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## **Colorectal (CRC) cancer screening and diagnosis during the COVID-19 pandemic in Quebec, Canada**

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### **Background**

CRC, 3<sup>rd</sup> most common cancer in Quebec, is the 2<sup>nd</sup> and 3<sup>rd</sup> cause of cancer related death in men and women respectively. This study aimed to assess how the provincial screening program and CRC diagnosis were disrupted during the COVID-19 pandemic.

### **Methods**

Ministry of Health of Quebec data related to cancer screening programs and diagnosis during the periods of March 2019 to February 2020 and March 2020 to February 2021 were recently reported (ISBN: 978-2-550-888379-1). We analyzed and compared the data related to Fecal Occult Blood Test (FOBT), colonoscopy, and CRC surgery rates for two comparative 4-month periods (April to July).

### **Results**

Status of public health emergency was declared in Quebec on March 16, 2020. All elective procedures were therefore suspended on that date. From April to July 2020, FOBT decreased by 67.26%, colonoscopy procedures by 57.8% and CRC surgery by 29.5% compared to the same period from 2019. Peak of suspension of these activities was reached in April and May 2020. The waiting list for colon endoscopy increased by 210% from April to July 2020 and by 141% from August to October 2020. After the first pandemic wave, from August to October 2020, activities were resumed, colonoscopies were 11.4% less by comparison to the same period in 2019 (57 887 vs 65 326 procedures respectively). Primary CRC surgery procedures done between April and July 2020 were 29.5% less compared to the same period in 2019. For the whole year from March 2020 to February 2021, 21% less CRC resections were done compared to the year March 2019 – February 2020. The waiting list for surgery was reduced by 30% from April to July 2020 most probably because of a lower surgical referral.

### **Conclusions**

The COVID-19 affected screening and lead to decreased CRC diagnosis rate. Even with the recovery to pre-pandemic activities, catching up with the delays is a challenge for health authorities. The impact of the offloading of diagnostic and surgical activities on cancer mortality is hard to be estimated but is likely to be significant.

### **Legal entity responsible for the study**

The authors.

### **Funding**

Has not received any funding.

### **Disclosure**

All authors have declared no conflicts of interest.

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