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636 Impact of the COVID-19 Pandemic on Emergency **Admissions with Colorectal Cancer**

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Aim: During the first wave of the Coronavirus (COVID-19) pandemic, there was considerable concern that patients with non-COVID pathologies would not seek medical attention, or the healthcare resources to treat these patients would not be available. This may affect the number of patients presenting as an emergency or with more advanced disease. The aim of this study is to establish if admission and outcome patterns changed pre-COVID vs post-COVID.

Method: All patients presenting as an emergency admission with colorectal cancer to our institution were identified from a prospectively collected database. We compared 1 year prior to the national lockdown (April 2019-March 2020) with the subsequent year (April 2020-March 2021). Treatment plans and follow-up were recorded using electronic patient records.

Results: There was no difference between the number of patients attending as an emergency pre-COVID compared with post-COVID (60 vs 67, p=0.474). The proportion of patients undergoing surgery on the index admission fell but did not reach significance (52.5% pre-COVID vs 38.8% post-COVID, p=0.122). No difference observed in the proportion of patients presenting at each cancer stage; I-IV (p=0.881), nor patients proceeding with curative intent (39.0% pre-COVID vs 37.3% post-COVID, p=0.906). The median length of hospital stay was not significantly different (10.0 days pre-COVID vs 9.0 days post-COVID, p=0.128). Finally, no difference in 30-day mortality was observed (25.0% vs 29.9%, p=0.541).

Conclusions: This study appears to show that there was no difference in the number of patients accessing emergency services with acute presentations of colorectal cancer, and that the outcomes have not changed despite COVID.