CRC Screening in COVID times

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Feb/ March 2019 – COVID 19

• Lockdown

• Transmission processes, risks, protection required etc not fully known
  • Patient facing and lab services

• Many hospital services cease
  • protect people from COVID
  • Re-deployment to COVID wards
Challenges posed to CRC screening

- Very limited colonoscopy availability
- Participants/ patients already in the system
  - Have FIT kits and continue to return them
  - Already have positive FIT and need colonoscopy
- Additional logistical challenges
  - Postal service
  - Staffing
Initial Challenges

- To continue to send screening FIT kits or not
- Strategies for managing people with positive FIT
- Urgency required around decision making
Various strategies employed

• Stopping/reducing numbers of FIT kits sent

• Altering threshold for positivity

• Prioritising referral to colonoscopy based on f-Hb concentration
How have countries managed?
England

- Programme never officially paused
- Stopped sending FIT invites end of March 2020
- Urgent triage to colonoscopy
  - Case by case basis: F-Hb concentration and clinical information considered
- Recompressed July 2020
- Playing catch up now by over-inviting
- Colonoscopy services funded to increase capacity if possible
Scotland

- March 2020
  - Programme officially paused
  - stopped sending invites (FIT)
- Kits already in the system still analysed
- Urgent triage to colonoscopy
  - F-Hb >400 ug Hb/ g faeces
- October 2020 - re-started sending invitations
- Re-call dates all re-set
Netherlands

• Screening disrupted between March, April, May 2020
• 11th May 2020 screening re-started
  • At 100% invite capacity by September 2020
• No altered threshold for referral or urgent colonoscopy triage
• By end of 2020 15% of intended invitees not yet invited
• Currently over-inviting to catch up
Italy

- 109 active programmes. Different strategies in each
- 42% overall reduction in individuals invited to screening (Jan-Sept 2020 vs Jan-Sept 2019)
- 52% reduction in CRC screening tests (Jan-Sept 2020 vs 2019)
- Currently average delay of 4.7 months to screening
- Several strategies under evaluation
  - Change threshold, change screening interval
  - Decision awaited
Catalonia region of Spain

• April, May, June 2020 – no FIT screening
• Re-started FIT in July
• Limited colonoscopy resource
  • threshold for positivity increased from 20 to 31 ug Hb/ g faeces
• F-Hb concentration used to prioritise for colonoscopy
  • High risk: > 160ug/g
  • Intermediate risk: 80-160 ug/g
  • Low risk: 20-80 ug/g
Summary

• All colorectal cancer screening programmes contacted have been impacted by COVID 19
  • Stopped, paused or delayed

• Different approaches taken
  • F-Hb concentration to triage to colonoscopy
  • Threshold for positivity changed
  • Catching up by over-inviting
  • Pausing programme and re-setting re-call dates
Long term impact

• Not truly known currently

• Potential for delayed diagnoses and therefore later stage cancers detected

• Modelling study* highlights importance of re-starting and catching up with screening as rapidly as possible to avoid long term consequences of increased colorectal cancer burden and associated deaths

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