

Impact of COVID-19 pandemic on endoscopic submucosal dissection outcomes in early colorectal tumours

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Dear Editor

The impact of the COVID-19 pandemic is not limited to the direct effect of the virus itself; the pandemic has also impaired access to elective and non-urgent scheduled medical procedures. During the early phases of the pandemic there was uncertainty and fear that resulted in a reduction in endoscopic procedures. In many centres, endoscopy has been limited to emergency procedures only, in line with the recommendations of European gastroenterology societies^{1,2}.

According to the Epic Health Research Network³, there has been an abrupt drop, of between 86 and 94 per cent, in preventive cancer screenings across the USA, presumably owing to access limitations caused by COVID-19. Delays because of lockdowns have been shown to be an independent predictor of subsequent diagnosis of high-risk lesions (high-risk adenomas and colorectal cancer)⁴. The pandemic has also impaired surveillance endoscopy in patients with a history of polyps or colonic tumours. The situation is well illustrated by a survey⁵ in which 36 hospitals from Great Britain and Ireland took part. Some 41.7 per cent of hospitals suspended all colonoscopy and 97.2 per cent suspended all surveillance lower gastrointestinal endoscopy. Only 19.4 per cent of hospitals continued to provide all treatments within 31 days of the decision to treat. The provision of various endoscopic resections including polypectomy, endoscopic mucosal resection, and endoscopic submucosal dissection (ESD), was suspended in 61.1 per cent of hospitals⁵.

The authors believe that a similar scale of problems applies in Poland. According to recommendations of the Polish Society of Gastroenterology, depending on the local epidemiological situation, a temporary withdrawal from scheduled examinations and endoscopic procedures had to be considered². However, it was recommended not to limit essential procedures, such as cancer diagnostics and treatments, diagnosis of alarming symptoms, and continuation of necessary therapy on the scheduled date^{1,2}.

The authors' hospital is a tertiary referral centre for endoscopic resection of colorectal tumours. Annually, approximately 180 ESD procedures are performed. Remodelling of the

work at this centre was required in relation to the pandemic and the limitations at other units in Poland. The number of referrals for urgent endoscopic procedures has increased. There has been a disturbing trend in the number of patients with advanced colorectal polyps, which has increased compared with previous years. In 2020, 217 ESD procedures were performed, including 181 in the colon. In 40 patients (18.4 per cent) invasive colonic cancer was excised, with curative resection in 17. Unfortunately, in 23 of the 40 patients, progression of the neoplasm exceeded the SM1 or there was infiltration of blood vessels, which necessitated extended treatment with resectional surgery. For comparison with previous years, invasive colonic cancers were removed in 15 of 277 (5.4 per cent), 19 of 147 (12.9 per cent), and 17 of 183 patients (9.3 per cent) in 2017, 2018, and 2019 respectively.

These observations may be subject to bias, as they were from a single centre and are retrospective. However, the authors believe that the implementation of appropriate treatment has been significantly delayed during the pandemic. If the current trend continues, many early cancers could remain undiagnosed or be diagnosed at a later stage, with a poorer prognosis. It seems important to fully restart outpatient endoscopy as soon as it is safe and feasible, during recovery from the pandemic.

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