

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

Updated analyses to include referrals and colonoscopies up to 28th February 2021 and operations up to 31st March 2021

Introduction

Researchers in the Nuffield Department of Population Health, working with Cancer Research UK, NHS Digital, Public Health England and a team of experts from other UK universities, analysed patterns of diagnosis and care for colorectal cancer during the COVID-19 pandemic. Analyses quantified the monthly number of two week wait referrals, colonoscopies and 31-day referrals for first treatment as well as patterns of use of surgery and rectal radiotherapy. Results based on data from NHS Hospital Trusts in England up to 31st October 2020 were published in *Lancet Gastroenterology and Hepatology* on the 15th January 2021.¹ Updated monthly analyses are published here <https://www.ndph.ox.ac.uk/corectr/covid19>

Summary

There was a significant reduction in two week wait referrals in April 2020 but they had returned to 2019 levels by September 2020 and were maintained up to February 2021. The number of referrals seen within the two week target increased slightly to be above 2019 levels in November and December 2020 but fell in January before recovering in February 2021. Colonoscopy activity returned to a level similar to 2019 by October but fell again in December 2020 before beginning to recover in February 2021. The number of people referred for their first treatment within 31-days was similar from October 2020 to February 2021 as an average month in 2019 but the proportion meeting the target fell in February when NHS services were under pressure handling the second wave of COVID-19 cases.

Colorectal cancer surgery patterns in 2021 had recovered to levels similar to 2019. It was not possible to update the rectal radiotherapy analyses to include March 2021 figures as the relevant extract of the National Radiotherapy Dataset was not available from Public Health England.

Updated Figures

Figure 1: Monthly number of referrals into the 2-week wait pathway and the proportion meeting 2-week target in England

Figure 2: Monthly number of colonoscopies undertaken in England

Figure 3: Monthly number of 31-day to treatment pathway referrals and the proportion of referrals meeting that target in England

Figure 4: Monthly number of operations undertaken for colorectal, colonic, and rectal cancer in England

Figure 5: Monthly number and proportion of operations for colorectal, colonic and rectal cancer that were undertaken laparoscopically

Figure 6: Monthly number and proportion of operations for colorectal, colonic and rectal cancer in which a stoma was formed

Figure 7: Monthly number and proportion of operations for colorectal, colonic and rectal cancer that were undertaken following an emergency admission

Reference

Morris E, Goldacre R, Spata E, et al. Impact of the COVID-19 pandemic on the detection and management of colorectal cancer in England: a populationbased study. *Lancet Gastroenterol Hepatol* 2021; Online early.

Figure 1: Monthly number of referrals into the 2-week wait pathway and the proportion meeting 2-week target in England

Error bars represent ± 1 SD of the (pre-COVID-19) monthly counts for 2019.

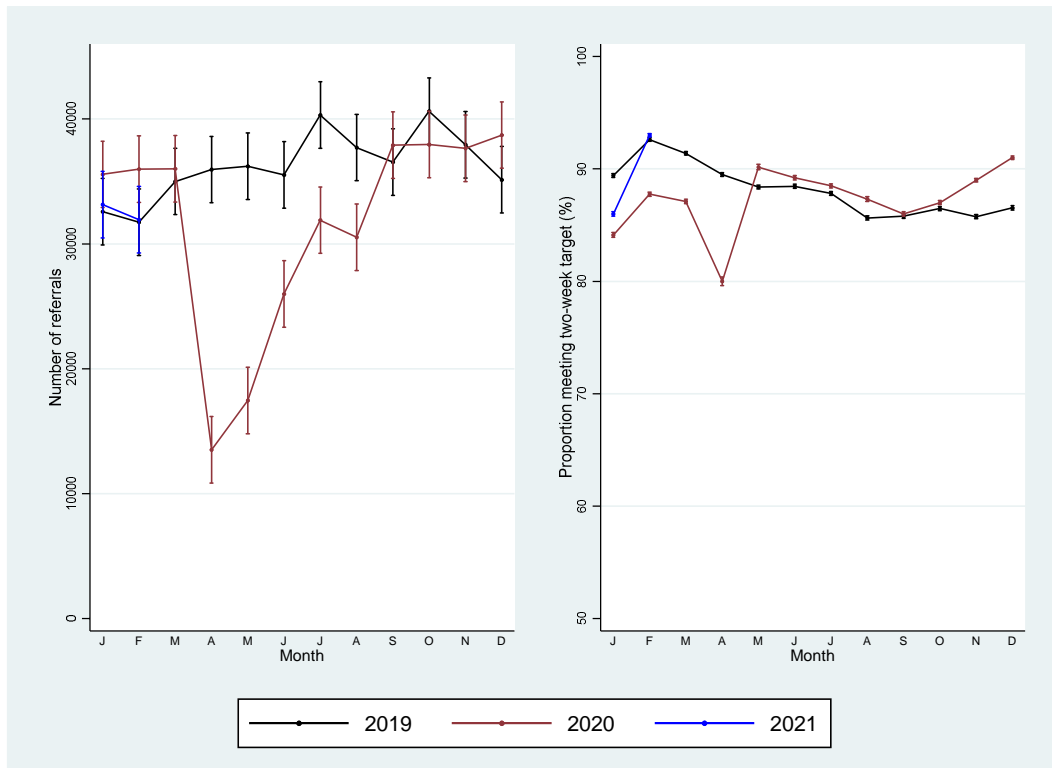


Figure 2: Monthly number of colonoscopies undertaken in England

Error bars represent ± 1 SD of the (pre-COVID-19) monthly counts for 2019

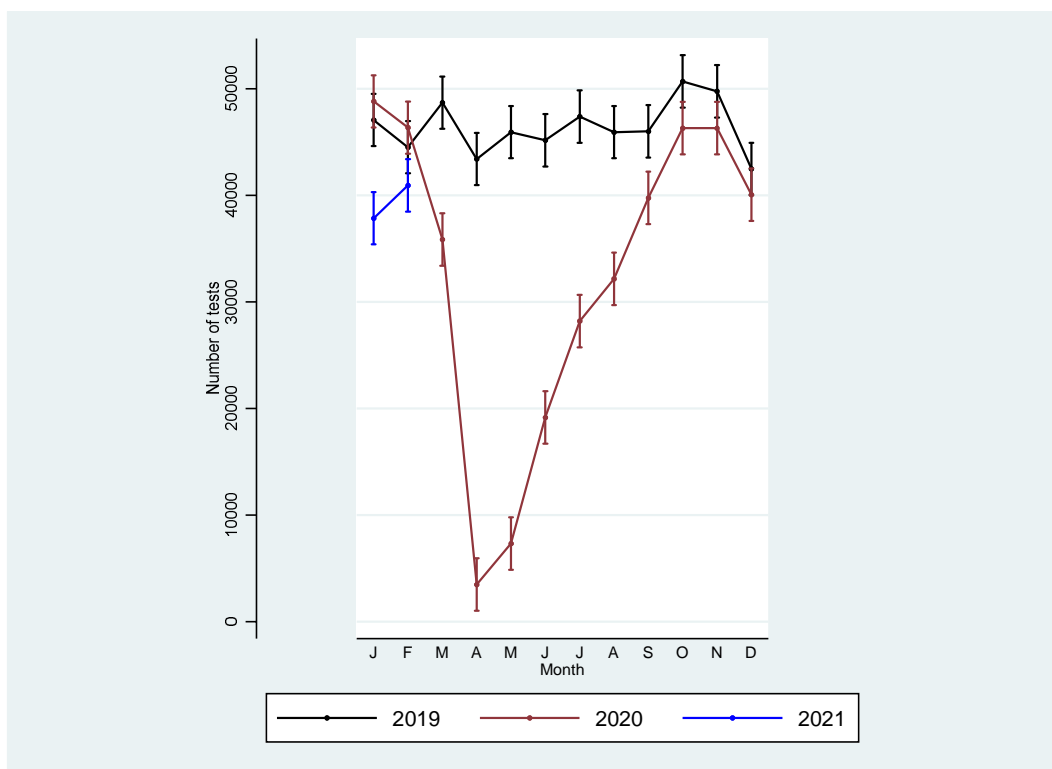


Figure 3: Monthly number of 31-day to treatment pathway referrals and the proportion of referrals meeting that target in England

Error bars represent ± 1 SD of the (pre-COVID-19) monthly counts for 2019.

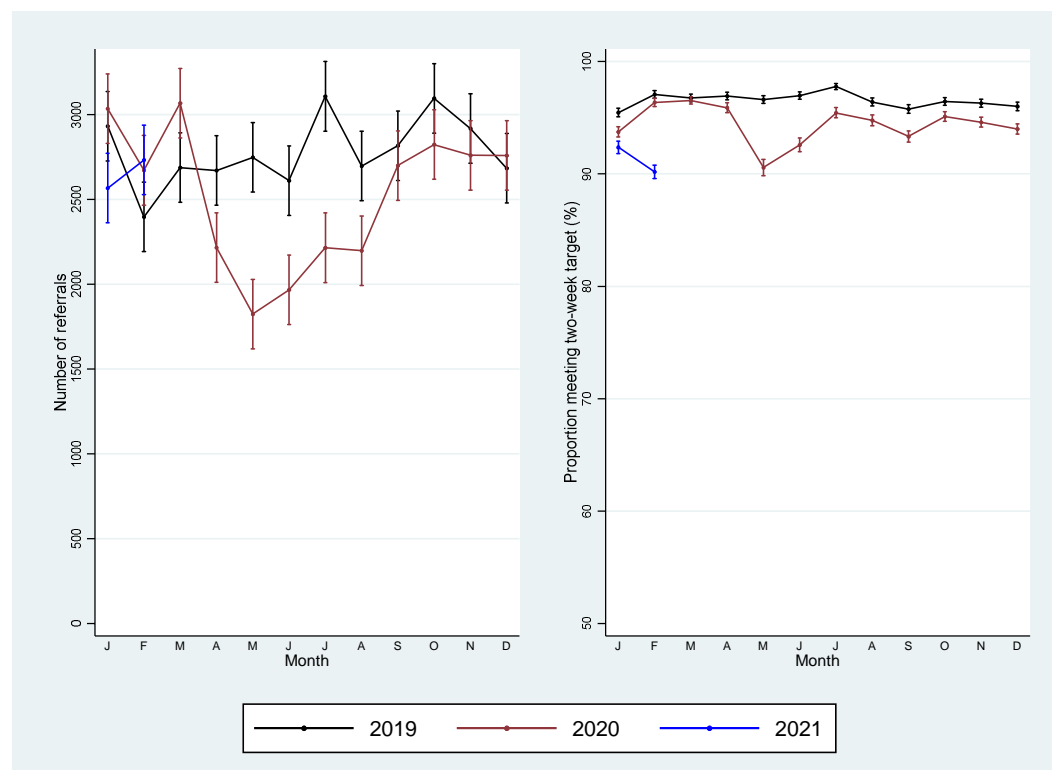


Figure 4: Monthly number of operations undertaken for colorectal, colonic, and rectal cancer in England

Error bars represent ± 1 SD of the (pre-COVID-19) monthly counts for 2019. The 2020 rate is based on counts adjusted for incomplete coding

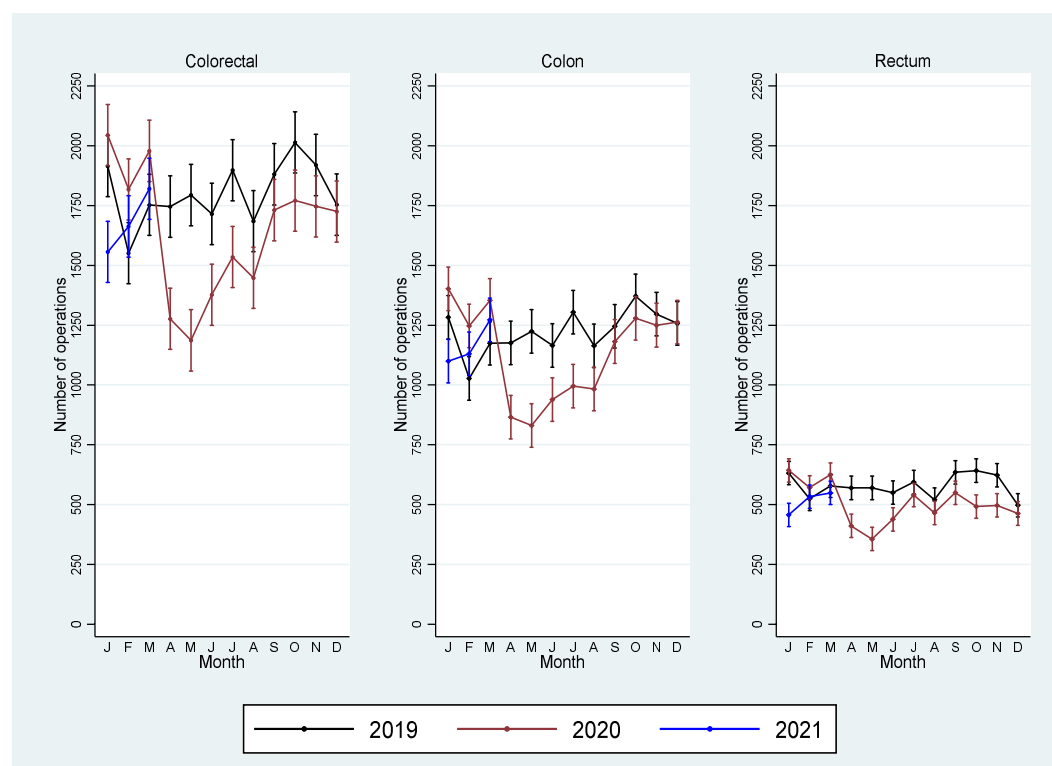


Figure 5: Monthly number and proportion of operations for colorectal, colonic and rectal cancer that were undertaken laparoscopically

Error bars represent ± 1 SD of the (pre-COVID-19) monthly counts for 2019. The 2020 rate is based on counts adjusted for incomplete coding

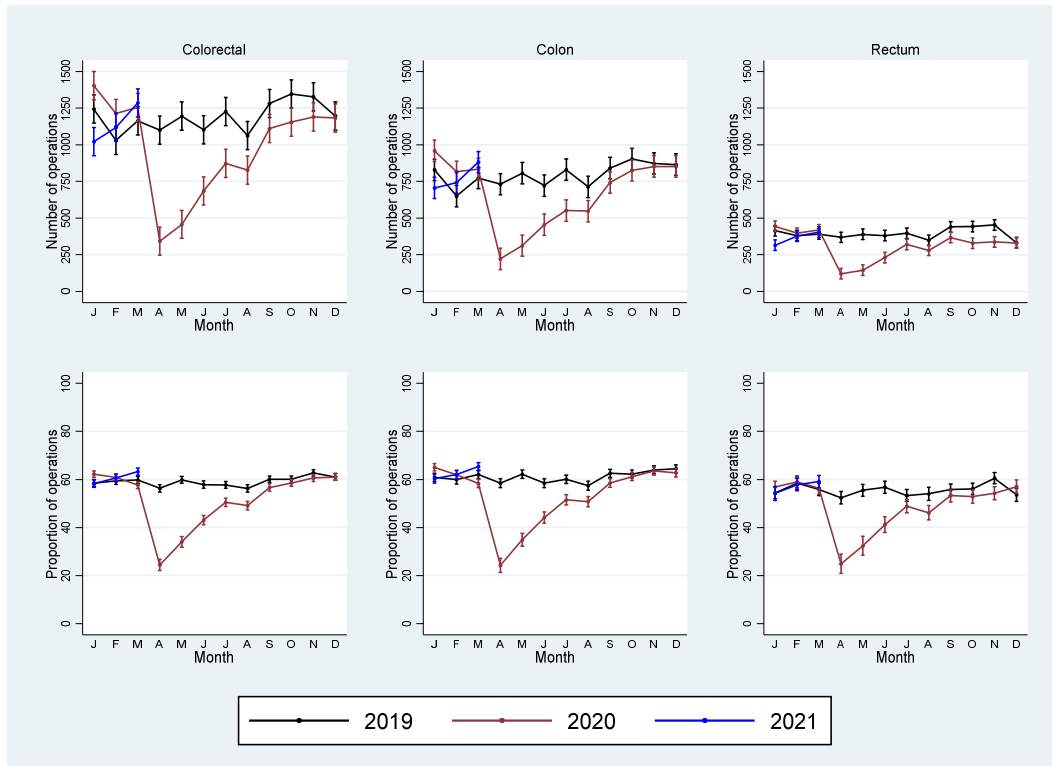


Figure 6: Monthly number and proportion of operations for colorectal, colonic and rectal cancer in which a stoma was formed

Error bars represent ± 1 SD of the (pre-COVID-19) monthly counts for 2019. The 2020 rate is based on counts adjusted for incomplete coding

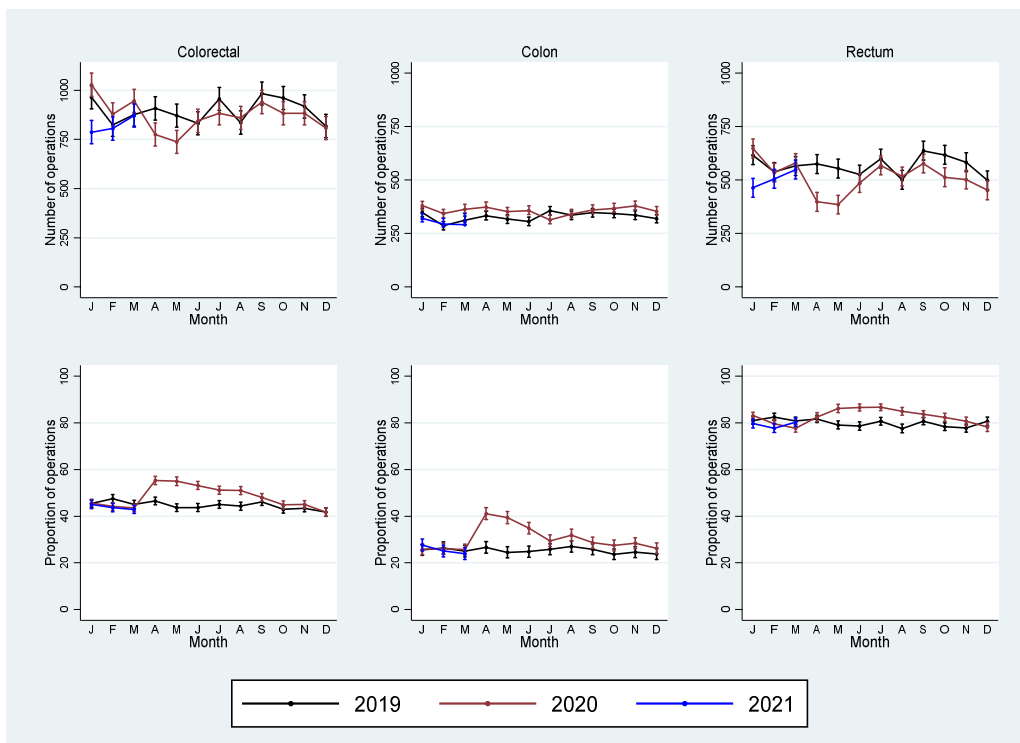


Figure 7: Monthly number and proportion of operations for colorectal, colonic and rectal cancer that were undertaken following an emergency admission

Error bars represent ± 1 SD of the (pre-COVID-19) monthly counts for 2019. The 2020 rate is based on counts adjusted for incomplete coding.

