

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

Updated analyses to include referrals, colonoscopies and surgical treatments up to May 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 May 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 and March and then falling again in April and May 2021. Colonoscopy activity returned to a level similar to 2019 by October 2020 but fell again in December before beginning to recover in subsequent months. The number of people referred for their first treatment within 31-days was similar from October 2020 to April 2021 as an average month in 2019 but the proportion meeting the target has fallen below previous levels throughout 2021 so far, possibly because NHS services are under pressure recovering from the impact of multiple waves 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 figures beyond March 2021 as the relevant extract of the National Radiotherapy Dataset was not provided by 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 population-based study. *Lancet Gastroenterol Hepatol* 2021; 6(3)199-208.

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.

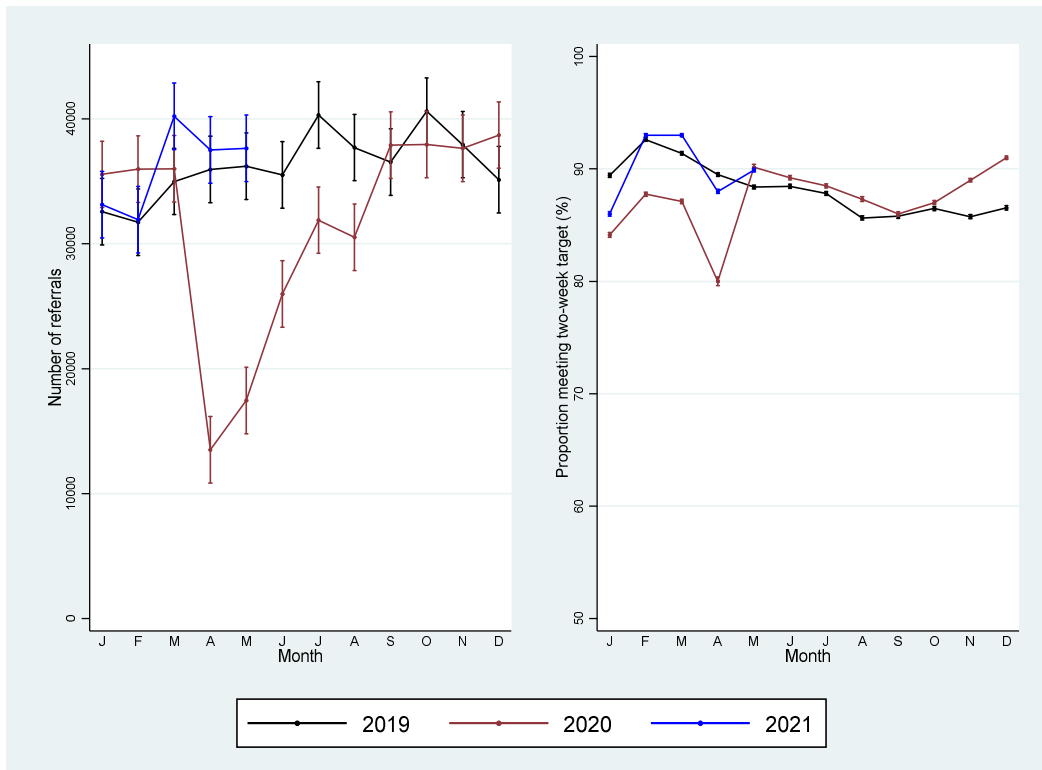


Figure 2: Monthly number of colonoscopies undertaken in England

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

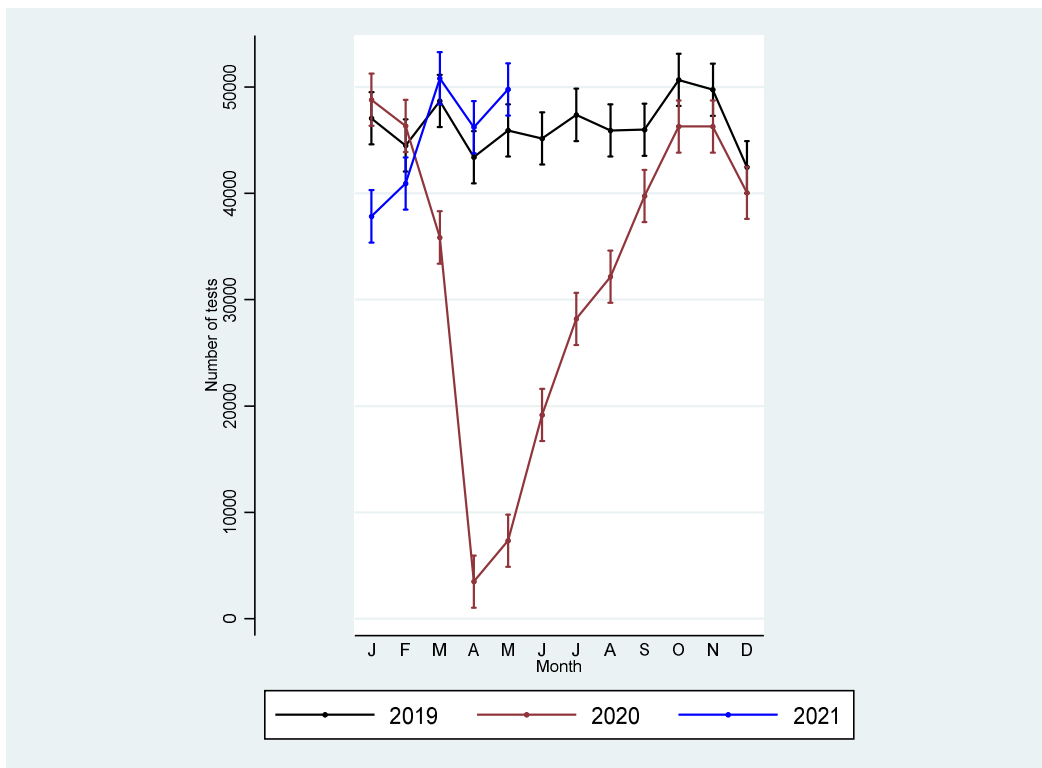


Figure 3: Monthly number of 31-day to treatment pathway referrals and the proportion of referrals meeting that target in England

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

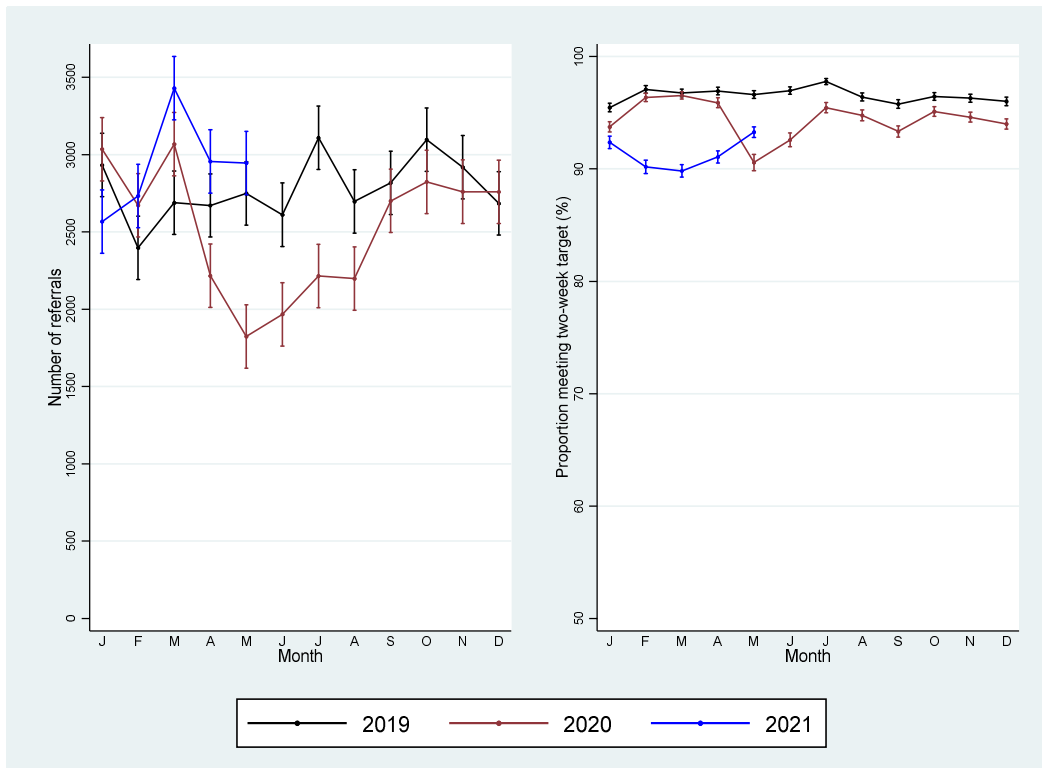


Figure 4: Monthly number of operations undertaken for colorectal, colonic, and rectal cancer in England

Error bars represent +/- 1 SD of the (pre-COVID-19) monthly counts for 2019. The 2021 rate is based on counts adjusted for incomplete coding

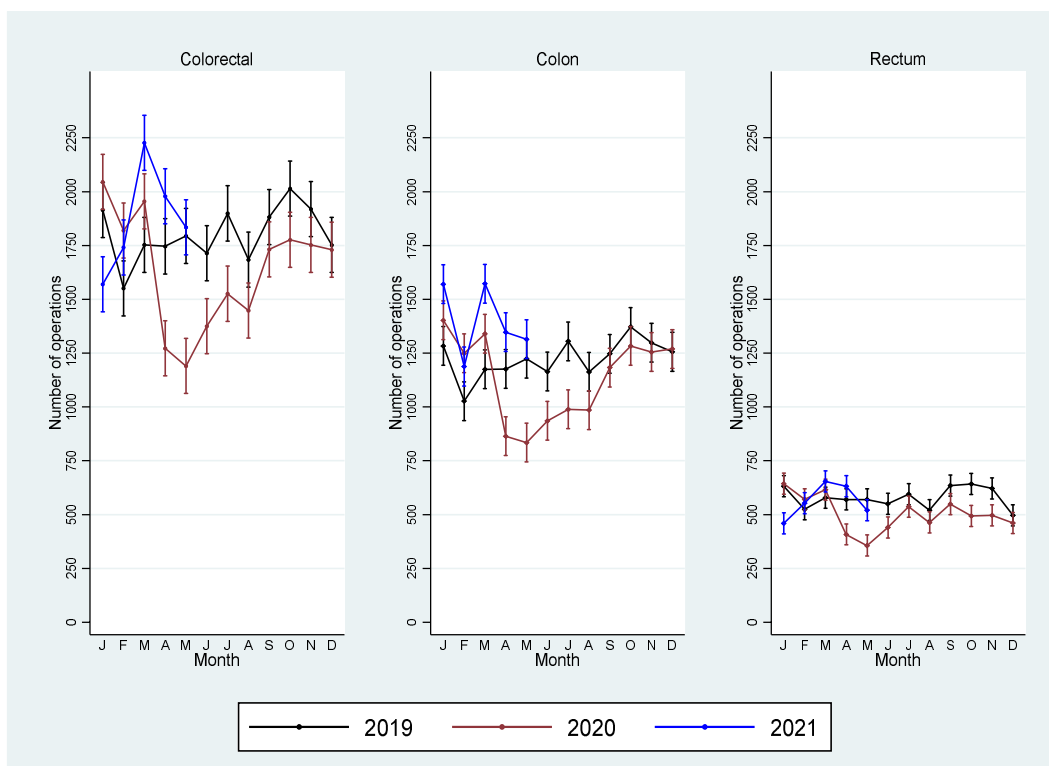


Figure 5: Monthly number and proportion of operations for colorectal, colonic and rectal cancer that were undertaken laparoscopically

Error bars represent +/- 1 SD of the (pre-COVID-19) monthly counts for 2019. The 2021 rate is based on counts adjusted for incomplete coding

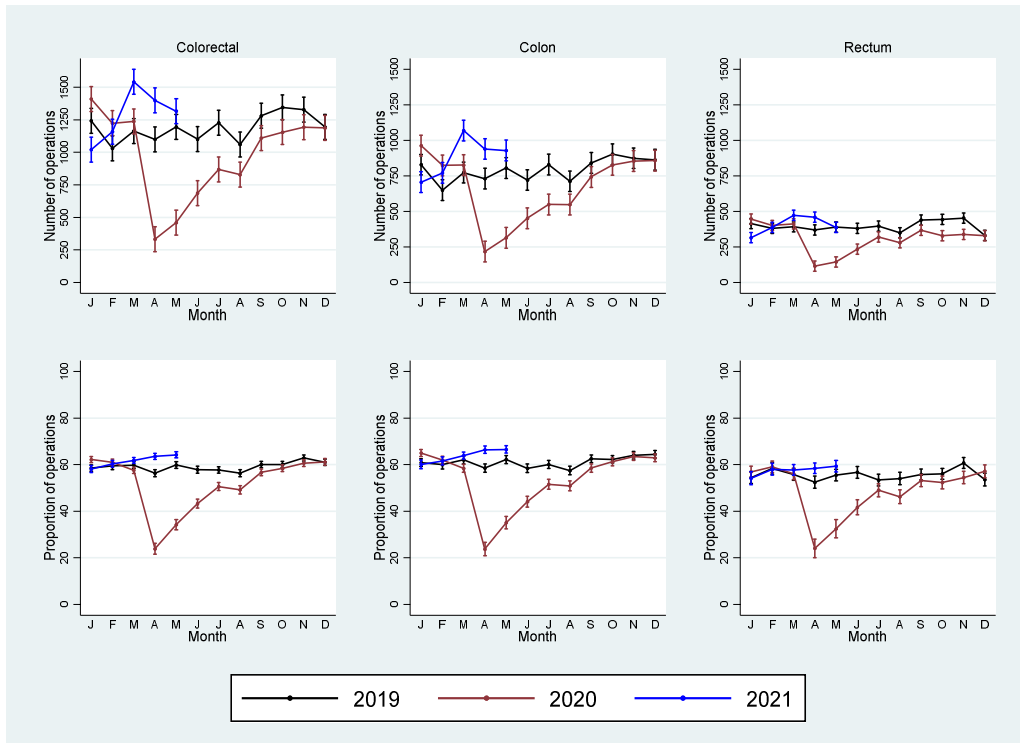


Figure 6: Monthly number and proportion of operations for colorectal, colonic and rectal cancer in which a stoma was formed

Error bars represent +/- 1 SD of the (pre-COVID-19) monthly counts for 2019. The 2021 rate is based on counts adjusted for incomplete coding

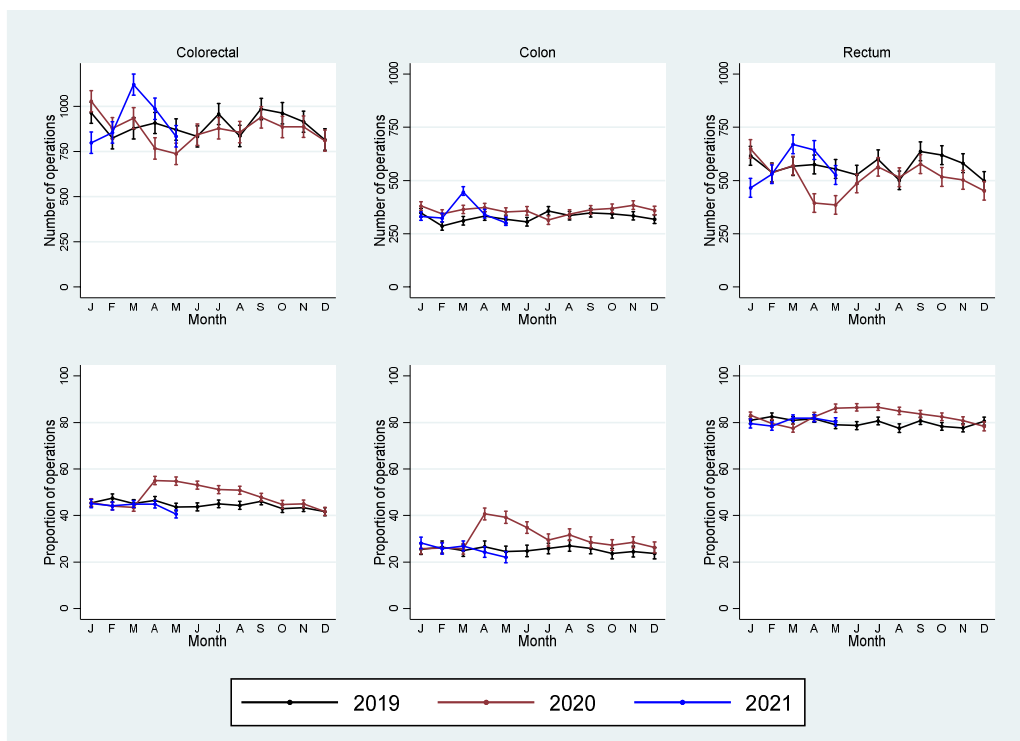


Figure 7: Monthly number and proportion of operations for colorectal, colonic and rectal cancer that were undertaken following an emergency admission

Error bars represent ± 1 SD of the (pre-COVID-19) monthly counts for 2019. The 2021 rate is based on counts adjusted for incomplete coding.

