Colorectal Cancer During COVID: Our Experience

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Introduction

Colorectal cancer remains a problem during the COVID crisis. On average, there are greater than 26.7 new cases of colorectal cancer diagnosed per 100,000 population in the United Kingdom each year. Survival rates have doubled to an average of 3 years following definitive treatment. Emergency surgery for malignancy lead to worse overall oncological outcomes in the non-COVID setting and the risk of this increased in the presence of COVID. Delaying treatment will only lead to worse outcomes overall and higher pressures on healthcare services.

Aims

To describe how our region implemented definitive management pathways for these patients and their ongoing treatment during this time.

Methods

Following the temporary interruption to all elective operating, including cancer due to the risks associated with patients and/or staff members contracting COVID, several trusts in one geographical region merged to form an extended cancer network. The objective of the network was to develop an appropriate method of triaging both urgent investigations in patients with suspected cancer and prioritisation of resectional cancer work.

Results

A significant cohort of the population were in protective isolation due to risk factors for COVID. Services were very limited due to the increased requirement of personal protective equipment and the need for a fixed interval between cases. Investigations of suspected cancer and proven cases were triaged and the threshold for invasive investigation was increased.

Resectional work was relocated to a private hospital that was declared a green site. Patients and staff were required to self-isolate for a fixed period depending upon government guidelines. Procedures were initially consultant led and open as per the guidance against laparoscopic approaches set out by the specialty committees.

Conclusions

Cancer care is an essential part of any healthcare service provision. It is important to sustain these services during COVID as the pandemic may last for an extended period and every effort should be made to avoid additional morbidity and mortality due to underlying malignancy.

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