



National Institute for Public Health  
and the Environment  
*Ministry of Health, Welfare and Sport*

# IMPACT COVID-19 ON CRC SCREENING

Iris Serie

Programme manager Dutch CRC screening





## 2. COVID & CRC Screening

- > Dutch programme interrupted half March – half May 2020 (~550.000 invitations)
- > Direct effect: 20-25% less CRC diagnosed in March, April and May 2020<sup>1</sup>
- > Restart strategy needed to be defined:
  - Higher Hb cut-off level?
  - Select certain (high risk) age groups?
  - Gender differentiation?
  - Extend 2 years interval?
- > MISCAN Model evaluation → extending interval best strategy

1. <https://www.iknl.nl/covid-19>



## 2. COVID & CRC Screening

- > Available colonoscopy capacity precedes number of invitations
- > Restart at 36% colonoscopy capacity, not everything could be used directly
- > Capacity & capacity use went up during summer 2020
- > Number of invitations went down when second (and third) COVID-wave accured
- > Average screening interval of ~28 months
- > Half 2021 ended COVID backlog
- > No significant change in client behaviour





## 2. Key learnings in the Netherlands

- > Chosen strategy based on model assumptions led to the least missed yield
- > Importance of a flexible IT-system & contact with colonoscopy centers
- > Good to stop when crisis arrived, but we will not stop again due to new COVID “waves”





# Thank you!



Iris.Seriese@rivm.nl



<https://www.rivm.nl/en/colorectal-cancer-screening-programme>

