

COVID-19 CADTH REFERENCE LIST

Resumption of Routine Cancer Screening During the COVID-19 Pandemic: Guidelines

**This report was published on
August 10, 2020**

To produce this report, CADTH used a modified approach to the selection, appraisal, and synthesis of the evidence to meet decision-making needs during the COVID-19 pandemic. Care has been taken to ensure the information is accurate and complete, but it should be noted that international scientific evidence about COVID-19 is changing and growing rapidly.

Version: 1.0
Publication Date: August 2020
Report Length: 6 Pages

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Cite As: Resumption of routine cancer screening during the COVID-19 pandemic: guidelines. Ottawa: CADTH; 2020 Aug. (CADTH Reference list).

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Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to requests@cadth.ca

Research Question

What are the evidence-based guidelines regarding resuming routine cancer screening during the coronavirus disease 2019 pandemic?

Key Findings

One evidence-based guideline¹ was identified regarding resuming routine cancer screening during the coronavirus disease 2019 pandemic.

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including PubMed, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were resumption of colorectal and cervical cancer screening services and COVID-19. Filters were applied to limit the retrieval to health technology assessments, systematic reviews, and meta analyses, and guidelines. The search was also limited to English language documents published between January 1, 2018 and August 5, 2020.

Selection Criteria

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were not reviewed. Open access full-text versions of evidence-based guidelines were reviewed when abstracts were not available.

Table 1: Selection Criteria

Population	Asymptomatic adults eligible for routine cancer screening for colorectal, cervical, or breast cancer, during the coronavirus disease 2019 pandemic
Intervention	Routine cancer screening tests and follow up procedures for: <ul style="list-style-type: none"> • colorectal cancer (e.g., fecal immunoassay test, fecal occult blood test, colonoscopy) • cervical cancer (e.g., human papillomavirus tests, pap smear, colposcopy) • breast cancer (e.g., mammography)
Comparator	Not applicable
Outcomes	Recommendations regarding how to resume routine cancer screening programs; recommendations regarding how to address the backlog of testing or how to prioritize patients for screening; recommendations regarding safety precautions
Study designs	Evidence-based guidelines

Results

One evidence-based guideline¹ was identified regarding resuming routine cancer screening during the coronavirus disease 2019 pandemic.

Additional references of potential interest that did not meet the inclusion criteria are provided in the appendix.

Guidelines and Recommendations

1. Sultan S, Lim JK, Altayar O, et al. AGA Institute rapid recommendations for gastrointestinal procedures during the COVID-19 pandemic [*Epub ahead of print*] *Gastroenterology*. 2020 Apr. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7118600/>
See: *Table 3. Executive Summary of Recommendations, page 5*

Appendix — Further Information

Clinical Practice Guidelines — Methodology Unclear

2. Provincial cancer clinical management guidelines in pandemic situation (COVID-19). Vancouver (BC): Provincial Health Services Authority, BC Cancer; 2020 Jun: <http://www.bccancer.bc.ca/health-professionals-site/Documents/Provincial%20Cancer%20Therapy%20Clinical%20Management%20Guidelines%20posted%20version%20Jun%2008%20clean.pdf>
Accessed 2020 Aug 10.
See: 6.8. *Diagnostic Imaging, page 21*
3. COVID-19 cancer screening tip sheet for primary care providers: guidance for primary care providers resuming breast, cervical and colorectal cancer screening. Toronto (ON): Ontario Health, Cancer Care Ontario; 2020 Jun: <https://www.afhto.ca/sites/default/files/2020-07/COVID-19%20Tip%20Sheet%20%2315-%20Guidance%20for%20Primary%20Care%20Providers%20Resuming%20Cancer%20Screening.pdf>
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9. Seely JM, Scaranelo AM, Yong-Hing C, et al. COVID-19: safe guidelines for breast imaging during the pandemic. *Can Assoc Radiol J.* 2020 May 26:846537120928864.
[PubMed: PM32452700](#)

10. Vecchione L, Stintzing S, Pentheroudakis G, Douillard JY, Lordick F. ESMO management and treatment adapted recommendations in the COVID-19 era: colorectal cancer. *ESMO Open*. 2020 May;5(Suppl 3).
[PubMed: PM32457036](#)

Review Articles

11. Cohen MA, Powell AM, Coleman JS, Keller JM, Livingston A, Anderson JR. Special ambulatory gynecologic considerations in the era of coronavirus disease 2019 (COVID-19) and implications for future practice. *Am J Obstet Gynecol*. 2020 Jun 6; S0002-9378(20)30621-9.
[PubMed: PM32522513](#)
12. Dockter AG, Angelos GC. Molecular-based alternatives for colorectal cancer screening during the COVID-19 pandemic. *Surg Technol Int*. 2020 May 28;36:143-147.
[PubMed: PM32347964](#)

Additional References

13. Issaka RB, Somsouk M. Colorectal cancer screening and prevention in the COVID-19 era. *JAMA Health Forum*. 2020 May: <https://jamanetwork.com/channels/health-forum/fullarticle/2766137>
Accessed 2020 Aug 10.
14. Moreno CC, Yee J, Ahmed FS, et al. CT colonography's role in the COVID-19 pandemic: a safe(r), socially distanced total colon examination. *Abdom Radiol (New York)*. 2020 Aug 3;1-5.
[PubMed: PM32748251](#)