Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Screening of gastrointestinal cancers during COVID-19: a new emergency

In last issue's editorial on safeguarding cancer care in a post-COVID-19 world,[1] *The Lancet Oncology* highlighted how cancer care has been deprioritised, delayed, and discontinued as an effect of the COVID-19 pandemic.

Even if cancer treatments has been maintained, screening has sharply decreased across the world. This decrease is particularly the case for endoscopic screening of digestive system cancers, especially that of colorectal cancer, which has been suspended in most countries. In this regard, our survey of 121 hospitals across Italy between March 30, and April 7, 2020, showed that 49 (47%) of 105 gastroenterology divisions had suspended their endoscopic screening programme for colorectal cancer during the COVID-19 pandemic.[2] Another survey of gastroenterologists across North America between March 21, and April 17, 2020, showed that 71 (97%) of 73 responding centres had postponed colonoscopy screening.[3] In Hong Kong, endoscopy screening is not routinely done in public hospitals. However, a population-based study reporting data from all public hospitals in Hong Kong showed that between Oct 1, 2019, and March 31, 2020, the mean diagnoses of gastric cancers per week decreased by 46·2% (from 22·9 to 12·3; reported p value <0·001), and for colorectal cancers by 37·0% (from 92·1 to 58·0; p<0·001).[4]

The reduction in gastrointestinal screening and diagnostic procedures is variable and not yet quantifiable on a global scale. Nevertheless, the reductions observed already represent a major issue, both in terms of the accumulation of missed diagnoses, and the large population of patients to be managed after the pandemic. With regard to increased patients, the number of postponed examinations increases on a daily basis, which risks saturation of gastroenterology divisions at the end of the pandemic, without the possibility to recover from the accumulating delay. This is alarming, given that the volume of patients typically screened is high, and that when colonoscopy is delayed by more than 6 months after a positive fecal immunochemical test, the risk of any colorectal cancer or advanced-stage disease is substantial and continues to increase with time.[5]

Therefore, if screening is restarted, but the delay is not recovered, this time shift risks compromising the long-term outcomes of patients. On this premise, an urgent call to action is needed to restart digestive cancer screening programmes as soon as possible, while maintaining full adherence to international guidelines aimed at limiting the spread of severe acute respiratory syndrome coronavirus 2. Furthermore, substantial resources should be invested by each health-care system to strengthen screening programmes and compensate for the lost time.

I declare no competing interests.

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1 The Lancet Oncology. Safeguarding cancer care in a post-COVID-19 world. *Lancet Oncol* 2020; **21:** 603.

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5 Lee YC, Fann JC, Chiang TH, et al. Time to colonoscopy and risk of colorectal cancer in patients with positive results from fecal immunochemical tests. *Clin Gastroenterol Hepatol* 2019; **17:** 1332–40.e3.

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