

# GI cancer detection rates higher during lockdown, but fewer cancers found

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Re-triaging endoscopies to make more urgent cases the priority during Melbourne's COVID-19 lockdowns led to higher cancer detection, according to research published today by the *Medical Journal of*

*Australia.*

However, with less cases performed due to the [lockdown](#), overall numbers of cancers found were lower.

The study, conducted by Dr. Daniel Schneider from Monash Health and colleagues, was a retrospective analysis of endoscopic procedures at Monash Health during the 2020 lockdowns (24 March to 1 May, 2 August to 28 September 2020) and the corresponding periods in 2019.

"A total of 1,147 [endoscopic procedures](#) were performed during the two lockdowns; no patients were diagnosed with COVID-19," Schneider and colleagues reported.

"This number was 42% lower than during the corresponding periods of 2019 (1,972 procedures), but the overall cancer detection rate was higher (2020: 77, 6.7% of all procedures; 2019: 89, 4.5%).

"Colonoscopy detection indicators—the [adenoma](#) (2020: 138 of 426 colonoscopies, 32.4%; 2019: 256 of 906; 28.3%) and sessile serrated polyp detection rates (2020: 17 of 426, 4.0%; 2019: 40 of 906, 4.4%)—were similar for the two periods.

"Despite the higher cancer detection rate and the similar quality indicator values, 55 fewer cases of cancer were detected than expected had the number of procedures been the same in 2020 as in 2019."

Schneider and colleagues concluded that "by enhancing patient selection using guideline-based re-[triage](#), we increased our overall cancer detection rate during a period of limited access and resources".

"Although our missing [cancer](#) rate was not as high as reported elsewhere, prompt restoration of endoscopy volume should be a focus of pandemic

recovery."

**More information:** Daniel Schneider et al, Endoscopy volumes and outcomes at a tertiary Melbourne centre during the 2020 COVID -19 lockdowns, *Medical Journal of Australia* (2022). [DOI: 10.5694/mja2.51539](https://doi.org/10.5694/mja2.51539)

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