To overcome medical gap in screening and surveillance of colorectal cancer during the COVID-19 pandemic

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Article: The elderly population are more vulnerable for the management of colorectal cancer during the COVID-19 pandemic: a nationwide, population-based study (Intest Res 2023;21:500-509)

The coronavirus disease 2019 (COVID-19) pandemic has significantly impacted the medical system, resulting in a dramatic decrease in the screening and surveillance of colorectal cancer (CRC). The American Gastroenterological Association recommendations and Korean Cancer Association guidelines recommended the postponement of all elective procedures in asymptomatic patients because of concerns about COVID-19 and for the efficient distribution of medical resources during the pandemic.1-3

Several studies have investigated the implementation of CRC screening and management during the COVID-19 pandemic. In the current issue of Intestinal Research, Kang et al.4 have reported on the management of CRC during the COVID-19 pandemic in Korea. Considering significant regional differences in medical utilization patterns even within the United States,5 these data examining colonoscopy, colonoscopic polypectomy, hospital visits, and surgical management for CRC in Korea are of great significance.

Most studies have focused primarily on the early months of the pandemic; however, this study conducted long-term follow-up observations throughout the four pandemic waves. In a study from the United States, many patients skipped or postponed screenings during the initial months of the pandemic.6 Although these reductions improved following the early pandemic, the new reductions during the Delta and Omicron waves demonstrated the continued impact of the COVID-19 pandemic on cancer care. Although some rebound occurred, it was lower than expected. Despite several epidemic waves of COVID-19 in Korea, colonoscopy and the management of CRC remained unaffected after the first surge of COVID-19. In particular, the number of monthly colonoscopic polypectomies rapidly recovered for all age groups compared to those in 2019. This rapid restoration to the pre-COVID-19 status in Korea might have had little impact on the oncologic outcomes of CRC; this should be further evaluated.

The most notable finding of this study was that the elderly population was more vulnerable than younger age group to CRC management. This study was meaningful because it analyzed whether medical utilization patterns differ according to age. The elderly are much more susceptible to COVID-19 and show much higher mortality and morbidity rates than those associated with young adults; therefore, they may be more reluctant to undergo screening and management for CRC. Second, the elderly cannot receive sufficient assistance in using medical facilities due to social shutdowns and social distancing. Socially vulnerable groups are likely to be affected by environmental factors. According to another study, disparities in...
the receipt of CRC persisted or worsened during the COVID-19 pandemic, not only in the elderly but also in individuals of certain races and low socioeconomic status. Special considerations are required for overcoming this disparity, and appropriate medical policies should be implemented in future pandemics.

Diverse modalities have been suggested for overcoming the gap between colonoscopy and CRC management during the COVID-19 pandemic. Telemedicine visits may be a good option for reducing the risk of COVID-19 transmission and increasing access to medical care. For example, in the United States, in-person contacts decreased by 37%, whereas telemedicine visits increased dramatically. One concern is that socioeconomic and demographic discrepancies remain in the use of telemedicine, because ethnic/racial minorities and older patients may face barriers to electronic devices. Special consideration and socioeconomic support should be considered in these groups. Fecal immunochemical tests, requiring minimal interpersonal contact, are potential alternatives to colonoscopy during pandemics. The authors have suggested a stool DNA-based methylated syndecan-2 test that exhibits increased sensitivity and specificity for CRC detection. As a substitute for colonoscopy in future pandemics, the active implementation of these strategies targeting socially vulnerable groups should be considered.

ADDITIONAL INFORMATION

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REFERENCES