

# Results of the ICSN Colorectal Cancer Screening Interest Group Survey on the Impact of COVID-19



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No conflict of interest to declare

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Taiwan

**Thank you!**



# Screening Programme Stopped

January February March April May June July August September October November December

**February**  
Hong Kong

**Early March**  
Italy 8<sup>th</sup>  
Spain (Basque) 9<sup>th</sup>  
Poland - 16<sup>th</sup>  
Slovenia - 16<sup>th</sup>  
Guernsey - 16<sup>th</sup>  
Norway 16<sup>th</sup>

**Late March**  
Finland -  
Netherlands - 18<sup>th</sup>  
Argentina - 19<sup>th</sup>  
Canada (Ontario) - 23<sup>th</sup>  
England - 23<sup>th</sup>  
S Ireland - 23<sup>th</sup>  
Wales - 20<sup>th</sup>  
Scotland - 30<sup>th</sup>  
New Zealand - 23<sup>th</sup>  
USA Kaiser Permanente  
Belgium

**April**  
Sweden  
Chile  
N Ireland  
Japan

**Did Not Stop!**  
Denmark  
**No National Screening Policy**  
Germany



# Screening Programme Started

January

February

March

April

May

June

July

August

September

October

November

December

**April**

Hong Kong 3<sup>rd</sup>

**May**

Netherlands 12<sup>th</sup>

Finland 18<sup>th</sup>

Spain 18<sup>th</sup>

Belgium (*Flemish*) 12<sup>th</sup>

**June**

Japan

New Zealand 4<sup>th</sup>

Italy 30<sup>th</sup>

**July**

Canada (*Ontario*)

Poland

Slovenia

Finland

England

Malta

Wales

**August**

Norway 3<sup>rd</sup>

**September**

USA *Kaiser Permanente*

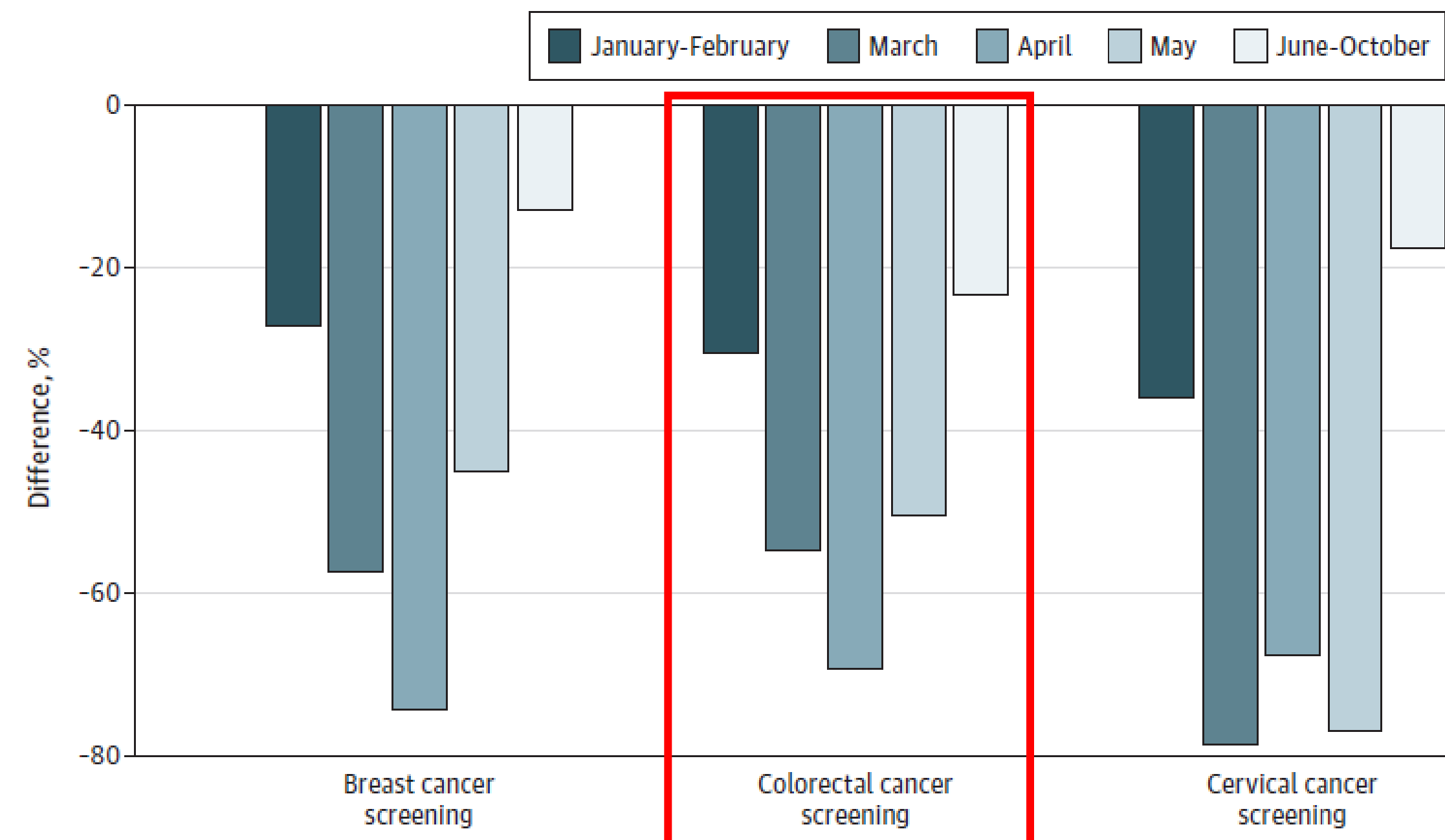
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# The impact of disruption

Programmes were often **not able to restart at full capacity**, as the **volume of procedures was lower** even without restricting the opening time, as a result of **more stringent infection control and physical distancing** measures

**A part of the population experienced a longer delay than the duration of the disruption**

Figure 2. Weighted Average Variation of Screening Tests Performed From January to October 2020 Compared With the Prepandemic Period, by Cancer Type and Period



JAMA Oncology | Original Investigation

Global Association of COVID-19 Pandemic Measures With Cancer Screening  
A Systematic Review and Meta-analysis

Federica Teglia, MD; Marco Angelini, MD; Laura Astolfi, MD; Giulia Casolari, MD; Paolo Boffetta, MD

# The impact of disruption

Real world data about the impact of screening delays on morbidity are lacking and therefore indications to inform decision making for screening programs are coming in this first phase mainly from well-established and validated decision models.

Experts from all around the world joined forces in the **COVID-19 and Cancer Global Modelling Consortium (now International Partnership for Resilience in Cancer Systems - I-PaRCS)** to simulate different scenarios of disruption and recovery **strategies** and predict both long-term outcomes as well as short-term and long-term costs and savings.

# Modeling the impact of disruption

Modelling results are suggesting that **screening interruptions**

- would **increase the number of late stage cancers and of deaths.**
- may have a **higher impact in the older age groups**

Their impact is related to

**Duration** of the disruption

**Participation** during the recovery period

**Catch-up strategy**



# Monitoring the impact of disruption

Close monitoring of established indicators of screening performance to document the impact of the pandemic providing input

- ❑ to estimate the long-term impact of the delay
- ❑ to estimate expected time to a complete recovery
- ❑ to assess the ability of the program to achieve the expected targets and to make quick adjustments as problems became apparent.
- ❑ to assess the effect of measures implemented to restart programs and possibly increase the screening uptake
- ❑ to inform and validate modelling

## COMMENTARIES

### Colorectal Cancer Screening in the Novel Coronavirus Disease-2019 Era

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## **International Cancer Screening Network**

### **Colorectal Cancer Screening Interest Group**

Iris Lansdorp-Vogelaar      Co-Chair

Carlo Senore                      Co-Chair

### **Monitoring screening during the COVID-19 emergency**

The ICSN CRC interest group designed a project, aimed to collect aggregated quantitative data about screening activity and outcomes during the pandemic emergency, using a standardized data template, to calculate key indicators of activity and performance

# Data collection

- Volume of activity: invitations and examinations
- Participation
- Screening tests results
- Compliance with colonoscopy assessment
- Waiting time for colonoscopy
- Screening outcomes
  - neoplasia yield
  - stage distribution of screen-detected CRCs
- Interval cancer rate

Data collected for 2020 and for the corresponding period in 2019 or 2018 stratified by

- Sex (3 programs)
- Age (all programs)
- Screening history (13 programs)

Cancer site:

Colorectal Cancer

Country / Region:

## Historic information

Year of screening introduction

## Current screening strategy

	Screening test	Age		Interval
		from:	to:	
	FIT			2

Index year	Reference year - exams	Reference year - Invitations	Reference period - activity	Reference period - invitations	Reference period - participation
2020	2018	2018	January - June	January - June	January - September

**Table 1:  
Population  
(Men+Women)**

A

	Target population	Screening interval	Screening test	Annual target population
40-44		2	FIT	0
45-49		2	FIT	0
50-54		2	FIT	0
55-59		2	FIT	0
60-64		2	FIT	0
65-69		2	FIT	0
70-74		2	FIT	0
75-79		2	FIT	0
Unknown *		2	FIT	0
Total	0			0

\* Only enter applicable data here ('Unknown') that cannot be broken down by age group



**Table 3: Further assessment indication**

		D1	D2	D3	D4			Rate of indication for follow-up colonoscopy			D1_r	D2_r	D3_r	D4_r		
		Individuals screened in 2020	Positive screening tests	Negative screening tests	Total adequate tests	Inadequate screening tests	Test result unknown	Positive	Total	%	Individuals screened in 2018	Positive screening tests	Negative screening tests	Total adequate tests	Inadequate screening tests	Test result unknown
Initial screening	40-44				0		0									0
	45-49				0		0									0
	50-54				0		0									0
	55-59				0		0									0
	60-64				0		0									0
	65-69				0		0									0
	70-74				0		0									0
	75-79				0		0									0
	Unknown *				0		0									0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>					<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Subsequent screening	40-44				0		0									0
	45-49				0		0									0
	50-54				0		0									0
	55-59				0		0									0
	60-64				0		0									0
	65-69				0		0									0
	70-74				0		0									0
	75-79				0		0									0
	Unknown *				0		0									0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>					<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Results

**16 programs from 13 countries**

11 European countries

Taiwan

Ontario (Canada)

3 programs piloting / early roll-out phase

1 program providing data for the two-year rounds 2018-2019 and 2020-2021

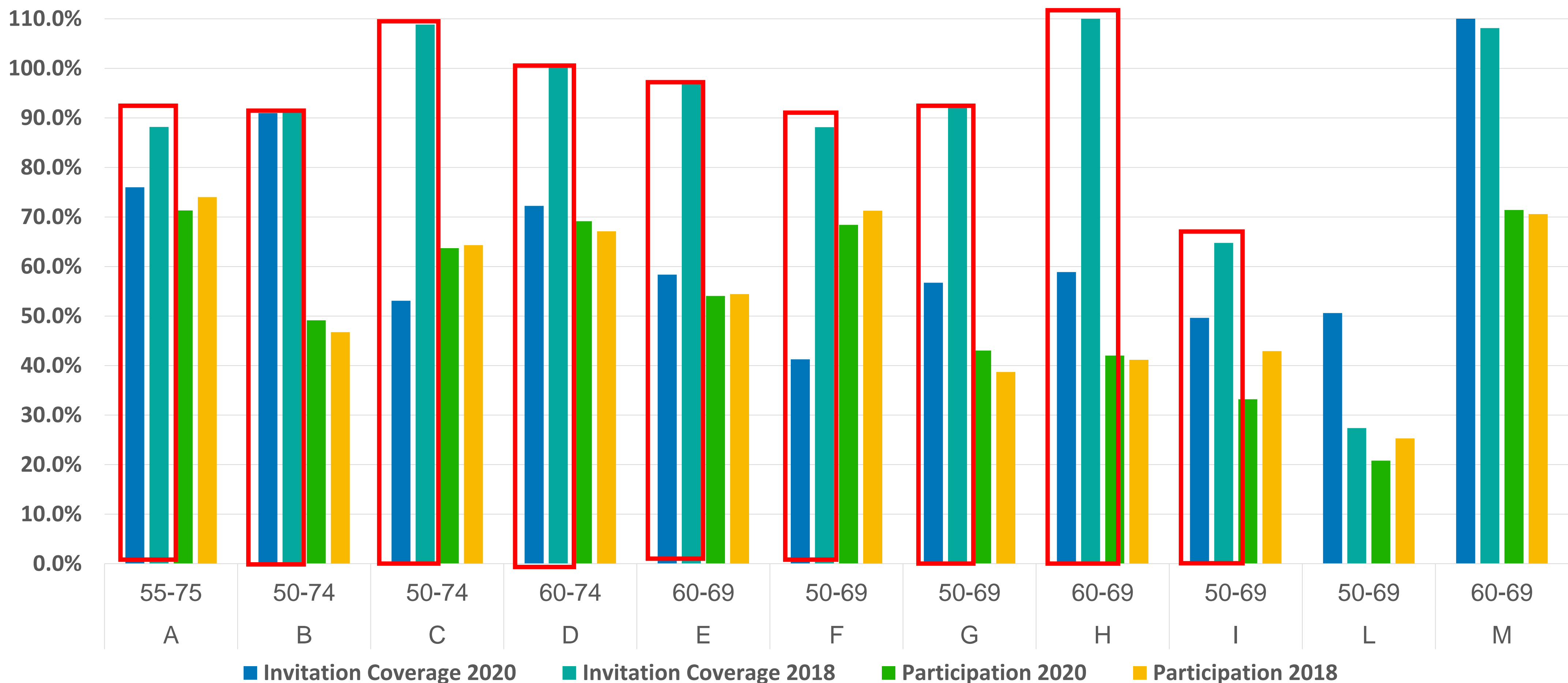
# Invitation coverage

N subjects invited in the year/Annual target population

# Participation

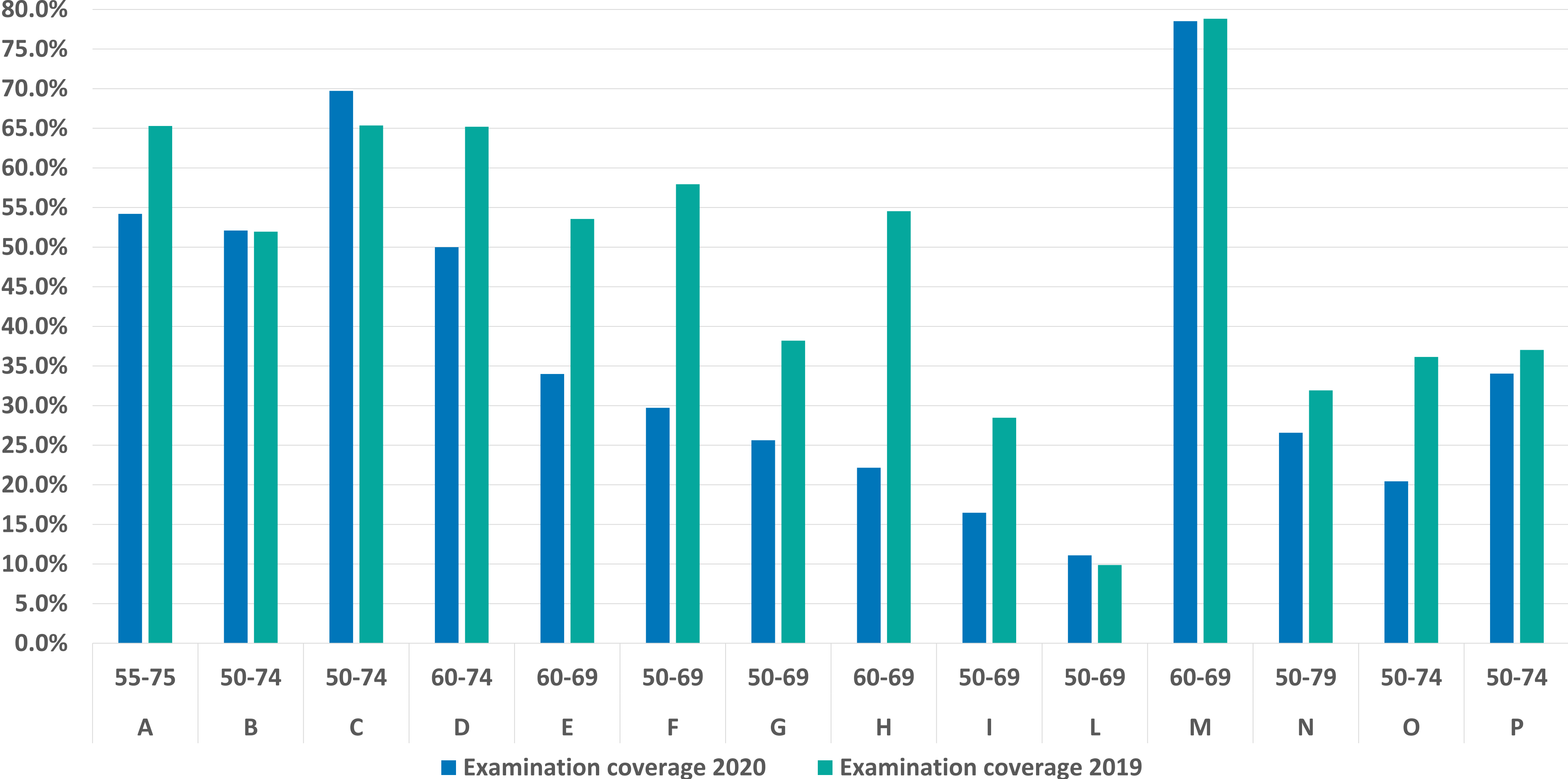
N subjects attending screening within June 30<sup>th</sup> of the following year /

N subjects invited in the year



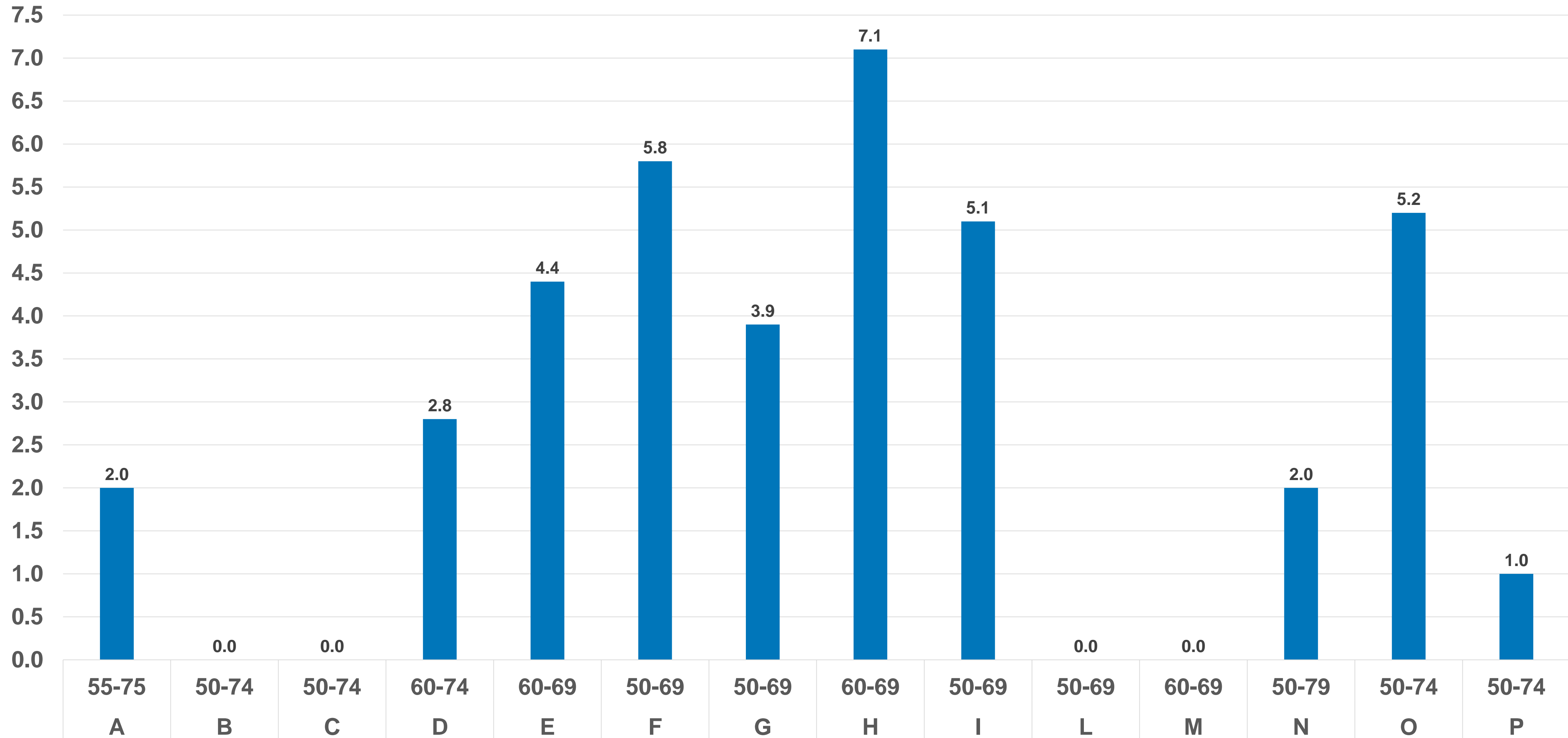
# Examination coverage

N subjects examined in the year/Annual target population



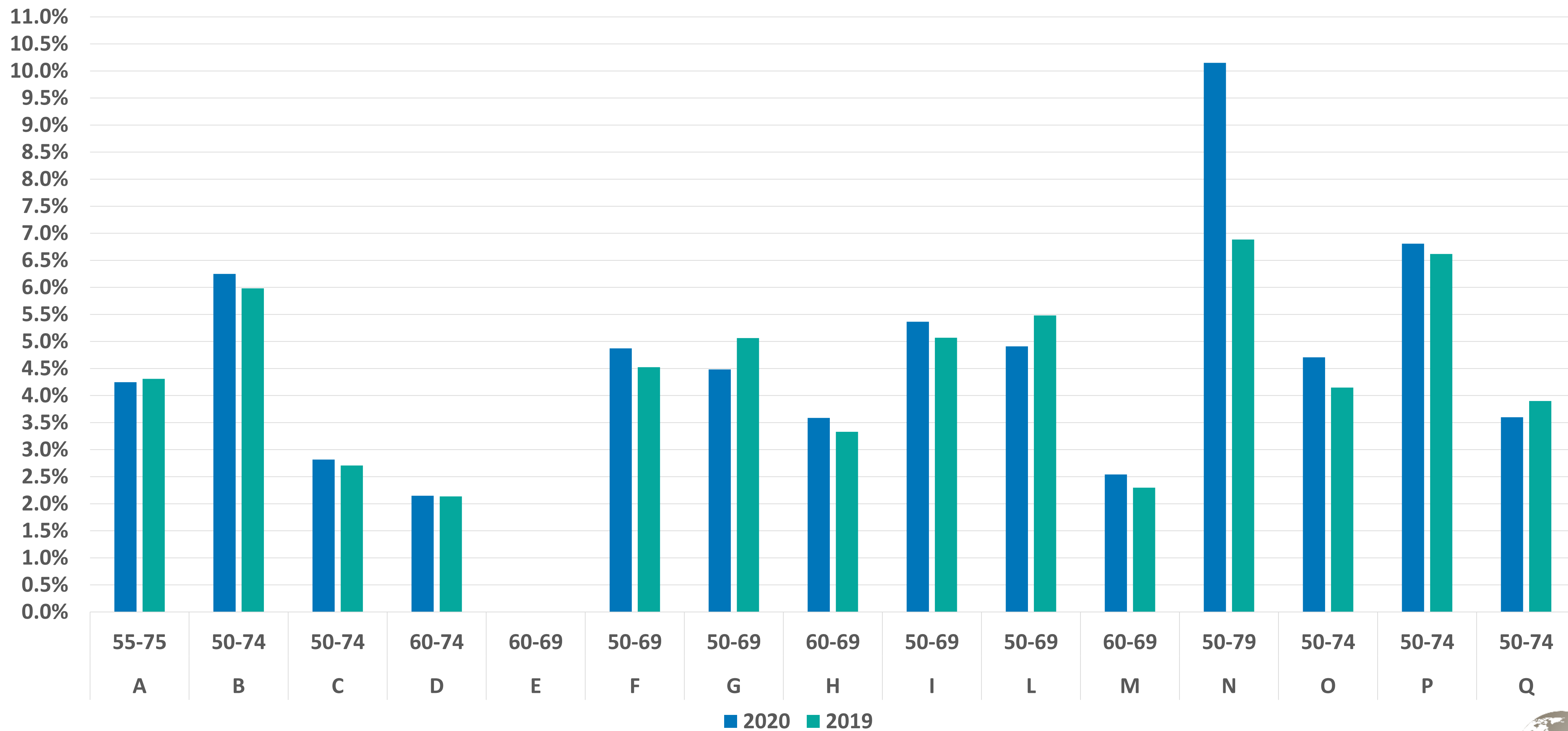


# Delay – months of regular activity



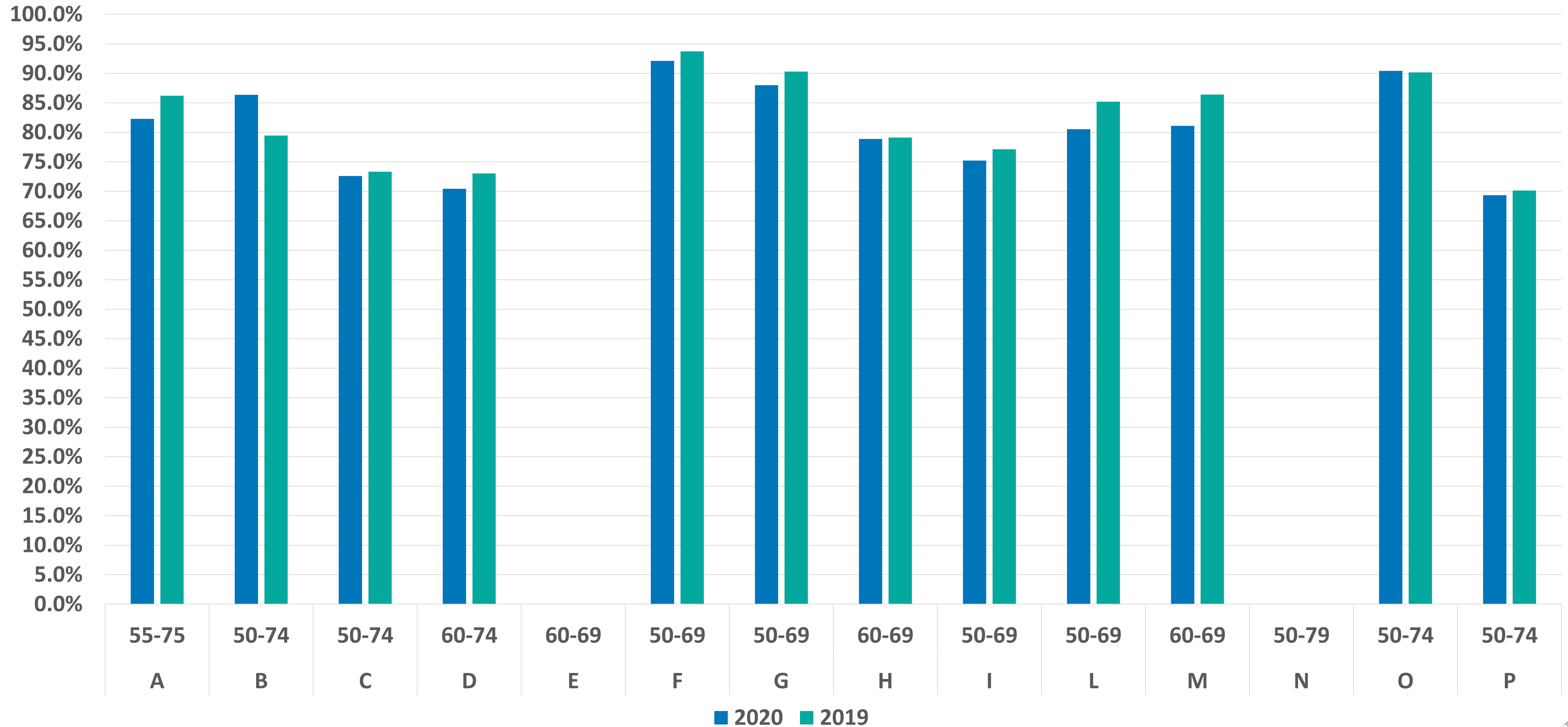
# Positivity rate

N subjects with a FIT+ results/N subjects with a valid FIT result



# Compliance with colonoscopy referral - FIT + subjects

N subjects performing a TC/N subjects with FIT+ result in the year



2020 versus 2019

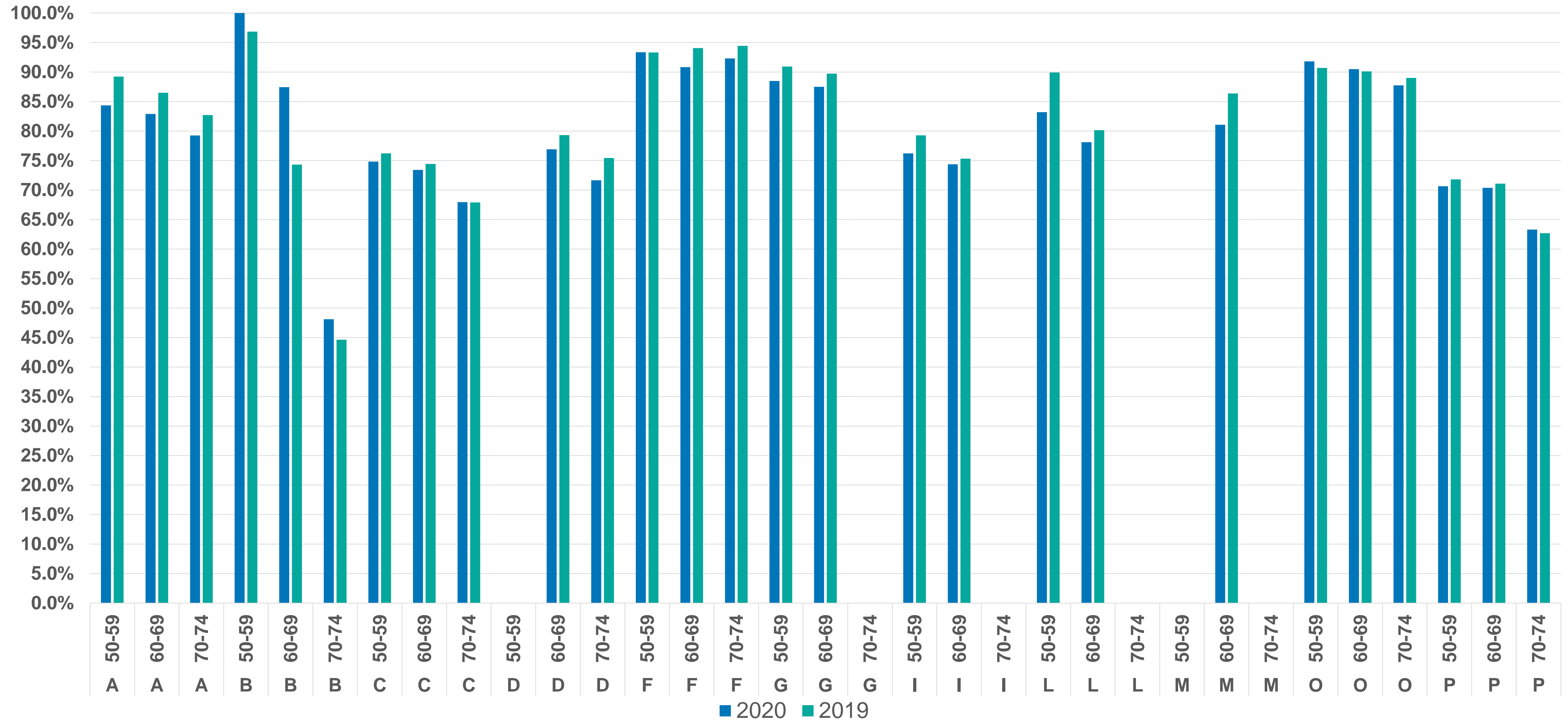
- 2.2%

(-5.3% to 0.3%)



# Compliance with colonoscopy referral - FIT + subjects, BY AGE

N subjects performing a TC/N subjects with FIT+ result in the year



## 2020 versus 2019

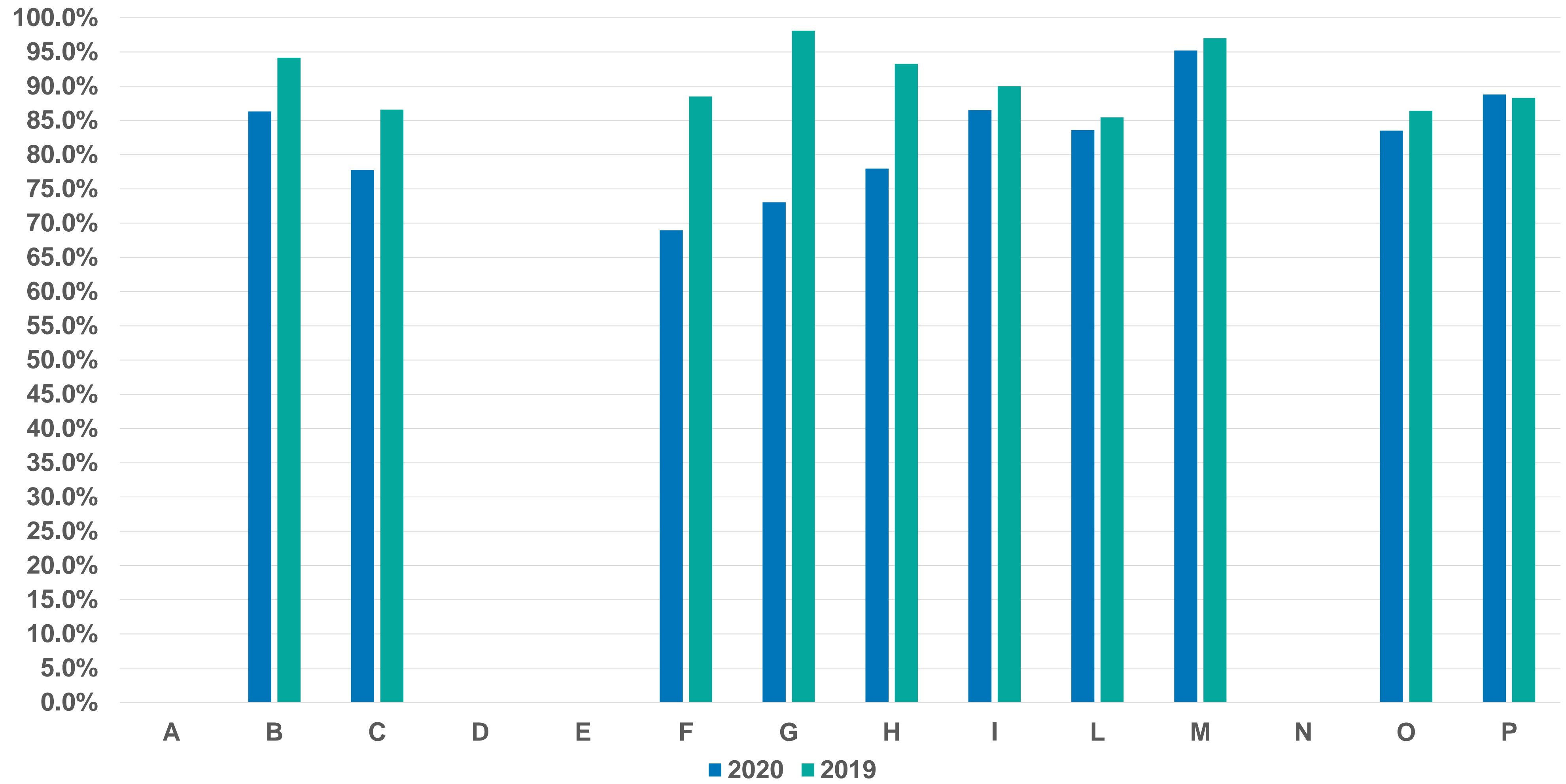
**Age 50-59: - 1.6% (-6.7% to 4.0%)**

**Age 60-69: - 2.1% (-5.4% to 0.4%)**

**Age 70-74: - 0.9% (-3.8% to 3.5%)**

# Waiting time for TC - FIT + subjects

N subjects performing a TC within 3 months since FIT+ /  
N subjects performing a TC following a FIT+ result in the year



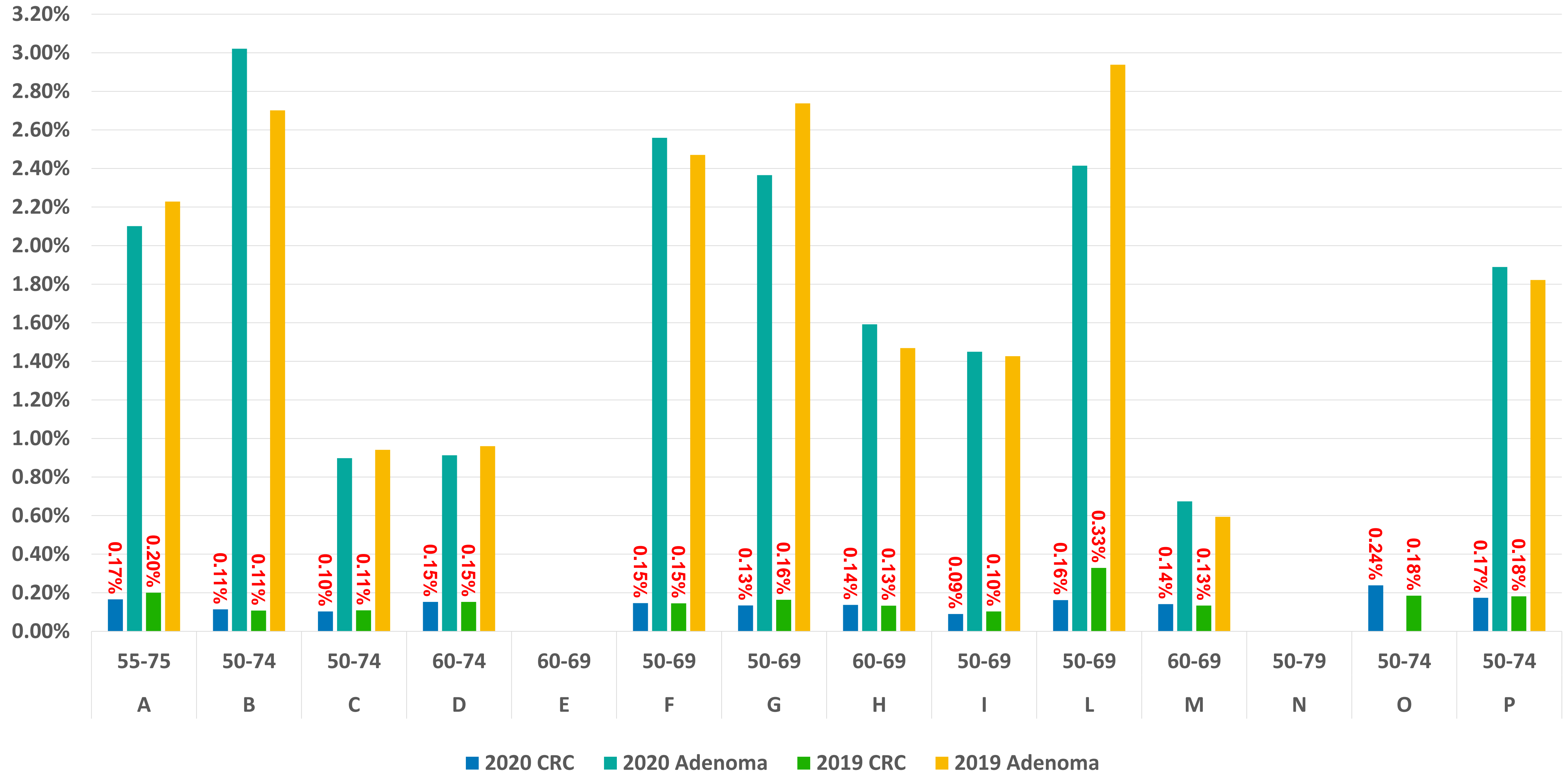
Interval between FIT+ and TC > 3 months: **17.8%** (range 4.8%-31.0%) in 2020

**9.2%** (range 1.9%-14.6%) in 2019

**No difference by age**

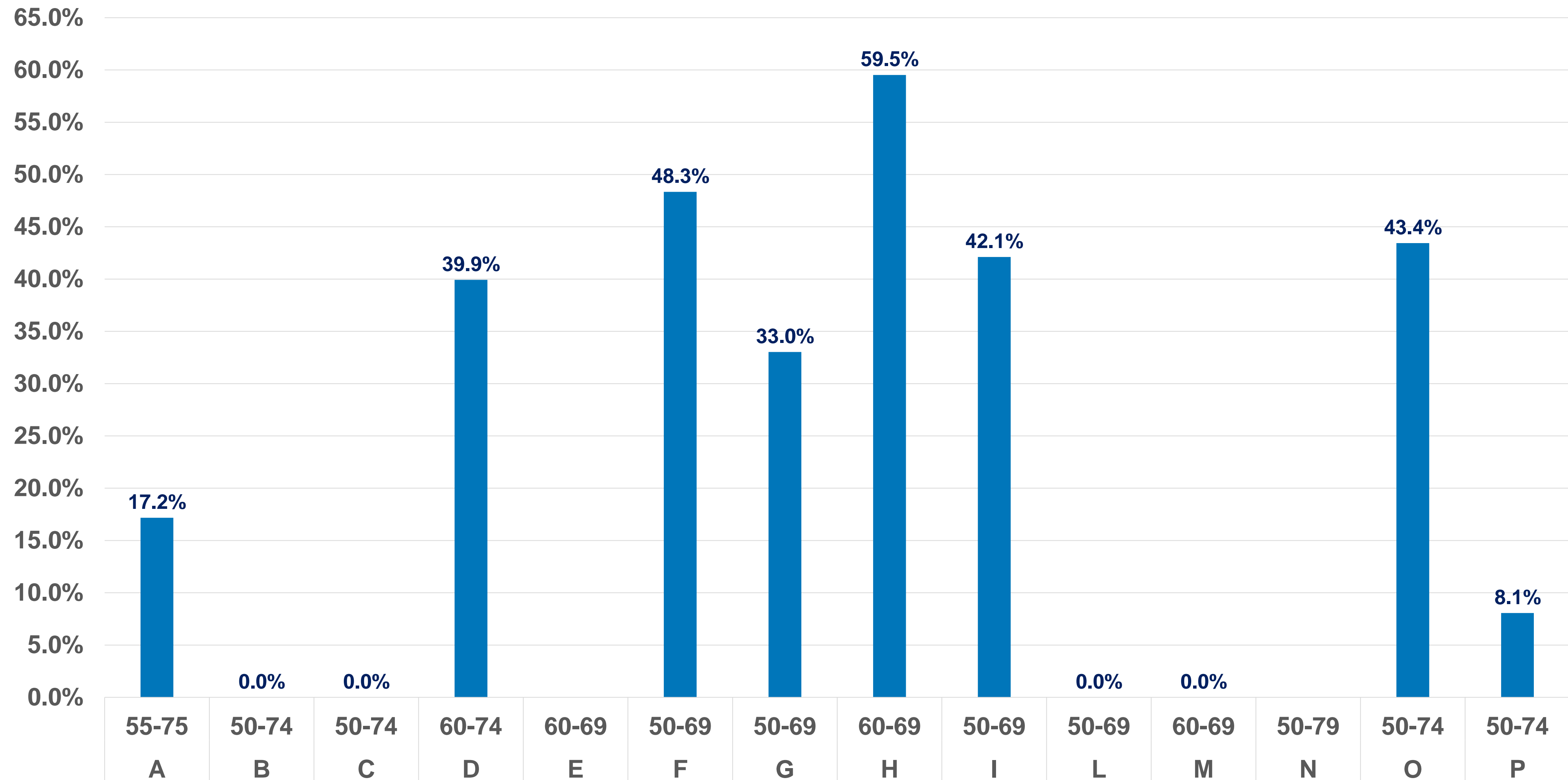
# Detection rate CRC - Adenoma

N subjects detected with CRC-Adenoma /N subjects examined

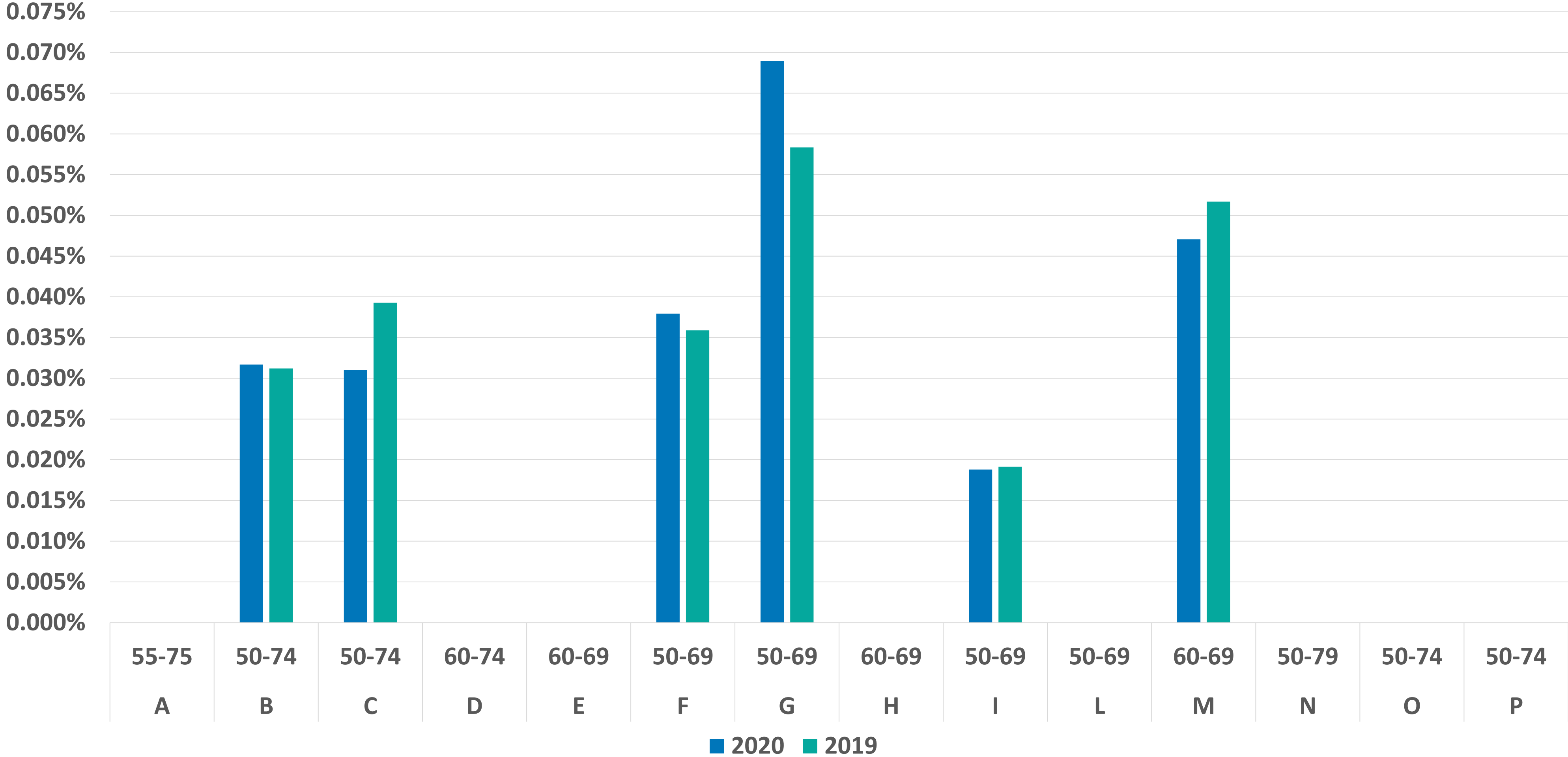


# Estimated proportion of missed CRCs

N missed CRCs in 2020 / N CRCs detected in 2019



# Detection rate - stage III-IV CRC





# Conclusions

## **Quantitative data collection is feasible**

changing the timing and the format of the monitoring reports  
might be difficult in some countries

## **Participation rates were not showing a sharp decline**

effective recovery plans during the second half of the year  
prioritization schemes

## **Compliance with referral for TC assessment among FIT + subjects was slightly decreased**

the decrease was higher in the age group 60 to 69

## **The DR of CRC and the stage distribution of SD CRCs was similar in 2020 as in 2019**

the proportion of missed (delayed diagnosis) lesions was substantial in several programs

# Conclusions

**We are observing screening outcomes of people invited in 2020 when the delay was likely still limited**  
**Most programs were not able to cover their annual target population**  
a backlog was therefore maintained also in 2021

**We would then need to get information about screening outcomes of people who could not be invited in 2020**

## Thank you to

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Paul Doria-Rose

Beate Jahn

Sharon McCarthy

Linda Rabeneck

Nereo Segnan

# Thank you for your attention

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