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.

Effect of COVID-19 on the detection and management of colorectal cancer in England

We read with interest the Article by Eva Morris and colleagues,[1] published in *The Lancet Gastroenterology & Hepatology*, and welcome the valid concerns raised. Analysis of population-based data has provided a rapid insight into the effect of COVID-19 on referral and management of patients with colorectal cancer in England during the first wave of the pandemic and the subsequent recovery period. This study documents changes made to investigative and treatment pathways in response to national guidance in the UK[2] and the subsequently reduced capacity to investigate patients presenting with bowel symptoms.

Armed with our knowledge of treating patients alongside the threat of COVID-19, it is all too easy to forget the extent of our ignorance and fear when the pandemic began, particularly regarding the unknown risks to both elective patients and staff. Therefore, the marked fall in 2-week wait (2WW) referrals, consultations, investigations, and diagnoses do not come as a surprise and it is a testament to the hard work of both clinicians and managers that numbers of referrals, colonoscopies, and colonic resections had recovered by October 2020. During the early months (February–May 2020) of the pandemic, primary and secondary health-care providers were forced to stratify patients referred to the 2WW pathway by clinical symptoms and use of faecal immunochemical tests, which were already undergoing clinical validation before the pandemic.[3] The ability of health-care providers to stratify patients by these means was rapidly expanded, allowed trusts to stratify 2WW referrals according to colorectal cancer risk, and was generally regarded as a huge success in maintaining diagnostic pathways with such restricted capacity.

The effect of the COVID-19 pandemic on referral and diagnostic services has highlighted the previously voiced concerns that the 2WW referral system is, in the context of colorectal cancer, not fit for purpose.[4] Only 3% of such patients are diagnosed with a colorectal cancer; additionally, referrals for colonoscopy because of symptoms exceed referrals through the bowel cancer screening pathway by seven-times, overwhelming endoscopy services. This implies a hugely inefficient way of managing patients with a focus on exclusion and defensive practice at the expense of the actual individual needs of patients. A paradigm shift with a focus on personalised medicine and more efficient diagnostic hubs[5] might reduce unnecessary tests and better address the needs of symptomatic patients.

We declare no competing interests.

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1 Morris EJA, Goldacre R, Spata E, et al. Impact of the COVID-19 pandemic on the detection and management of colorectal cancer in England: a population-based study. *Lancet Gastroenterol Hepatol* 2021; published Jan 14. https://doi.org/10.1016/S2468-1253(21)00005-4.

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3 Chapman C. Bunce J. Oliver S, et al. Service evaluation of faecal immunological testing and anaemia for risk stratification in the 2-week-wait pathway for colorectal cancer. *BJS Open* 2019; **3:** 395–402.

4 Thompson MR, O'Leary D, Heath I, et al. Have large increases in fast track referrals improved bowel cancer outcomes in the UK? *BMJ* 2020; **371:** 1–5.

5 Richards M. Diagnostics: recovery and renewal – report of the independent review of diagnostic services for NHS England. 2020. https://www.england.nhs.uk/publication/diagnostics-recovery-and-renewal-report-of-the-independent-review-of-diagnostic-services-for-nhs-england/ (accessed Jan 23, 2021).

Effect of the COVID-19 pandemic on colorectal cancer care in France

We welcome the Article by Eva Morris and colleagues[1] on the impact of the COVID-19 pandemic on the detection and management of colorectal cancer in England. In France, a first strict nationwide lockdown was implemented on March 17, 2020, and lifted on May 11, 2020. A second nationwide lockdown was then enforced between Oct 30, 2020, and Dec 15, 2020.

We used the Electronic Health Record Database of Assistance Publique–Hôpitaux de Paris (AP–HP), the main health-care provider in the Paris region, to examine the effect of the first national lockdown in France on colorectal cancer care. The database contains 11 million patient records; AP–HP manages around 10% of cancer cases in France.

We used claims data from Jan 1, 2018, to Oct 31, 2020, to identify patients newly referred to an AP–HP hospital for a colorectal cancer (appendix). We observed similar trends to those published by Morris and colleagues: from March 1 to May 31, 2020, there were 339 newly referred patients for colon cancer. By contrast, there were 505 new referrals over the same period in 2018 and 478 over the same period in 2019, representing a 31% decrease in new referrals in 2020 relative to the average of the previous 2 years. Similarly, there were 119 new referrals for rectal cancer between March 1 and

See Online for appendix