

Impact of the COVID-19 pandemic on colorectal cancer diagnosis in Dublin Midlands Hospital Group.



Asad Toor*, Haroon UR Rashid, Farid Toor, Cara Dunne, Dermot O'Toole, Finbar Mac Carthy, Susan Mc Kiernan, Brian Mehigan, Paul Mc Cormick, David Kevans, John Larkin, Karen Hartery.



Dept of Colorectal Surgery and Gastroenterology, St. James's Hospital, Dublin 8.

INTRODUCTION

Due to COVID-19 pandemic, the first national lockdown was introduced in Ireland in March 2020. Continuing surges in cases has resulted in rolling lockdowns requiring changes in current work practices to redeploy resources to critical areas. National bowel cancer screening programme was temporarily suspended. Routine diagnostic work was deferred. Only urgent symptomatic cases were prioritized for diagnostic intervention.

AIMS

To assess the impact of COVID-19 pandemic on diagnosis on colorectal cancer in Dublin Midlands Hospital Group.

METHODS

A retrospective study of patients with colorectal cancer diagnosis in Dublin Midlands Hospital Group over a 2 year period (year prior to pandemic (March 2019 – February 2020) and pandemic year (March 2020 - February 2021)). Patient details were obtained from electronic patient records. Endoscopy and Radiology reports were reviewed for tumour location and TNM staging. Where patient had resection without neo-adjuvant treatment, histopathology report was used for definitive local staging.

BASELINE CHARACTERISTICS

During the study period, 303 colorectal cancer diagnoses were made, 193 in pre-pandemic year and 110 in pandemic year with an overall reduction of 43%. Patients presenting with metastatic disease (Stage IV) increased from 24.4% (n=47) to 30% (n=33), while those with localised disease (Stage I) decreased from 25.9% (n=50) to 19.1% (n=21). There was increase in younger patients (0-<60 years old) diagnosed (21.6% to 32.7%) and decrease in middle aged patients (60-69 years old) diagnosed (30.9% to 23.6%).

RESULTS

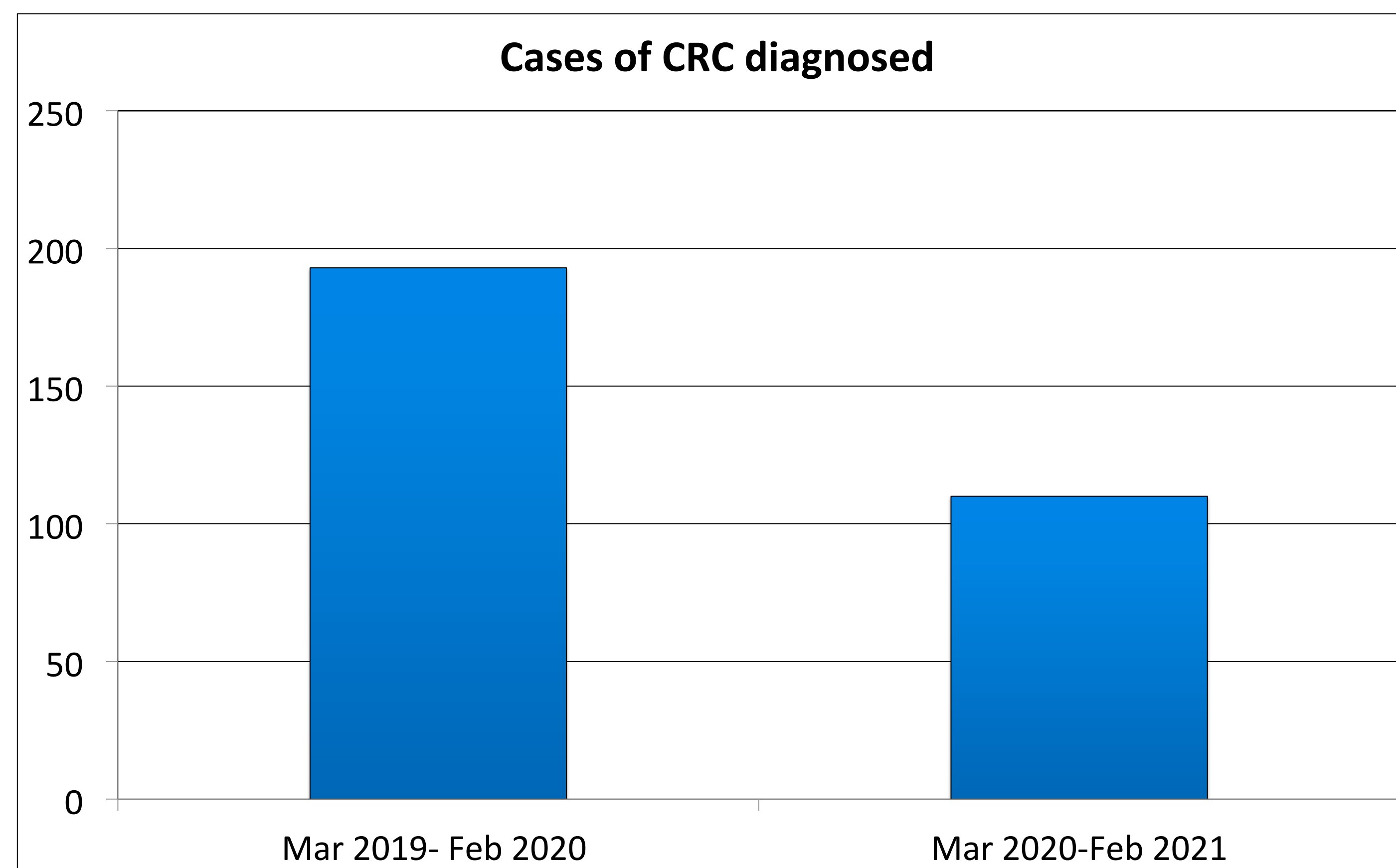


Figure 1. Number of CRC cases diagnosed pre-pandemic year and pandemic year.

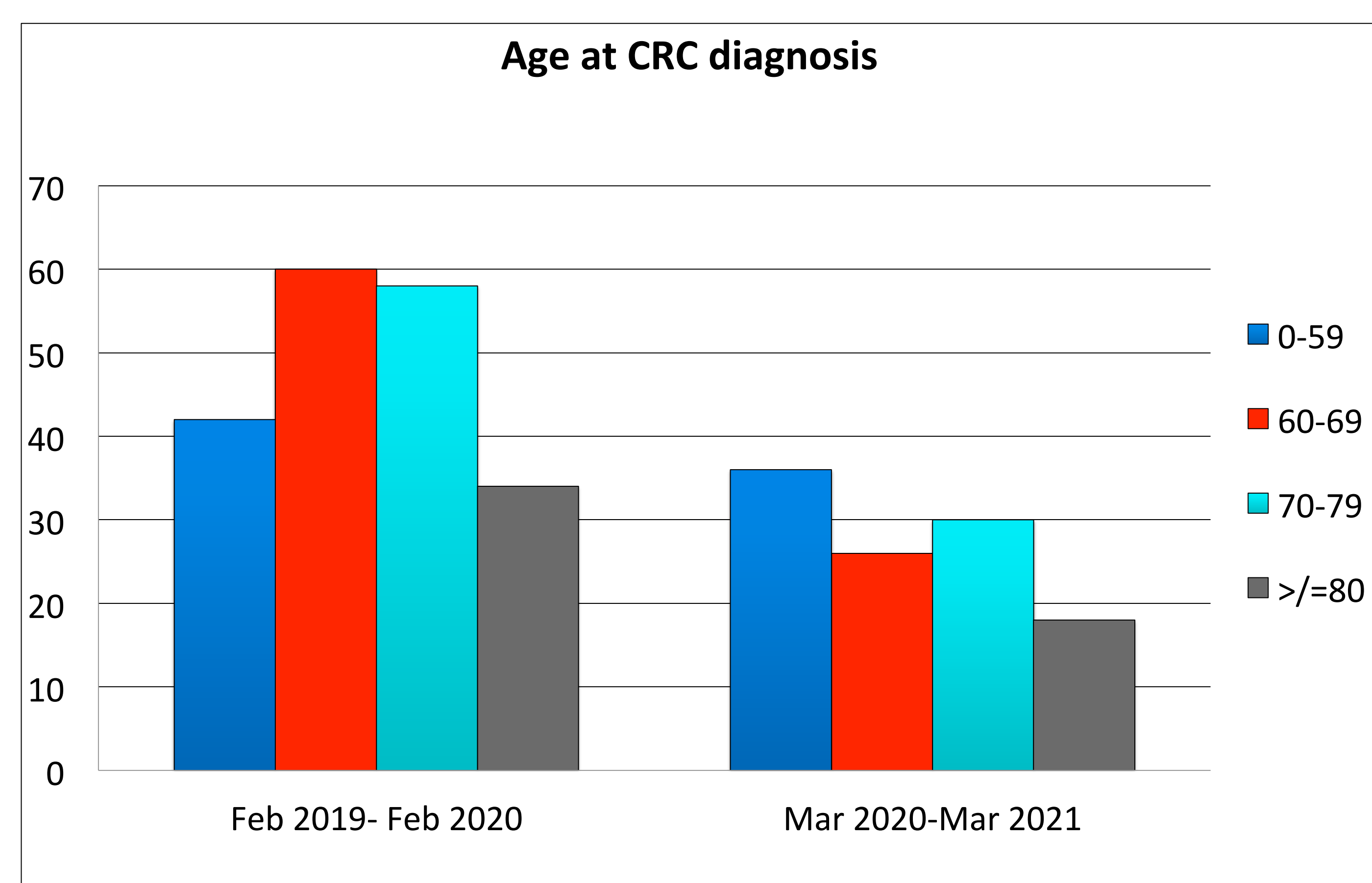


Figure 2. CRC cases stratified by age at diagnosis.

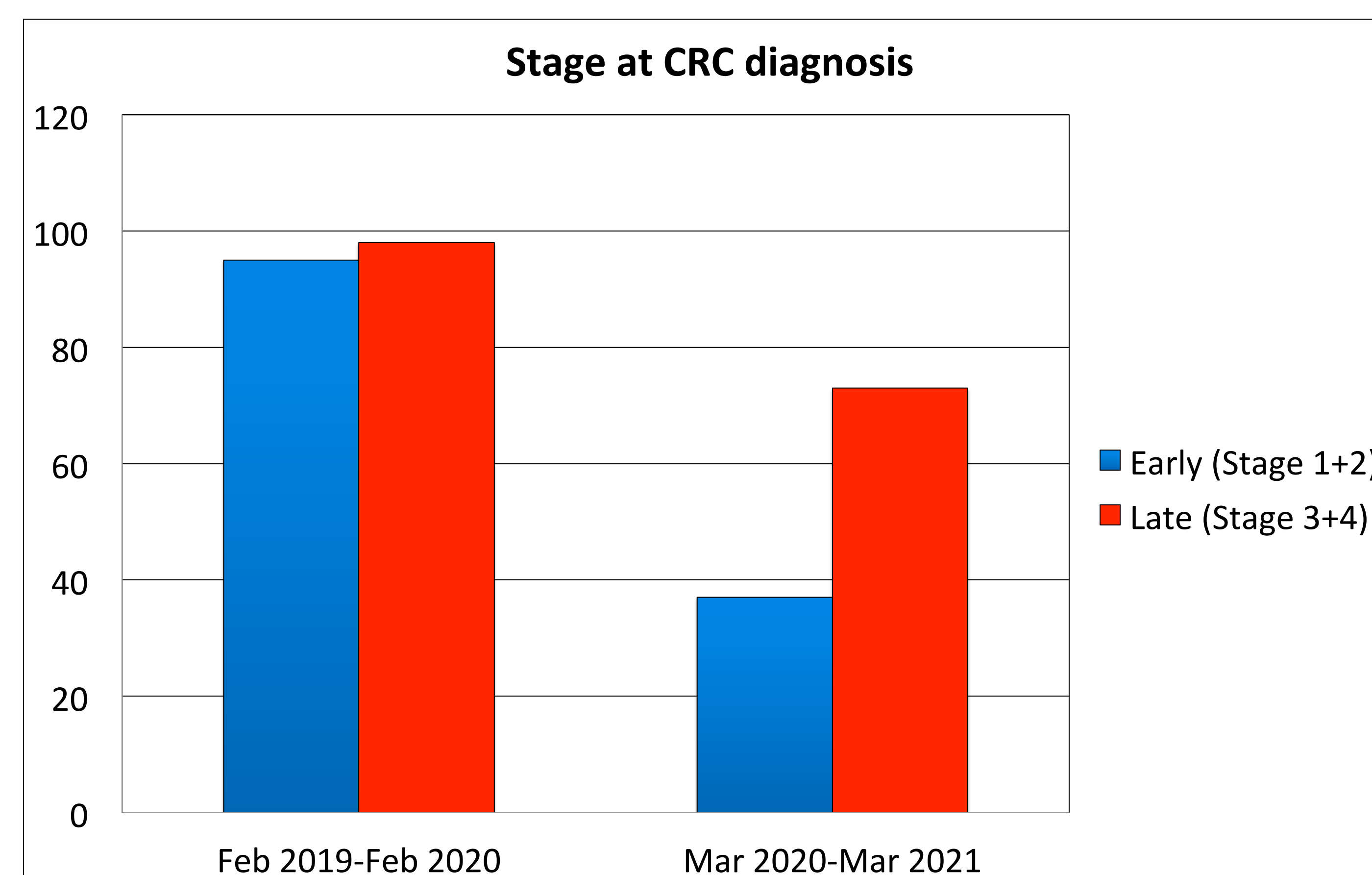


Figure 3. Stage at CRC diagnosis (Early and Late)

CONCLUSION

Disruptions in healthcare related to COVID-19 burden has resulted in reduction in colorectal cancer diagnosis and increased in diagnosis of patients with advanced disease. This may lead to increase in colorectal cancer mortality and morbidity in years to come if unmitigated.