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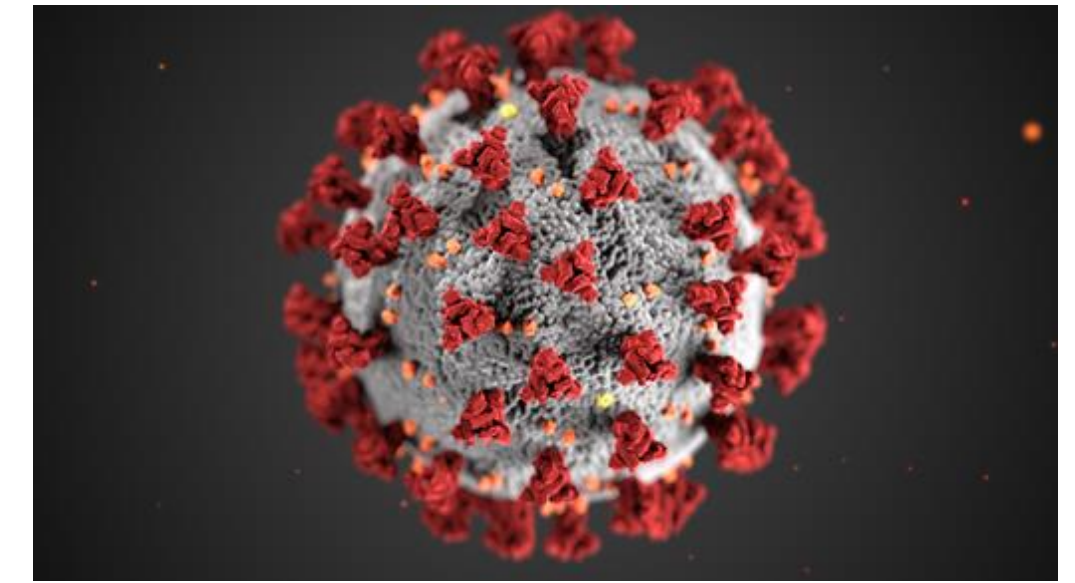
CRC Screening in COVID times

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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

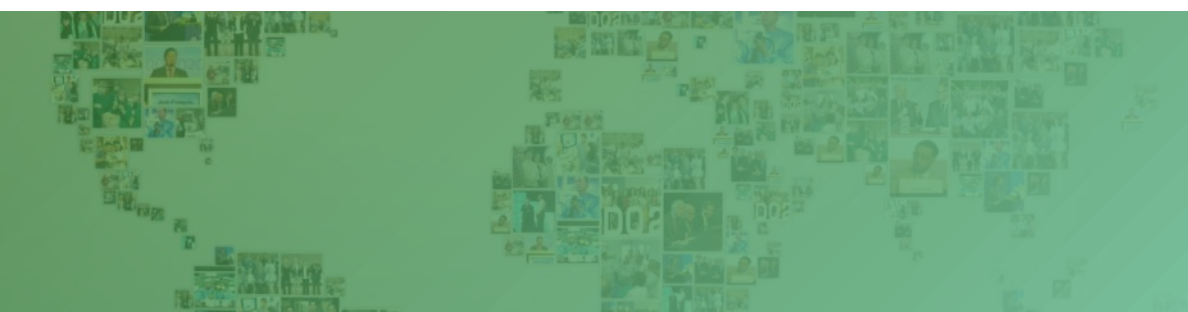


Various strategies employed

- 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
- Recommenced 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

*Impact of the COVID-19 pandemic on faecal immunochemical test-based colorectal cancer screening programmes in Australia, Canada and the Netherlands: a comparative modelling study. Lucie de Jonge et al. Lancet Gastroenterol Hepatol 2021. Published online February 3 2021 [https://doi.org/10.1016/S2468-1253\(21\)00003-3](https://doi.org/10.1016/S2468-1253(21)00003-3)



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