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# Resuming Cancer Screening During Covid-19: Gastroenterology Perspective on Colorectal Cancer

Fola P. May MD PhD

UCLA Vatche & Tamar Manoukian Division of Digestive Diseases  
UCLA Kaiser Permanente Center for Health Equity



David Geffen  
School of Medicine

**UCLA** Health

# Overview

- Impact of COVID-19 on endoscopy (colonoscopy) services
- Strategies for re-opening endoscopy
- Challenges during endoscopy re-opening
- Patient concerns about endoscopy during COVID-19
- Provider concerns about endoscopy during COVID-19
- Minimizing long-term impacts of COVID-19



## HEALTH

# Routine cancer screenings have plummeted during the pandemic, medical records data show

By REBECCA ROBBINS @rebeccadrobbins / MAY 4, 2020

HemOnc today

June 23, 2020 | 3 min read

By Mark Leiser

Source/Disclosures

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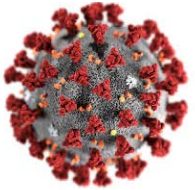
**COVID-19 may lead to 10,000 excess deaths due to breast, colorectal cancers**

Appointments for screenings for cancers of the cervix, colon, and breast were down between 86% and 94% in March, compared to average volumes in the three years before the first Covid-19 case was confirmed in the U.S., the Epic data show.

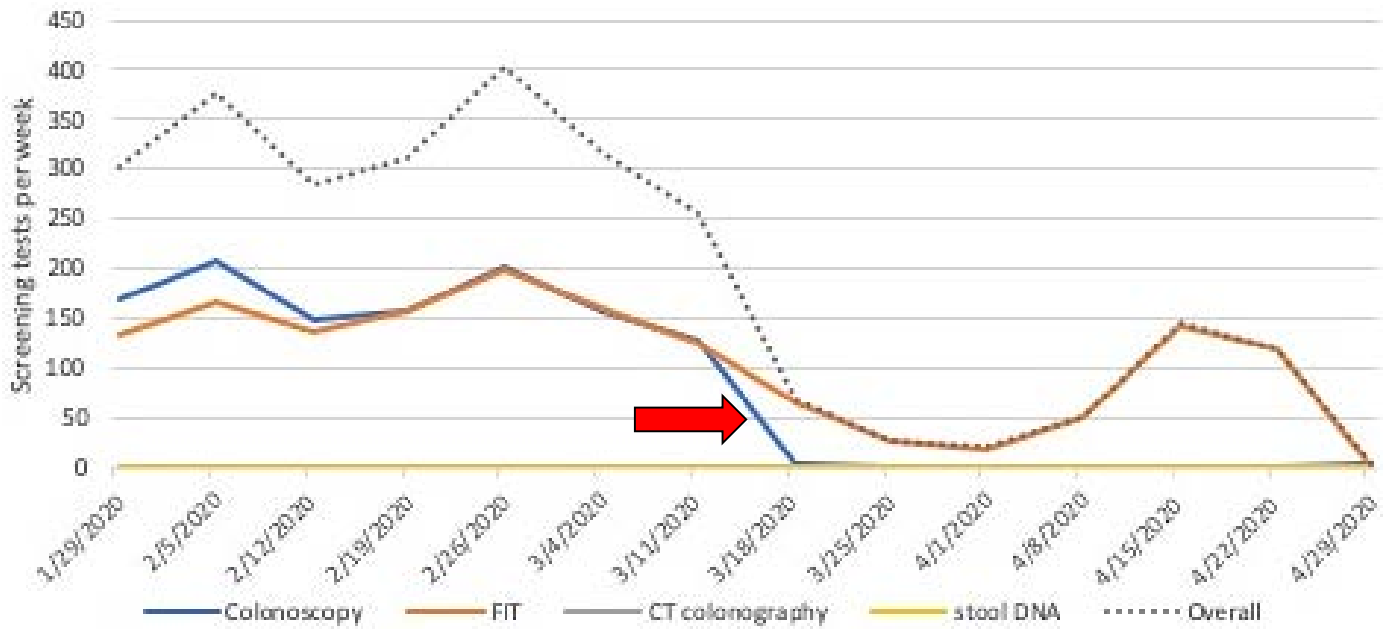


# National Halt in Endoscopy

- March 14, 2020: U.S. Surgeon General advised that all hospitals cancel non-urgent, elective surgeries and procedures.
- Gastroenterology professional societies released a joint society guideline recommending the rescheduling of elective non-emergent cases.



# UCLA Health: 90% Decline in Screening Colonoscopy



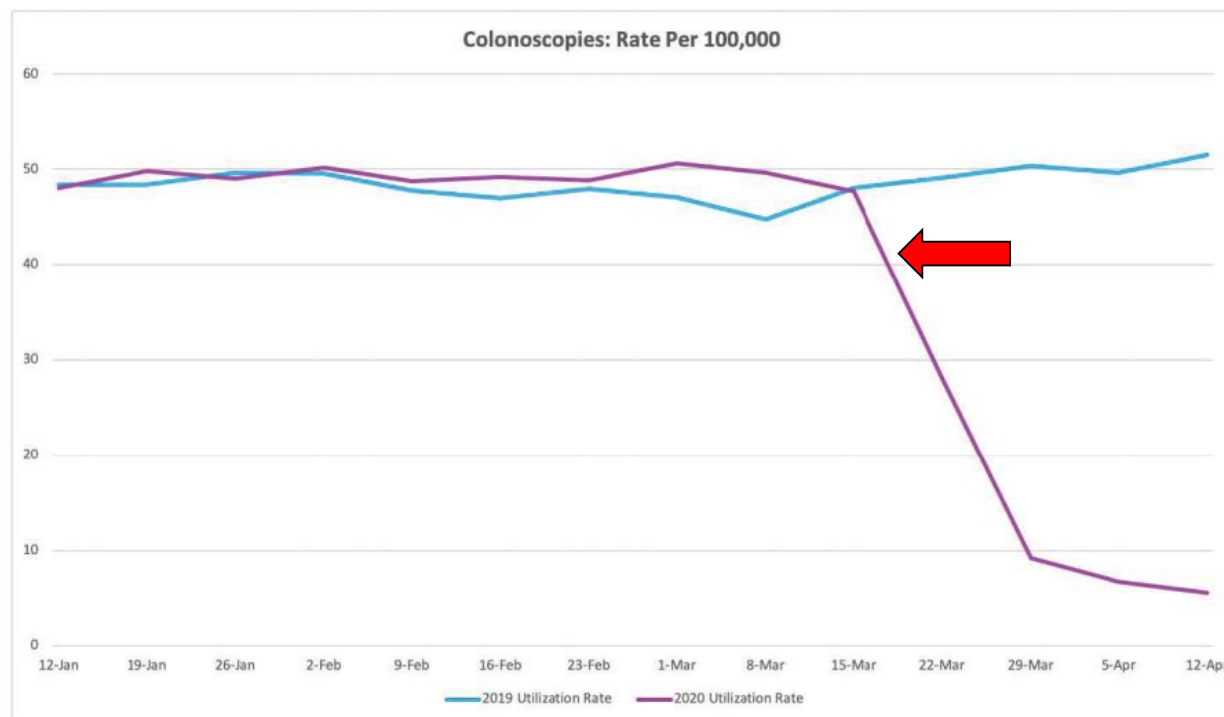
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# U.S Data: Colonoscopies Dropped by 89%



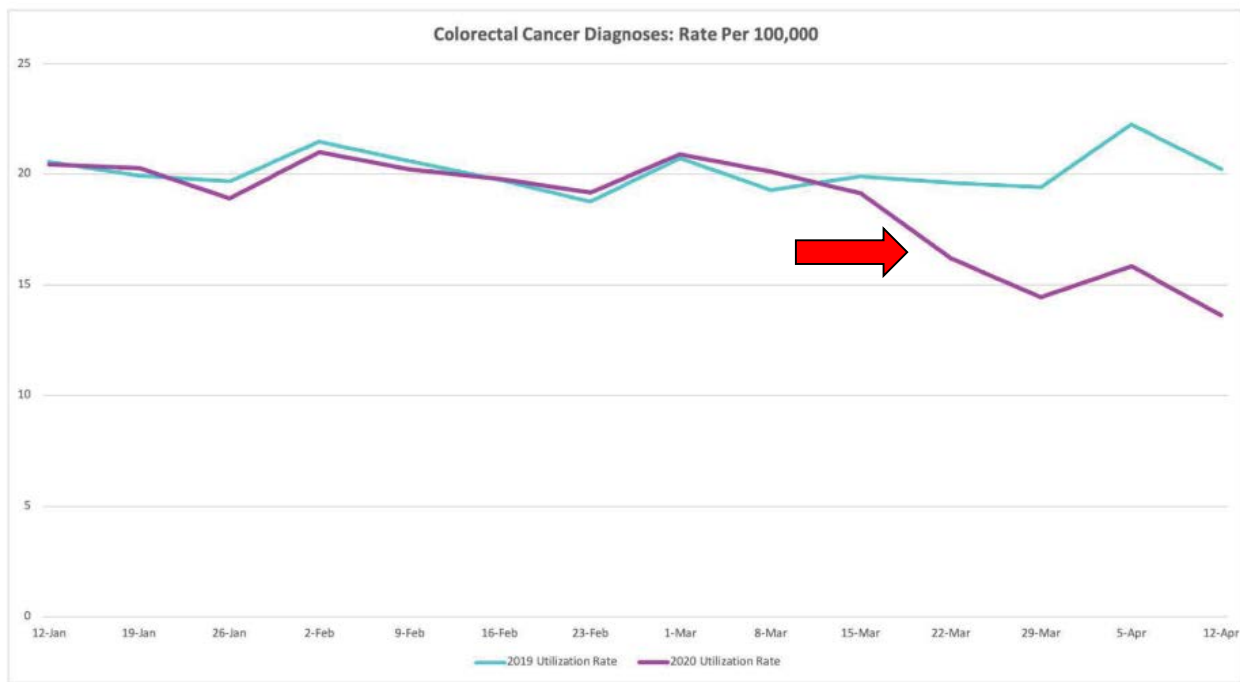
Periyanaayagam et al. Komodo Health. Fight CRC. May 2020



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# U.S Data: Colorectal Cancer Diagnoses Down One-third



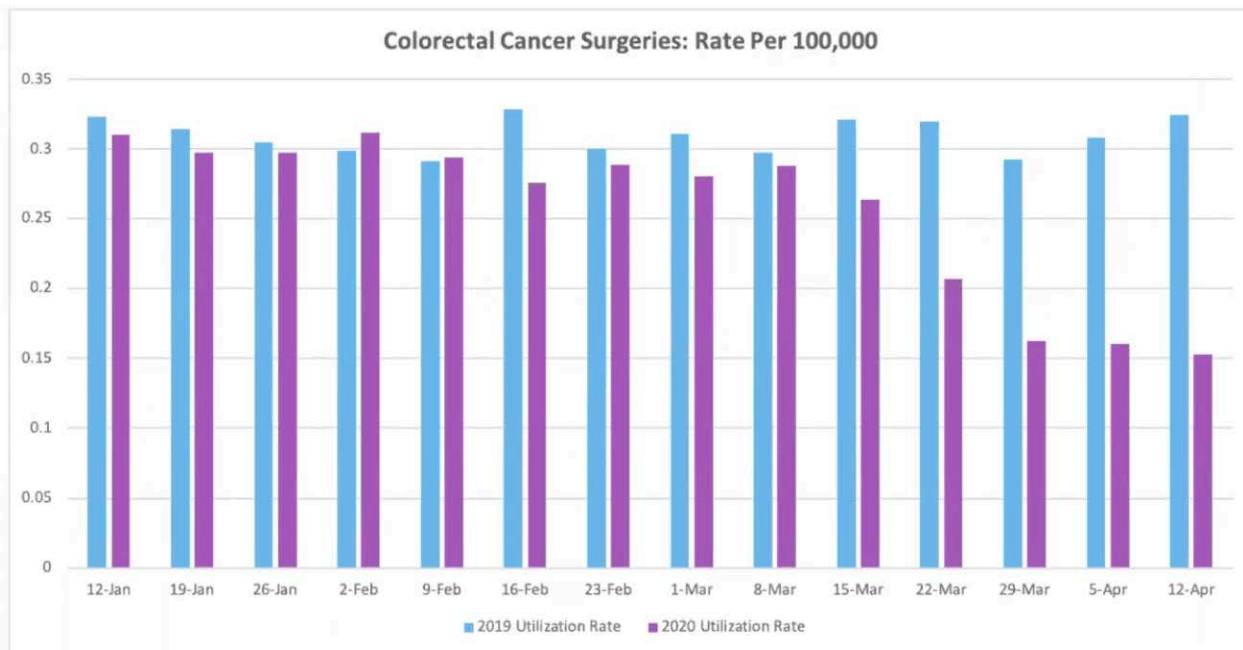
Periyannayagam et al. Komodo Health. Fight CRC. May 2020



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# Colorectal Cancer Surgery Decreased by 53%



Periyannayagam et al. Komodo Health. Fight CRC. May 2020



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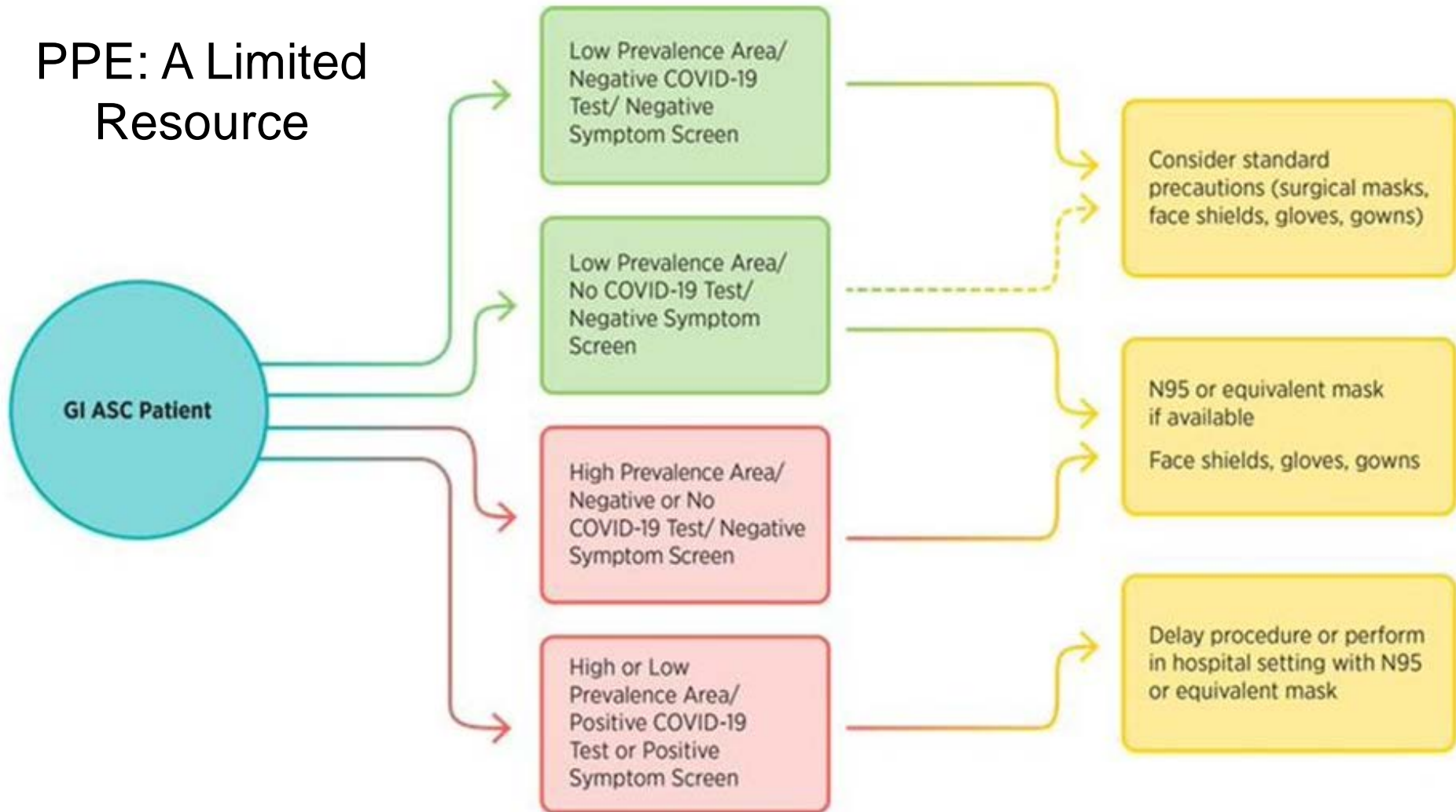


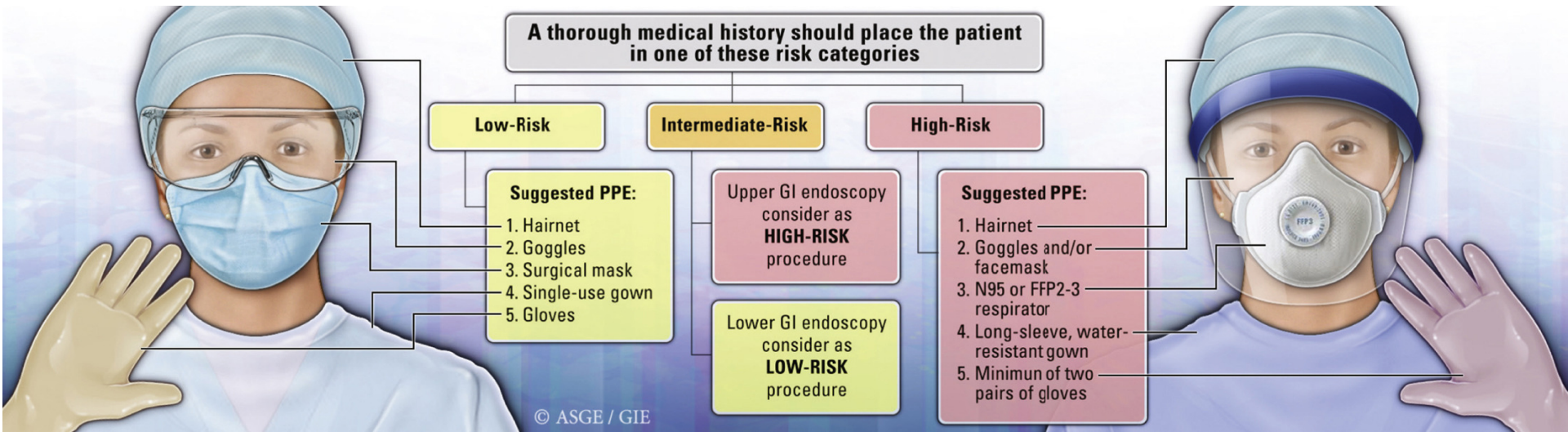
# Strategies for Re-opening Endoscopy

- **Pre-procedure:**
  - COVID-19 testing of patients, providers, and staff
  - Symptom screening and temperature checks
- **At time of procedure:**
  - Mask use by all endoscopy personnel, patients, visitors
  - Staggered procedure start times
  - Spacing of personnel and patients
  - Visitor and personnel restrictions
- **Post-procedure:**
  - COVID-19 testing
  - Patient tracking and follow-up



# PPE: A Limited Resource





Repici et al. GIE. July 2020



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# Challenges During Endoscopy Re-opening

- Timely pre-procedure COVID-19 testing
- Emergence of false negative results
- Post-procedure positive COVID-19 results
- Late cancellations and implications on scheduling
- Endoscopy efficiency (space, staff, and time)
- Provider and staff PPE



# Patient Concerns About Endoscopy During COVID-19



- Hesitancy about COVID-19 exposures
- Safety protocols
- Necessity for non-urgent procedures
- Need for further procedures and health center visits
- Loss of/changes in insurance



# Provider Concerns About Endoscopy During COVID-19

- Local prevalence rates
- Safety protocols
- Exposed staff/team
- Availability of PPE
- Exposing others to COVID-19



# Minimizing Long-Term Impact of COVID-19 on CRC Screening and Disparities



## The impact of COVID-19 on colorectal cancer disparities and the way forward

Sophie Balzora, M.D.<sup>1</sup>; Rachel B. Issaka, M.D., M.A.S.<sup>2,3,4</sup>; Adjoa Anyane-Yeboah, M.D.<sup>5</sup>; Darrell M. Gray, II, M.D., M.P.H.<sup>6,7</sup>; Folasade P. May, M.D., Ph.D.<sup>8,9</sup>

1. Encourage use of non-invasive screening modalities
2. Increase use of mailed FIT outreach programs
3. Establish safe protocols for FIT kit pick-up and return
4. Prioritize follow-up after abnormal (i.e. positive) FIT results
5. Sustain community-based research where possible
6. Shift advocacy and policy events to virtual and social media platforms where possible

Balzora et al. GIE. July 2020



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School of Medicine

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## REIGNITING COLORECTAL CANCER SCREENING AS COMMUNITIES FACE AND RESPOND TO THE COVID-19 PANDEMIC



### **Provide 4 aligning statements:**

1. Maintain CRC prevention as a public health priority.
2. Identify patients that will benefit most from colonoscopy.
3. Safe screening can occur with at home stool-based tests.
4. Re-igniting public messaging about screening activities will depend on local regulatory requirements and public health priorities.

NCCRT. July 2020



David Geffen  
School of Medicine

**UCLA** Health





[fmay@mednet.ucla.edu](mailto:fmay@mednet.ucla.edu)

 @drfolamay



David Geffen  
School of Medicine

**UCLA** Health