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Colorectal cancer services during the COVID-19 pandemic

Editor

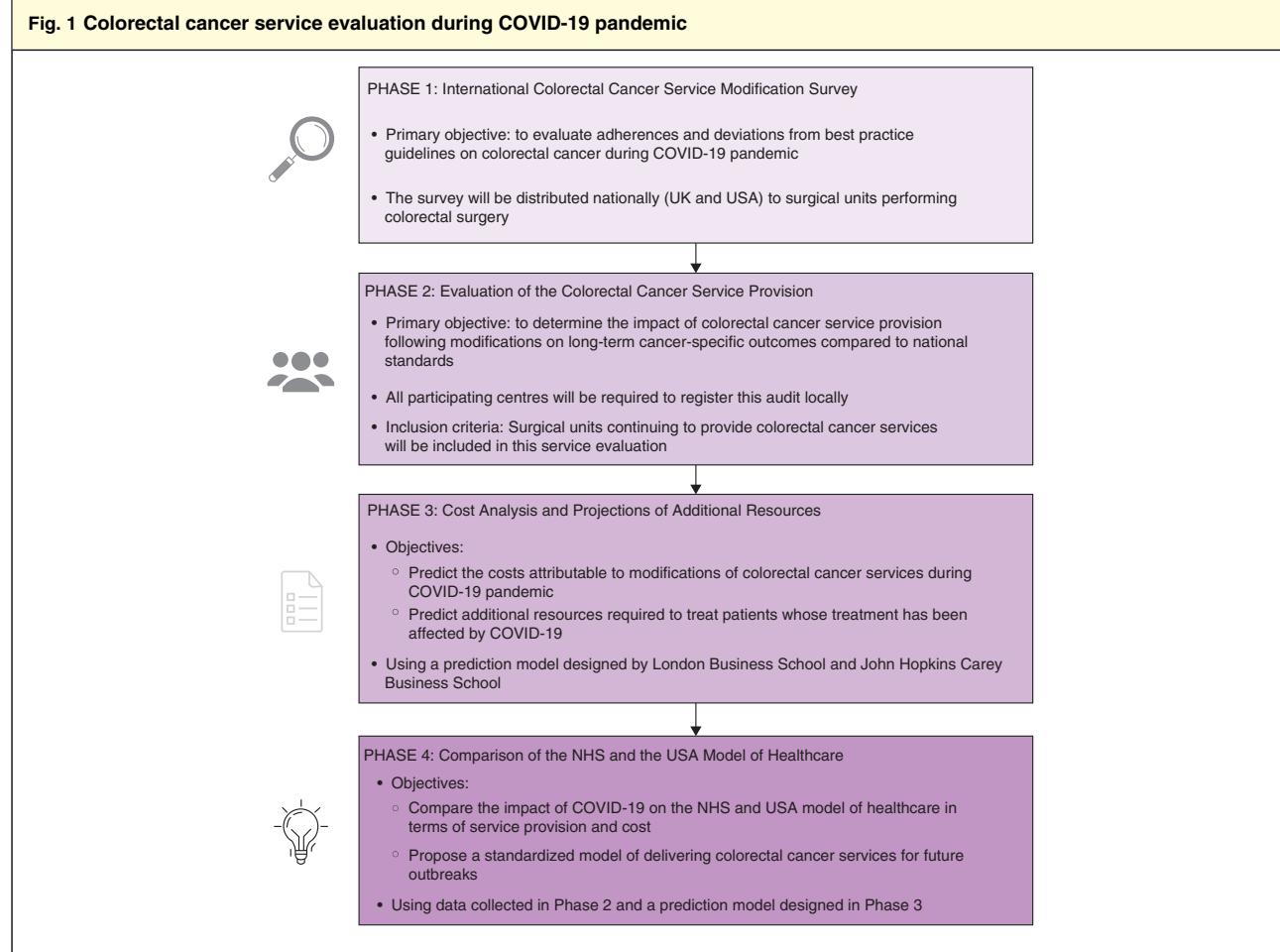
The COVID-19 pandemic is having a significant impact on the delivery of colorectal cancer (CRC) care, among other surgical services, due to the need

to modify and redirect resources^{1–3}. Screening, diagnostic imaging and treatment are being delayed. The potential for enteric virus shedding is considered to represent a transmission risk, leading to widespread recommendations to withhold colonic investigations⁴. Difficult triage decisions have to be made at multidisciplinary meetings because of the limited operating space and intensive care facilities. Current guidance suggests very broad recommendations on how to prioritize operations, ultimately leaving it to the doctors to risk-stratify. NHS England guidance suggests that all non-obstructing colorectal cancer operations can be delayed for up to 3 months. This all represents new ethi-

cal challenges in high-income countries not used to rationing services⁵.

The aim of the CRC COVID study is to describe changes in CRC services in response to the pandemic, the impact that ensues, and sensible ways to recommence surgery⁶. Resource allocation and approach to the management of CRC during the pandemic may vary from country to country. Gaining insights from all perspectives will inform problem-solving. Goals include to outline consensus recommendations for sustainable modifications and predict additional resources required to treat patients whose treatment has been affected. Highlighting the needs of colorectal patients and the costs required

Fig. 1 Colorectal cancer service evaluation during COVID-19 pandemic



NHS, National Health Service.

to deliver high-quality care in the future is the ultimate priority. The service evaluation will be conducted in four phases (*Fig. 1*).

The CRC COVID research collaborative*

*Members of the CRC COVID research collaborative are co-authors of this article and are listed in *Appendix S1* (supporting information)

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- 3 Søreide K, Hallet J, Matthews J, Schnitzbauer A, Line P, Lai P. Immediate and long-term impact of the COVID-19 pandemic on delivery of surgical services. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11670> [Epub ahead of print].
- 4 Gu J, Han B, Wang J. COVID-19: gastrointestinal manifestations and potential fecal–oral transmission. *Gastroenterology* 2020; **158**: 1518–1519.
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- 6 Di Marzo F, Sartelli M, Cennamo R, Toccafondi G, Coccolini F, La Torre G et al. Recommendations for general surgery activities in a pandemic scenario (SARS-CoV-2). *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11652> [Epub ahead of print].

Supporting information

Additional supporting information can be found online in the Supporting Information section at the end of the article.