WEO

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Colorectal Cancer Screening during Pandemic

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No disclosures

Predicted # 2040

CANCER TOMORROW

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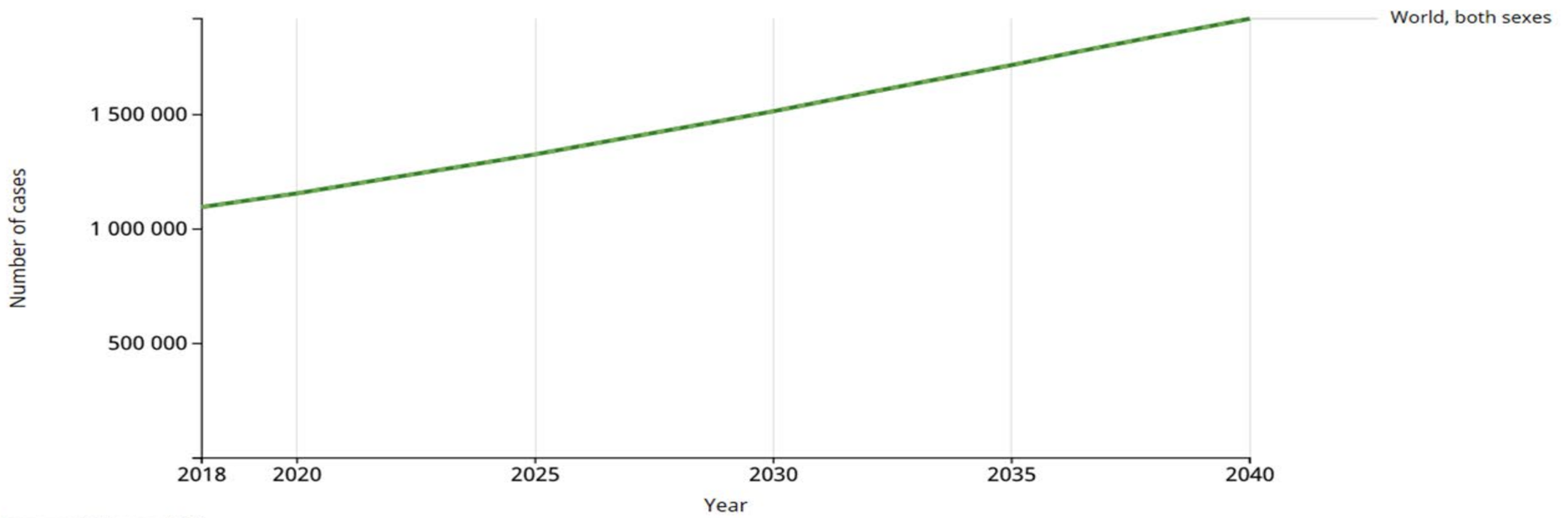
GRAPHIC TABLE

Estimated number of incident cases from 2018 to 2040, colon, both sexes, all ages



Data source:Globocan 2018
Graph production: Global Cancer Observatory (http://gco.iarc.fr/)
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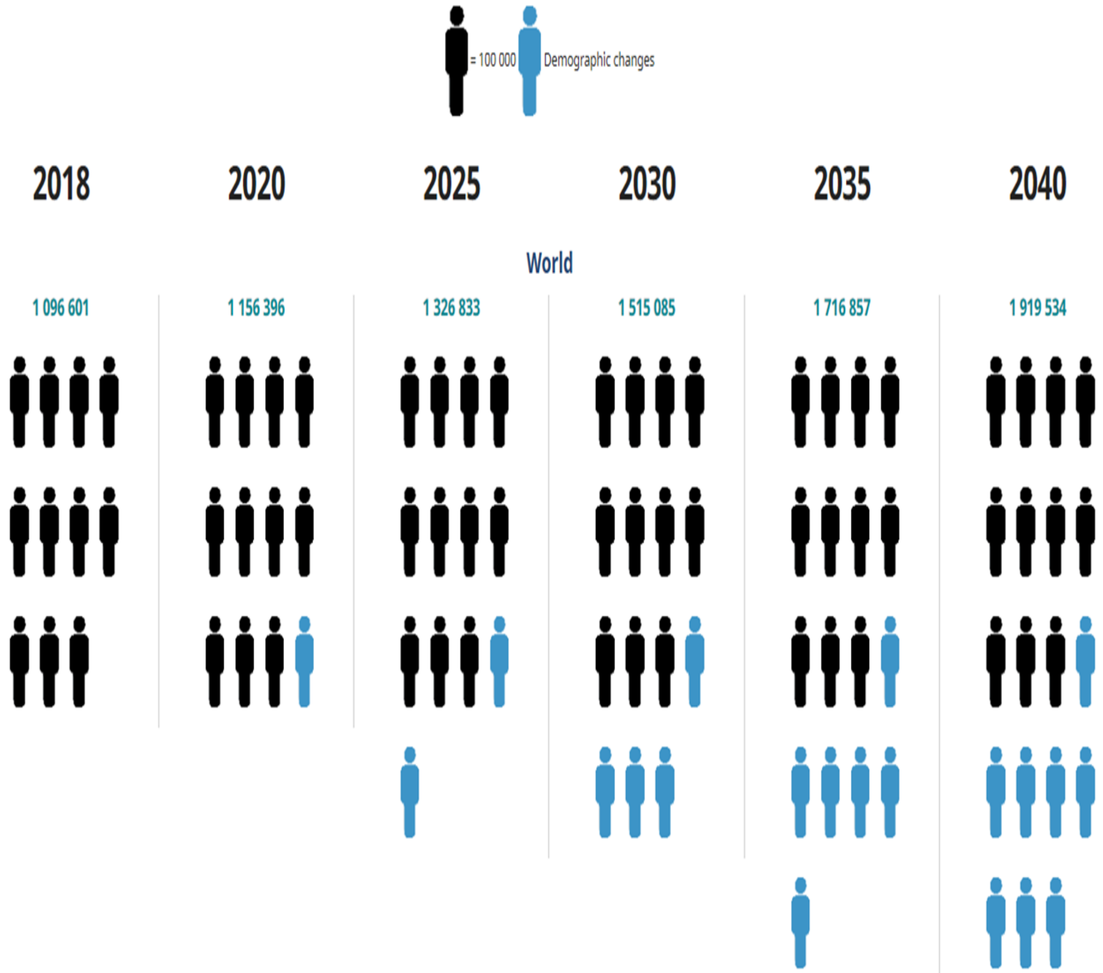
Estimated number of incident cases from 2018 to 2040, colon, both sexes, all ages



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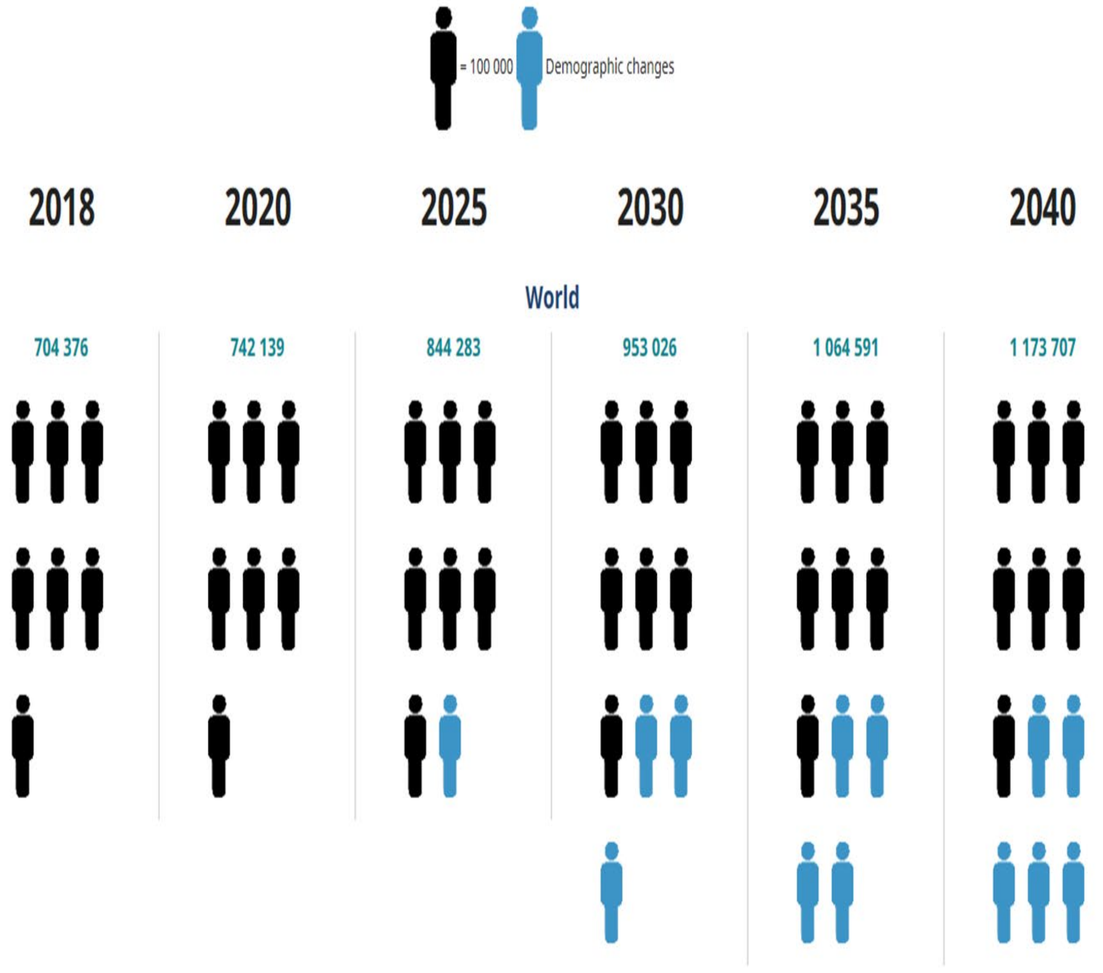
Estimated number of incident cases from 2018 to 2040, rectum, both sexes, all ages



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Covid Impact

- COVID-19 pandemic has **major** impact on screening services worldwide

- WHO survey in May 2020 in 155 countries reported not only major disruption of non-communicable disease (NCD) control services (including cancer screening) in almost all countries, but also the difficulties of reinitiating such services

Covid Impact

- More than 90% drop in screening
- Predicted a surge in the number of deaths in the coming years*
- More in low-resource countries
- Scotland reported a 70% reduction in urgent referrals of patients with suspected cancer by primary-care physicians

Covid Impact

- More than 2.4 million people got effected during the first 10 weeks of the UK lockdown

- Two week wait severely impacted with up to 290,000 people missing out on further testing

- For every week screening services on hold, 7,000 people aren't being referred for further tests and 380 cancers aren't being diagnosed through screening programs

(Cancer Research UK)

Covid Impact

Backlog of treatment with up to:

12,750 fewer patients receiving surgery

6,000 fewer for chemotherapy

2,800 fewer receiving radiotherapy

(Cancer Research UK)

Covid Impact

- A national population-based modelling study in England estimated an increase of 15.3–16.6% in colorectal deaths up to year 5 after diagnosis compared with pre-pandemic data
- Urging policy makers to reduce waiting list and try to maintain both cancer diagnostic and treatment services

(Maringe et al. The Lancet Oncology August 2020)

- Another model projected that a six-month suspension could result in an increase in CRC incidence by **2200** cases along with an excess of **960** deaths

(Yong et al. J. Med. Screen. 2021,28, 100–107)

Covid Impact

Cost will be much higher as more CRC cases will be diagnose in a more advanced stages leading to more burden on the healthcare economy in the future.

Covid Impact

- Study in Netherlands compared the number of endoscopies conducted between 15 March - 25 June 2020 and the same period of 2019 from 20 hospitals in the Netherlands.
- Only **9776** endoscopies performed in the 2020 vs **19,296** in 2019
- Colonoscopy procedures decreased by 55% (from 12,219 to 5609) at the same time

(Lantinga et al. Endoscopy 2021, 53, 166–170)

Impact of COVID-19 Pandemic on Colorectal Cancer Screening Program

Valeria D'Ovidio, Cristina Lucidi, Giovanni Bruno, Daniele Lisi, Lucia Miglioresi, Marco Emilio Bazuro

Abstract

The COVID-19 pandemic has influenced several aspects of daily activity in hospitals. We have confirmed that our colorectal cancer screening program has proved to be worthwhile and safe also during the lockdown period.

Introduction: One of the main clusters of coronavirus disease-2019 (COVID-19) has been identified in Italy. Following European and local guidelines, Italian endoscopy units modulated their activity. We aimed at analyzing the need and safety to continue selective colorectal cancer screening (CRCS) colonoscopies during the COVID-19 pandemic. **Patients and Methods:** We carried out a retrospective controlled cohort study in our "COVID-free" hospital to compare data of the CRCS colonoscopies of the lockdown period (March 9 to May 4, 2020) with those of the same period of 2019 (control group). A pre/post endoscopic sanitary surveillance for COVID-19 infection was organized for patients and sanitary staff. **Results:** In the lockdown group, 60 of 137 invited patients underwent endoscopy, whereas in the control group, 238 CRCS colonoscopies (3.9-fold) were performed. In the lower number of examinations during the lockdown, we found more colorectal cancers (5 cases; 8% vs. 3 cases; 1%; $P = .002$). The "high-risk" adenomas detection rate was also significantly higher in the "lockdown group" than in controls (47% vs. 25%; $P = .001$). A multiple regression analysis selected relevant symptoms (hazard ratio [HR], 3.1), familiarity (HR, 1.99), and lockdown period (HR, 2.2) as independent predictors of high-risk lesions (high-risk adenomas and colorectal cancer). No COVID-19 infections were reported among staff and patients. **Conclusions:** The overall adherence to CRCS decreased during the pandemic, but the continuation of CRCS colonoscopies was efficacious and safe.

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Keywords: Adenoma, Colonoscopy, Endoscopy, Lockdown, Neoplastic, SARS-CoV-2

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Impact of SARS-CoV-2 Pandemic on Colorectal Cancer Screening Delay: Effect on Stage Shift and Increased Mortality

Luigi Ricciardiello,[*,**,a,b] Clarissa Ferrari,[‡,a] Michela Cameletti,[§,a] Federica Gaianill,[‡‡] Francesco Buttitta,[*,**] Franco Bazzoli,[*,**] Gian Luigi de'Angelis,[‖,‡‡] Alberto Malesci,[¶] and Luigi Laghi[‖,#,a,b]

RESULTS: With a delay of 0-3 months, 74% of CRC is expected to be stage I-II, while with a delay of 4-6 months there would be a 2%-increase for stage I-II and a concomitant decrease for stage III-IV ($P = .068$). Compared to baseline (0-3 months), moderate (7-12 months) and long (> 12 months) delays would lead to a significant increase in advanced CRC (from 26% to 29% and 33%, respectively; $P = .008$ and $P < .001$, respectively). We estimated a significant increase in the total number of deaths (+12.0%) when moving from a 0-3-months to a >12-month delay ($P = .005$), and a significant change in mortality distribution by stage when comparing the baseline with the >12-months ($P < .001$).

Challenges

- Policies/guidelines
- Resources (health worker, spaces & equipment)
- Safety
- Cost
- Screening methods
- Supply*
- Managing the screen positives
- Treatment of precancers & cancers
- Data and Research*

Recommendations

- Public health control measures & restrictions should be modulated according to the intensity of each phase of the pandemic
- A designated cancer control person should be part of National Pandemic team
- Rapid assessments of challenges/barriers and how they can be solved
- Relocating services **(COVID-free hubs)** to mitigate risk of infection and encourage population to participate

Recommendations

Safety:

- Ensure supply of Personal protective equipment (PPE)
- Online Scheduling system
- Telemedicine/Virtual clinic

Recommendations

Awareness and population selection

- Digital platforms with community to increase awareness, counsel patients
- Selecting candidates according to individual CRC risk with priority given to high risk individuals may be considered in a programme based on invitation
- Flexibility in screening methods using fecal immunochemical test (FIT) which help to reduce racial and socioeconomic disparities

Cancer Screening in the Coronavirus Pandemic Era: Adjusting to a New Situation

Partha Basu, MD, PhD[1]; Samar Alhomoud, MD[2]; Katayoun Taghavi, MD[3,4]; Andre L. Carvalho, MD[1]; Eric Lucas, MSc[1]; and Iacopo Baussano, PhD[1]

special articles

abstract

PURPOSE The coronavirus-induced pandemic has put great pressure on health systems worldwide. Non-emergency health services, such as cancer screening, have been scaled down or withheld as a result of travel restrictions and resources being redirected to manage the pandemic. The present article discusses the challenges to cancer screening implementation in the pandemic environment, suggesting ways to optimize services for breast, cervical, and colorectal cancer screening.

METHODS The manuscript was drafted by a team of public health specialists with expertise in implementation and monitoring of cancer screening. A scoping review of literature revealed the lack of comprehensive guidance on continuation of cancer screening in the midst of waxing and waning of infection. The recommendations in the present article were based on the advisories issued by different health agencies and professional bodies and the authors' understanding of the best practices to maintain quality-assured cancer screening.

RESULTS A well-coordinated approach is required to ensure that essential health services such as cancer management are maintained and elective services are not threatened, especially because of resource constraints. In the context of cancer screening, a few changes in invitation strategies, screening and management protocols and program governance need to be considered to fit into the new normal situation. Restoring public trust in providing efficient and safe services should be one of the key mandates for screening program reorganization. This may be a good opportunity to introduce innovations (eg, telehealth) and consider de-implementing non–evidence-based practices. It is necessary to consider increased spending on primary health care and incorporating screening services in basic health package.

CONCLUSION The article provides guidance on reorganization of screening policies, governance, implementation, and program monitoring.

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INTRODUCTION

The SARS-CoV-2 infection responsible for the first pandemic of the twenty-first century already claimed more than 2 million lives as of January 2021.[1] Health system in every country is strained to the extreme as a result of the impact of the COVID-19 pandemic. Services deemed nonemergency such as cancer screening were scaled down or stopped as part of efforts to reduce risks of SARS-CoV-2 infection and also to reduce load on the health services. Measures to avoid nonurgent interactions with health facilities were endorsed by the WHO and the respective Ministry of Health during the acute phase of the transmission in the community.[2] Different professional medical societies and voluntary organizations also advised to put cancer screening on hold.[3,4] Most importantly, the screen-eligible individuals were hesitant to visit the health facilities because of the scare of getting the infection. As a consequence, a significant surge in the number of deaths from cancer and other diseases unrelated to COVID-19 is predicted in the near future, especially in the socioeconomically disadvantaged and other vulnerable populations.[5]

As the countries ease restrictions and reopen various essential health care facilities, putting cancer screening and management back on track will continue to face challenges. A survey conducted by the WHO in May 2020 in 155 countries not only reported major disruption of noncommunicable disease (NCD) control services (including cancer screening) in almost all countries but also highlighted the difficulties of reinitiating such activities.[2] Full or partial assignment of the dedicated health staff for NCD control to support COVID-19 in 94% of the responding countries is one such example. Several countries have already reported more than 90% drop in screening, diagnostic, and treatment activities following the declaration of a health

Author affiliations and support information (if applicable) appear at the end of this article.

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Conclusion

The pandemic substantially impacted CRC screening programs. Therefore, policy makers & health care provider should adopt to such challenges by re-strategizing existing framework including resources, utilization of alternative approaches and prioritizing patients to help optimizing screening services safely

Thank you