

Letter to the Editor

Impact of COVID pandemic on colorectal cancer

Sir,

It is highly recommended to set a clear methodology of how physicians should follow up with colorectal cancer patients during the pandemic restrictions. Patients could be followed remotely, for their health condition to be stably monitored.

Multiprofessional team should have a prior set up plan in order to act urgently with a clear set up strategic therapeutic plan to avoid long term complications of postpending management due to restrictions set due to COVID.¹

Colorectal cancer globally is the second leading cause of cancer deaths, and due to the pandemic adverse outcomes including delay in colorectal follow up clinics, this greatly affected the survival outcomes.

COVID-19 pandemic was declared by the world health organization in March 2020 that led to several regulations and restrictions including lockdown protocols which negatively impacted early diagnosis and follow up of colon cancer.

There is a significant decline in surgical management together with delay in transfer from primary to secondary or tertiary care centers of colorectal cancer patients.

Due to the COVID pandemic restrictions, colorectal cancer follow up has been suspended to reduce the exposure of such vulnerable immunocompromised patients to the hospital environment and at the same time to reduce the burden on hospital resources since the staff worldwide was under much unsuspected high work load pressure.

There is a serious impact of the prolonged delay and lack of adherent follow ups on patients on the long run, since this delay had sensible dramatic consequences including the increased risk of metastasis which serves as a poor prognostic indicator.

In Figure 1 cited from a study of similar interest- showing the impact of the pandemic and number of cancer cases missed, therefore all these act as poor diagnostic factors because missing early cases means a total change from simple resection or chemo-radiotherapy to failure of treatment.^{2,3}

Pandemic effect: Missed cancer diagnoses

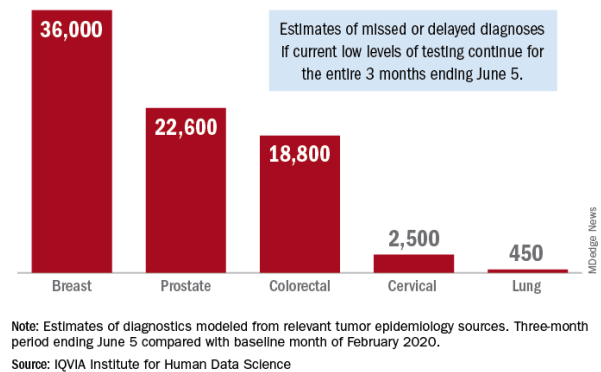


Figure 1: Impact of the pandemic and number of cancer cases missed.

During the COVID pandemic era in Saudi Arabia and continuing till now, many colorectal cases were delayed and postponed due to the curfew regulations and restrictions as the rest of the world.

Multiple colorectal cancer cases were cancelled and delayed, as well as the X-rays of these cases were postponed to a long period of time.

The prolonged delay of surgery led to having poor prognostic outcomes, as an example a tumor that was well localized due to the delayed treatment it may aggressively micro metastasis and as a result become inoperable, leading to a decline in survival rate.⁴

There are cases which became inoperable after delaying and were difficult to resect the tumor. Not only this but also some cases developed distant metastasis to the liver and lungs, which therefore made resection impossible. We faced cases with locally advanced cancers invading the uterus, bladder and the pelvic resected leading to inoperability of the case.

We must mention that there is a delay in receiving chemo-radiotherapy for the patients during the COVID pandemic, which as a result made it more difficult to downstage to tumor grade or even to treat distant metastases.

It is highly recommended to eliminate any delays to avoid preventable unnecessary harm for colorectal cancer patients. In such acute crisis, hospitals are forced to deal with complex problems, and health providers should get

aim to provide a safe environment for cancer patients to seek care without subjecting them to any further harm.⁵

In mean time, there is no enough data collected to strongly show the association of how COVID pandemic negatively impacted colorectal cancer patients, but on the long run such outcomes should be closely monitored and followed up.

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