteristics

	Before pandemic	During pandemic	Total	p
Age	63.99±14.82	63.57±13.85	63.8±14.39	0.464
Gender (F/M)	860/605 (58.7/41.2)	682/502 (57.6/42.4)	1542/1107 (58.2/41.8)	0.56
Educational status				0.005
Illiterate	170 (11.6)	138 (11.7)	308 (11.6)	
Primary school	532 (36.3)	315 (26.6)	847 (32)	
Secondary school	281 (19.2)	143 (12.1)	424 (16)	
High school	270 (18.4)	285 (24.1)	555 (21)	
University	212 (14.5)	250 (21.1)	462 (17.4)	
Missing	0 (0)	53 (4.5)	53 (2)	
Metastasis at admission				0.019
Absent	891 (60.8)	666 (56.3)	1557 (58.8)	
Present	574 (39.2)	518 (43.8)	1092 (41.2)	
Total	1465	1184	2649	

the pandemic and increased to 43.8% during the pandemic (Fig. 1). The difference was statistically significant (p=0.019).

The patients were also divided into groups based on malignancy (Table 2). During the pandemic, admissions decreased by 20%, from 1,465 to 1,184, compared with the pre-pandemic period. Gastrointestinal, breast, gynecological, genitourinary, and other cancers decreased by 29%, 25%, 19%, 1%, and 22%, respectively, whereas thoracic cancers increased by 3%. The difference between the two periods was statistically significant (p=0.042).

The subgroup analysis of educational status is summarized in Table 3. The distribution of educational status differed significantly between the pre-pandemic and pandemic periods for breast, genitourinary, gastrointestinal, and gynecological cancers, as well as for other cancer groups (p<0.001). The difference was not significant for thoracic cancers (p=0.158). Patients with missing educational data were not included in Table 3.

Admissions were also grouped by primary location. Compared with the pre-pandemic period, there was an increase in non-small cell lung, prostate, hepatic-biliary, bladder, cervix, and head and neck cancers and a decrease in all other cancer types during the pandemic period. The most significant reduction was observed in malignant melanoma (by 68%), followed by a reduction of more than 30% in colon, esophageal, ovarian, and pancreatic cancers. The admission changes and malignancy rates are detailed in the Appendix 1.

In the logistic regression analysis, with low educational level as the reference, a higher educational level was associated with greater representation among patients who sought care during the pandemic (OR=1.89; 95% CI: 1.50–2.37; p<0.001). At the intermediate education level, this association remained borderline significant (OR=1.19; 95% CI: 0.99–1.42; p=0.062). Age and sex were not significantly associated with seeking care during the pandemic.

Table 2. Changes in admissions before and during the pandemic

Cancer type	Before pandemic	During pandemic	Rate of change
Gastrointestinal cancers	411	292	-29%
Breast cancer	354	267	-25%
Other cancers	176	138	-22%
Gynecological cancers	211	171	-19%
Genitourinary cancers	162	160	-1%
Thoracic cancers	151	156	3%
All new admissions	1465	1184	-20%

In a multivariate logistic regression analysis of metastatic status at presentation, the pandemic period was independently associated with metastatic presentation after adjusting for age, sex, education level, and diagnostic group (OR=1.21; 95% CI: 1.01–1.46; p=0.038).

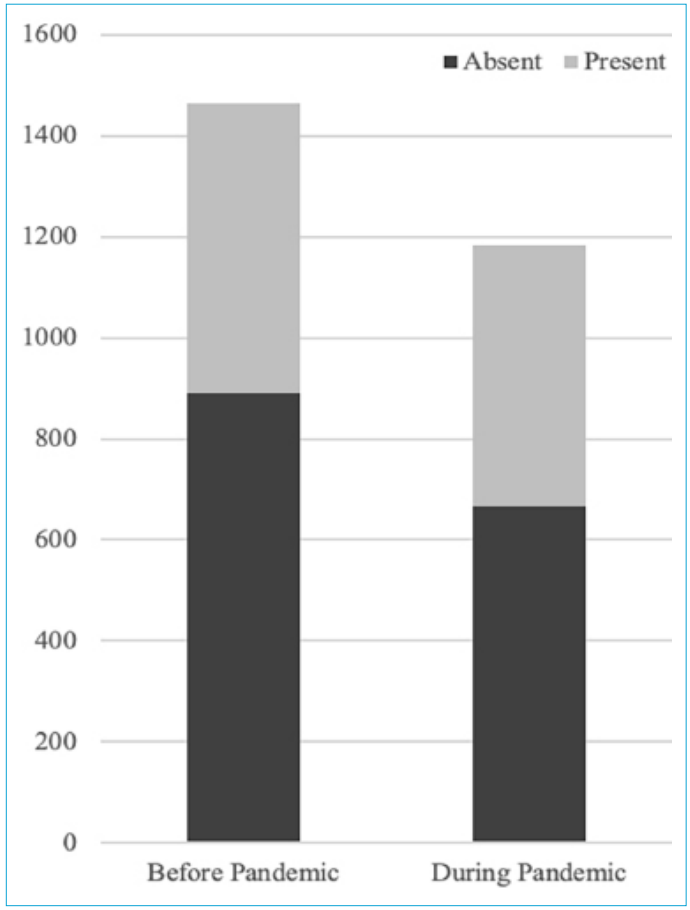

Figure 1. Metastatic status at admission before and during the Covid-19 pandemic period (n=1465 before pandemic; n=1184 during pandemic).

Table 3. Education levels in cancer types

Cancer type	Education levels	Before pandemic n (%)	During pandemic n (%)	Total	p
Breast cancer	Low education	152 (42.9)	76 (28.5)	228	<0.001
	Medium education	130 (36.7)	139 (52.1)	269	
	High education	72 (20.3)	52 (19.5)	124	
	Total	354	267	621	
Thoracic cancers	Low education	68 (45.0)	86 (55.1)	154	0.158
	Medium education	67 (44.4)	53 (34.0)	120	
	High education	16 (10.6)	17 (10.9)	33	
	Total	151	156	307	
Gastrointestinal cancers	Low education	175 (42.6)	167 (57.2)	342	<0.001
	Medium education	139 (33.8)	89 (30.5)	228	
	High education	97 (23.6)	36 (12.3)	133	
	Total	411	292	703	
Genitourinary cancers	Low education	64 (39.5)	56 (50.9)	120	<0.001
	Medium education	93 (57.4)	33 (30.6)	126	
	High education	5 (3.1)	20 (18.5)	25	
	Total	162	160	322	
Gynecological cancers	Low education	107 (50.7)	27 (15.3)	134	<0.001
	Medium education	82 (38.9)	42 (24.7)	124	
	High education	22 (10.4)	102 (60.0)	124	
	Total	211	171	382	
Other cancers	Low education	136 (77.3)	43 (31.2)	179	<0.001
	Medium education	40 (22.7)	72 (52.2)	112	
	High education	0 (0.0)	23 (16.7)	23	
	Total	176	138	314	

Discussion

The Covid-19 pandemic has significantly impacted the health and social lives of the global population. The burden on the healthcare system has increased, and many routine health services have been halted or redirected to Covid-19 care. Additionally, public fear of infection has led to a decrease in demand for these services. While the measures taken were aimed at protecting against, preventing the spread of, and treating Covid-19, this resulted in delays in diagnosis and treatment, particularly for vulnerable oncology patients.

Our study observed a 20% decrease in outpatient admissions compared with the pre-pandemic period. Studies around the world have shown similar results. In Italy, a 17.4% decrease in hospitalizations was reported.[13] In the Netherlands, there was a 73% decrease in new diagnoses per week; in Denmark, a 6% decrease in newly diagnosed cancers; and in Germany, a 17% reduction in surgical procedures.[8,9,17-19] Also, in Türkiye, during the first 30-day period of the COVID-19 pandemic, a statistically significant decrease in daily new patient admissions was observed.[18] The decrease in admissions may be due to fear of infection, leading to fewer outpatient clinic admissions.

Along with the decrease in the number of patients, the educational status of the admitted patients also differed. During the pandemic, the proportion in the higher education group increased, and logistic regression analysis revealed a significant difference in the high-education group compared with the low-education group. This finding is one of the most striking results of our study; although it is not possible to determine the exact cause, it is possible that participants in the lower education group may have been less able to anticipate the consequences of delaying cancer screening, may have struggled to overcome bureaucratic obstacles, and may have faced increased financial pressure on their social lives during the pandemic. A low level of education may be associated with lower health literacy, and, as a result, people may have difficulty distinguishing between expected symptoms and those that require medical attention. They may be more fearful of infection; additionally, they may not have access to online health services. The

illiterate group remained unchanged. This suggests that illiterate patients may have arrived accompanied by caregivers or referred through social support channels.

We found an increase in thoracic cancer admissions, specifically non-small cell lung cancer, during the pandemic period compared with the pre-pandemic period, whereas a decrease was observed in most other cancer groups. Guven et al.[18] also found a reduction in the total number of new patient admissions, except for those with lung, head, and neck cancers. Although not statistically significant, there was an increase in the diagnosis of advanced cancer compared with the previous period. Skovlund et al.[8] found the most significant reduction in prostate, colon, and breast cancer incidences. This increase in lung cancer cases may be related to the rise in incidental diagnoses due to the increased frequency of thoracic imaging during the Covid-19 period. An increase was also observed in hepatocellular, cervical, and head and neck cancers; however, due to the small number of patients with these types of cancer, the relatively low absolute numbers inflated the percentage rates.

Gastrointestinal cancer admissions, particularly colon cancer, decreased during the pandemic. In a study that examined the effect of the Covid-19 pandemic in Japan on the diagnosis and stage of gastrointestinal cancers, the diagnoses of stage 1 stomach and colon cancer decreased significantly.[20] A multicenter study in the USA observed a 45% decrease in colonoscopy procedures in 2020 compared with the pre-pandemic period.[21] This decrease may be due to the reduced frequency of endoscopic procedures. Similarly, malignant melanoma admissions decreased by 68%; this may be related to disruptions in dermatology and plastic surgery outpatient services during the pandemic.

The increase in metastatic presentations, from 39.2% to 43.8%, was independently associated with the pandemic according to logistic regression analysis (OR=1.21; 95% CI: 1.01–1.46; p=0.038). A Japanese study also found a reduction in the rate of stage 1 gastrointestinal cancer, which supports our findings.[20] This may be related to limited access to healthcare, disruptions to routine screening programs, and the redeployment of healthcare workers to COVID-19 response efforts. As previously noted, educational level may be associated with health literacy levels. It has been observed that as the level of education decreases, diagnoses are made at an advanced stage.[17]

The limitations of our study include its retrospective, single-center design and restricted access to supplementary clinical and demographic data, which would have facilitated a more comprehensive characterization of the patients. Although our study was single-center, the fact that it was conducted at a tertiary care center and that referral and application processes changed during the pandemic may have contributed to the decrease in applications. Furthermore, the study did not consider the patients' capacity to complete their treatment or their progression status, as follow-up was not conducted after the initial treatment. Educational level was used as an indirect measure of health literacy, which was not directly assessed. Since this is a retrospective cross-sectional study, it would not be appropriate to infer causality. The analysis was limited to patients admitted to the outpatient clinic. Selection bias may exist because only patients admitted to the outpatient clinic were evaluated.

Conclusion

In conclusion, the Covid-19 pandemic has substantially impacted cancer care. During this period, oncology outpatient admissions more frequently comprised highly educated patients. A notable decline in the overall number of admissions was observed, potentially reflecting a reduction in cancer screening and routine monitoring in at-risk populations. Furthermore, there was an increase in the number of patients diagnosed with metastasis at admission, suggesting that delayed diagnosis may be a potential long-term consequence of the pandemic. To mitigate these adverse effects, it is imperative to prioritize cancer care during public health crises and enhance health literacy to ensure that patients with cancer receive the necessary care. The insights gained from this pandemic can inform future efforts to balance cancer care and public health concerns.

Disclosures

Ethics Committee Approval: The study was approved by the Clinical Research Ethics Committee of Istanbul Medeniyet University Göztepe Training and Research Hospital Ethics Committee (no: 2022/0124, date: 16.03.2022).

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Appandix 1. Comparison of outpatient clinic admissions made before and during the pandemic according to primary diagnoses and rates of change (according to rate of changes)

Cancer type	Before pandemic	During pandemic	Rate of change
Cutaneous melanoma	28	9	-68%
Colon cancer	239	145	-39%
Esophageal cancer	18	11	-39%
Ovarian cancer	123	76	-38%
Pancreatic cancer	36	23	-36%
Squamous cell skin cancer	33	24	-27%
Breast cancer	354	267	-25%
Testicular cancer	21	16	-24%
Kidney cancer	36	28	-22%
Soft tissue sarcoma	41	32	-22%
Other	81	64	-21%
Gastric cancer	86	70	-19%
Uterine neoplasms	55	52	-5%
Non-small cell cancer	141	146	4%
Prostate cancer	52	57	9%
Bladder cancer	54	59	9%
Hepato-biliary cancer	25	38	50%
Cervical cancer	26	39	50%
Head and neck cancers	16	27	69%
All new admissions	1465	1184	-20%