Patient and public involvement in the post COVID era

doi:10.1111/codi.15114

Dear Editor,

The Association of Coloproctology of Great Britain and Ireland and the Bowel Disease Research Foundation led the way on patient and public involvement (PPI) in colorectal research with the 2013–2016 Delphi Games, which led to the integration of patients as key partners in research studies, as well as studies such as CIPHER and PREPARE ABC. With the COVID-19 pandemic, we have seen the majority of colorectal research studies suspended, given the need for routine work to be reduced to focus resources on critical care. When we look to return to a new normal, these studies and others in the pipeline will resume.

It is likely that social distancing will continue for many months, which may have unintended consequences for PPI. Much of our existing work has been done on a face to face basis, allowing the flattening of hierarchy between clinicians, researchers and patients. It also allows patients to meet others who have been through similar experiences. While not the aim of PPI, this is an added incentive for patients who give up their time freely to help design future research studies.

We do not know if our PPI work will be able to continue in the same format if social distancing continues. Travel may well be restricted, which would pose an additional barrier. During COVID-19 we have seen a rise in the use of the online videoconference, and it has been suggested that this may be an option for carrying out future PPI. While we must do all that we can to ensure that patients remain an integrated part of research, the National Institute for Health Research have published their set of eight commitments on this [https://www.nihr.ac.uk/documents/shared-nihr-commitments-to-public-involvement-participation-and-engagement-during-the-covid-19-pandemic/24640 (accessed 28 April 2020)], we must be cognisant that not all patients are comfortable with online meetings, or have access to the necessary equipment, or indeed have the technological knowledge to be able to use it. PPI must remain open and accessible to all ages, and all socioeconomic groups; to not do so would risk the years of work that have got us to the current point where patients are an integral part of colorectal research.

Doing PPI effectively can be challenging, and there are a number of issues that may not be immediately apparent:

1 Reaching the right patients: those with first-hand experience, who may not be easy to reach via media such as social media.
2 Distress to participants: participating in PPI events can bring up distressing memories and strong emotions for some patients.
3 Marginalization: excluding participation of certain cohorts of patients, due to either use of technology, location of meeting or lack of funding for expenses.

While we recognize that there may be a new normal that we may find ourselves living in once this pandemic is over, we must ensure that PPI remains inclusive and does not exclude those who have the lived experience of the conditions that we are researching. We encourage the colorectal surgery community to use the tools produced by the National Institute for Health Research and the National Coordinating Centre for Public Engagement [https://www.nihr.ac.uk/documents/shared-nihr-commitments-to-public-involvement-participation-and-engagement-during-the-covid-19-pandemic/24640 (accessed 28 April 2020)] when considering changes to PPI engagement to ensure that the patient voice remains strong in research.

Funding

No funding has been received.

Conflicts of interest

Neither of the authors have any conflict of interest to declare.

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Received 4 May 2020; accepted 5 May 2020; Accepted Article online 6 May 2020

Do we really need guidelines for HRA during the COVID-19 pandemic?

doi:10.1111/codi.15116

Dear Editor,

We have read with great interest the recent guidelines of the International Anal Neoplasia Society (IANS) for the practice of high-resolution anoscopy (HRA) in the era of coronavirus (SARS-CoV-2) disease (COVID-19) [1].

COVID-19 was first identified in Wuhan, China, in December 2019, and recognized as a global pandemic on 11 March 2020. Consequent to the COVID-19 pandemic, scientific societies have published countless guidelines. These are not unequivocal and are not evidence based. In spite of this, IANS has proposed some guidelines on the use of HRA in anal cancer and its precursors.

Even if high-grade anal intraepithelial neoplasia (AIN) is the direct precursor to anal cancer, the rate of progression to invasive carcinoma is between 1.3% and 3.2% at 5 years [2,3]. The meta-analysis performed by Machalek reported that rates of progression from AIN III to anal cancer are approximately 1 in 600 per year in HIV-positive men who have sex with men (MSM) and one in 4000 per year in HIV-negative MSM patients [2]. Moreover, the benefits of screening programmes targeting high-risk populations are still controversial, and due to the low rate of progression screening is unlikely to be cost-effective. Furthermore, anal screening tests are not designed to detect anal cancer.

Nyitray and Coll [4] have shown that digital ano-rectal examination (DARE) has a high sensitivity for detection of anal neoplasms, as does self-anal examination for singles or partner anal examination for couples. Concordance between clinicians' result and participants was 91.2%. Neoplasms of ≥ 3 mm may be detectable by the clinician or self- or partner palpation.

Guidelines from the Italian Society of Colo-Rectal Surgery (SICCR) suggest that the grade of recommendation for the use of HRA in screening for AIN is weak based on moderate-quality evidence (2B) [5].

An additional factor is that SARS-CoV-2 viral RNA has been isolated from stools [1]. Whilst oro-faecal spread is not thought to be a major factor in the epidemic, HRA practitioners need to be aware of it as a potential source of infection.

Considering all these aspects it is our opinion that HRA should be avoided during the COVID-19 pandemic. HRA is a time-consuming examination when adequately performed; it is very expensive, especially if performed with personal protective equipment; and it includes the potential risk of infection for personnel involved in the procedure.

Considering the costs of dealing with the problems posed by COVID-19, the shortage of healthcare professionals and the lack of worldwide consensus evidence for HRA, this examination cannot be considered mandatory during the COVID-19 pandemic.

The low risk of progression of AIN to invasive carcinoma, even in high-risk patients, and the long time from diagnosis of AIN and progression do not justify the use of HRA and a screening programme during the COVID-19 pandemic.

DARE with biopsy of suspicious palpable lesions of symptomatic patients could be considered sufficient during this period. A latency of 6–12 months is probably reasonable for these patients without affecting the natural history of AIN.

Conflicts of interest

None of the authors have any conflicts of interest to declare.

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Received 27 April 2020; accepted 28 April 2020; Accepted Article online 7 May 2020

References

1 IANS. *Guidelines for the Practice of HRA in the Era of COVID-19*. https://ians.wildapricot.org/IANS-HRA-Guidelines-for-COVID-19. (accessed 16-04-2020).
2 Cachay ER, Mathews WC. Human papillomavirus, anal cancer, and screening considerations among HIV-infected individuals. *AIDS Rev* 2013; **15:** 122–33.
3 Machalek DA, Poynten M, Jin F *et al.* Anal human papillomavirus infection and associated neoplastic lesions in men who have sex with men: a systematic review and meta-analysis. *Lancet Oncol* 2012; **13:** 31.
4 Nyitray AG, Hicks JT, Hwang L-Y *et al.* A phase II clinical study to assess the feasibility of self and partner anal examinations to detect anal canal abnormalities including anal cancer. *Sex Transm Infect* 2018; **94:** 124–30.
5 Binda GA, Gagliardi G, Dal Conte I *et al.* Practice parameters for the diagnosis and treatment of anal intraepithelial neoplasia (AIN) on behalf of the Italian Society of Colorectal Surgery (SICCR). *Tech Coloproctol* 2019; **23:** 513–28. Epub 2019 Jun 26.

COVID-19 and the treatment of acute appendicitis in Ireland: a new era or short-term pivot?

doi:10.1111/codi.15141

Dear Editor,
COVID-19 (SARS-CoV-2) has caused major disruption to healthcare practices globally. The reality of a pandemic rapidly overwhelming healthcare systems has been alarming, and countries earlier in their curves have sought to implement the lessons from others'