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Impact on colorectal cancer in COVID-19 pandemic

Editor

Patients suffering from malignant diseases are especially affected by the COVID-19 pandemic due to poor immunity from tumour load and malnourishment[1]. Cancer Research UK extrapolate that approximately 5000–6000 patients will need surgery for colorectal cancer (CRC) in the next 3 months (110 per day, 50–60 per cent resectable). CRC services have undergone a major overhaul to come up with management strategies[2]. We have followed international guidelines and experiences to establish some key points in managing CRC, as summarized here.

The ethical challenges of the pandemic are very apparent in the care of patients with CRC, but resource allocation may be aided by sensible decision-making. Surgery for early colon disease could be put on hold, whereas more advanced disease should be considered for neoadjuvant chemotherapy, balanced against immunosuppression risks. T3 N0 rectal cancer should be treated with short-course radiotherapy, whereas more advanced disease should be managed with long-course chemoradiotherapy or total neoadjuvant therapy. The interval to surgery could be extended to 12–16 weeks, balanced against time-dependent factors. Broader surgical principles, including how to cope with smoke and aerosol issues, have been covered recently[2–4].

Virtual care is suboptimal for aspects of cancer care but may help ease the burden of patient anxiety a little. Surgical research has undergone a big setback and many clinical trials are compromized[9]. How we cope with the next waves to hit will be a defining time in surgery[10]. Focus should be on postpandemic resource planning for services to resume in a safe but efficient manner[5].

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