The Impact of COVID-19 Pandemic on Colorectal Cancer Screening and Treatment: Preliminary Results of a Community Hospital Based Study

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Disclosure

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Background

- Colorectal cancer (CRC) is the third most common cause of cancer mortality worldwide, with more than 1.85 million cases and nearly 850,000 deaths annually.
- Early detection through screening is essential to reduce the mortality associated with CRC.
- The COVID-19 Pandemic has significant restraints on healthcare systems, raising multiple concerns regarding care delays and excess cancer-related deaths.
- A recent study that was conducted at the University of Pennsylvania Health System* concluded that the COVID-19 surge was associated with a 45% decline in new patient visits for screening across all G.I. malignancies. <u>This decline was most</u> <u>significant in CRC</u>.

* Perkons NR, Kim C, Boedec C, Keele LJ, Schneider C, Teitelbaum UR, Ben-Josef E, Gabriel PE, Plastaras JP, Shulman LN, Wojcieszynski AP. Quantifying the impact of the COVID-19 pandemic on gastrointestinal cancer care de livery. Cancer Rep (Hoboken). 2022 Jan;5(1):e1427.doi: 10.1002/cnr2.1427.

Study Objectives

- To investigate the impact of COVID-19 infection on colorectal cancer screening with colonoscopy during COVID-19 pandemic compared to pre-COVID-19 era.
- To assess the difference in time to treatment initiation for cases with a confirmed diagnosis of colorectal adenocarcinoma during COVID-19 pandemic compared to pre-COVID-19 era.

Study Design

- We conducted a retrospective cohort study.
- We included all patients who underwent screening colonoscopy at Baptist Hospitals of Southeast Texas between April 2019 and March 2021.
- Patients were stratified into pre-COVID-19 (April 2019-March 2020) group and COVID-19 (April 2020-March 2021) group.
- Patients with a diagnosis of colorectal adenocarcinoma have been confirmed with the data from our cancer center to check if they were able to continue cancer staging work up and start their treatment.
- Time to treatment initiation was defined as the time between receiving a diagnosis of CRC documented by pathology report and the date of first cycle of chemotherapy or the date of surgical resection.
- Analysis was conducted using descriptive statistics and multivariate regression analysis to explore the correlation between patient's demographics, insurance status and study outcomes.

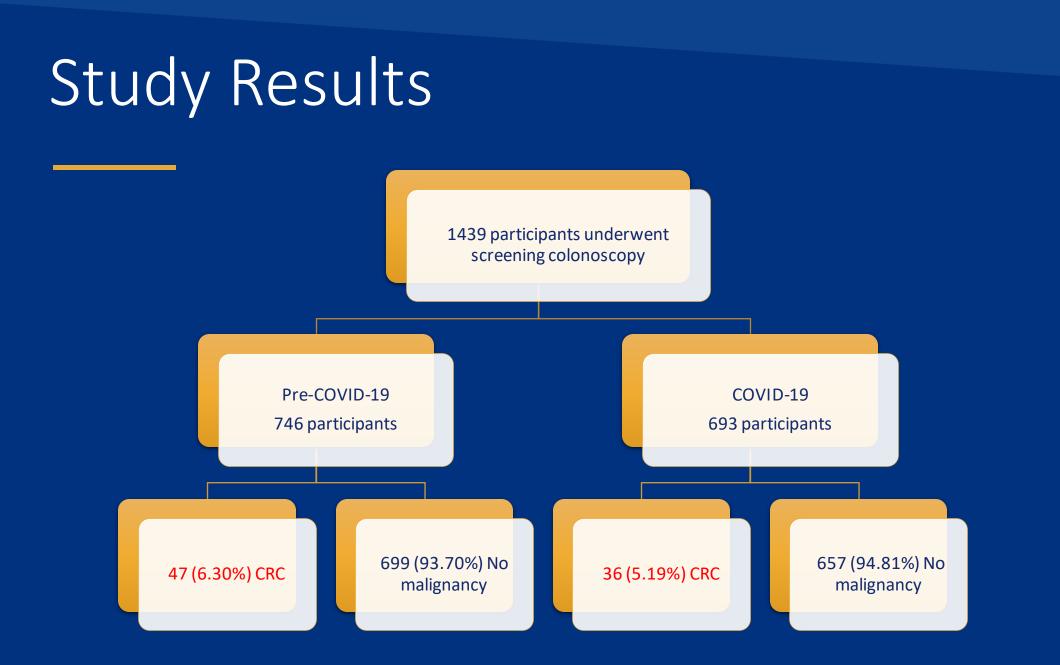
Selection Criteria

Inclusion Criteria

- Patients age between 50-75 years old.
- Screening colonoscopy for the first time.
- CD-10: Z12.11 (encounter for screening for malignant neoplasm of colon).
- Between April 2019 and March 2021.

Exclusion Criteria

- Previous history of colorectal adenocarcinoma.
- Patients whose clinical data or colonoscopy results were not available.

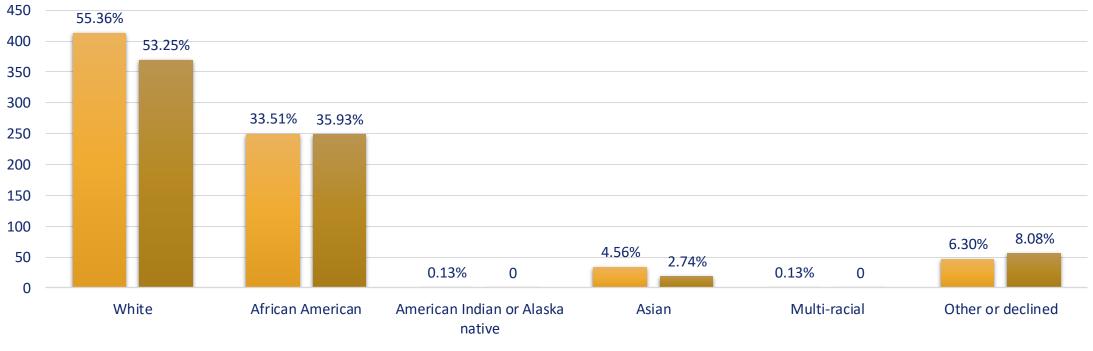


Study Results

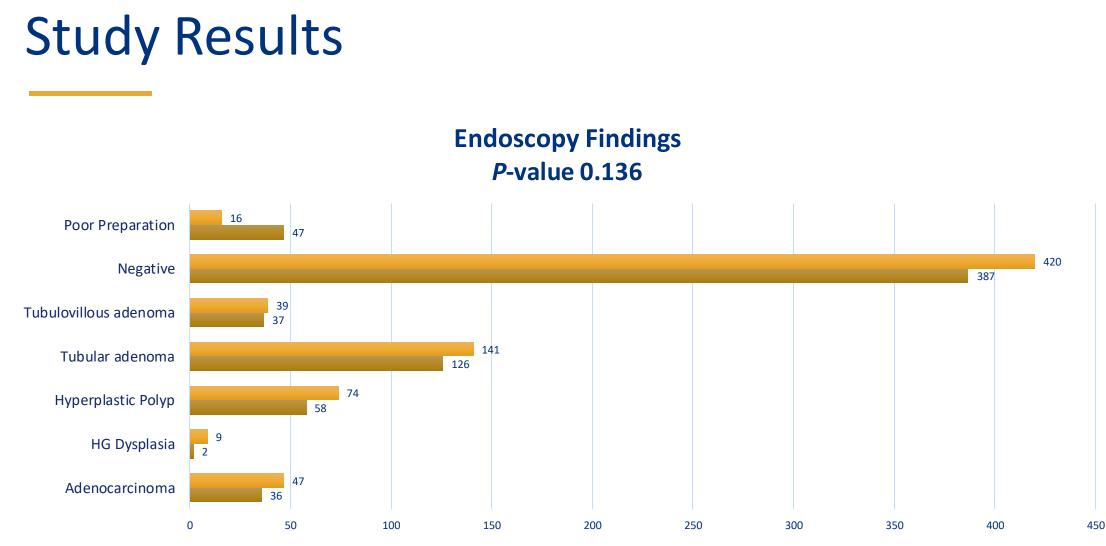
	Pre-COVID-19	COVID-19	P - value
Number of patients	746	693	0.1624
Age (Mean) ± SD	59.88 ±7.4	60.42 ±7.22	0.4247
Gender			0.1106
Male	364 (48.8%)	309 (44.6%)	
Female	382 (51.2%)	384 (55.4%)	
Insurance			0.2766
Insured	743 (99.60%)	687 (99.13%)	
Self-pay	3 (0.40%)	6 (0.87%)	

Study Results

Population Distribution by Ethnicity *P*-value 0.83



Pre-COVID COVID

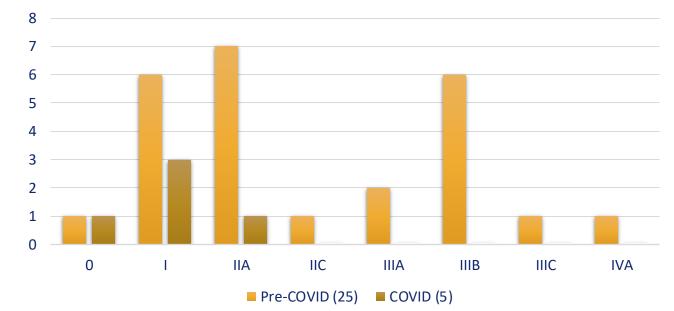


■ Pre-COVID ■ COVID

Study Results "Confirmed CRC Cases"

- 47 cases (6.3%) in the pre-COVID-19, and 36 case (5.19%) in the COVID-19 groups received confirmed CRC diagnosis.
- 53% of patients with confirmed CRC in pre-COVID-19 group pursued cancer staging workup and treatment. However, only 14% of patients with confirmed CRC in COVID-19 group pursued cancer staging workup and treatment.

Cancer Stagging for confirmed CRC Cases



Study Results "Confirmed CRC Cases"

	Pre-COVID (25)	COVID (5)	P-value
Time to Treatment Initiation (Days ± SD)	Mean = 33.80 ± 46	Mean= 21.4 ± 13.28	0.025
Initial Treatment			
Surgical resection	21 (84.00%)	5 (100.00%)	
Neoadjuvant Chemoradiation	3 (12.00%)	0	
Palliative Chemotherapy	1 (4.00%)	0	

Conclusion

In our hospital, the COVID-19 pandemic didn't appear to affect the accessibility to colorectal cancer screening or delay the staging workup and treatment. However, only a limited number of patients with confirmed colorectal adenocarcinoma during the COVID-19 pandemic were able to continue cancer staging workup and receive treatment.

Thank You!

