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Is Promotion of Fecal Immunochemical Testing “FIT” to Address COVID-19 Disruptions to Colorectal Cancer Screening?

Issaka RB, Taylor P, Baxi A, et al. Model-based estimation of colorectal cancer screening and outcomes during the COVID-19 pandemic. JAMA Netw Open 2021;4:e21654.

The coronavirus disease 2019 (COVID-19) pandemic has disrupted colorectal cancer (CRC) screening participation. Strategies to mitigate the impact of COVID on CRC outcomes are needed. Issaka et al used a simulation model to study potential impact of active promotion of fecal immunochemical testing (FIT) on screening uptake and outcomes. A FIT promotion strategy was selected because mailed FIT outreach has been shown consistently to increase screening uptake in randomized trials; some health systems have successfully used mailed FIT outreach to increase screening participation, indicating that this strategy is feasible and effective.

The model considered the impact of 4 scenarios of screening participation over a 3-year time horizon, with the number of people screened and CRCs detected as the primary outcomes. The scenarios varied the duration of COVID-related screening disruptions and the extent to which FIT was actively promoted to mitigate disruptions, and were compared to a baseline scenario in which high prepandemic screening participation rates were sustained as if the pandemic had not occurred. Alternate scenarios modelled were (1) early time to partial recovery of screening participation to 62% of prepandemic levels over 3 years (scenario 1); (2) a prolonged time to partial recovery of screening to 57% of prepandemic levels over 3 years (scenario 2); (3) early time to partial recovery to 75% of prepandemic levels over 3 years by modeling increased FIT promotion and participation (scenario 3); and (4) a prolonged time to partial recovery of screening to 71% of prepandemic levels over 3 years by modeling increased FIT (scenario 4). The estimate of increased FIT participation was based on results from a well-established usual care FIT outreach program. Colonoscopy completion after an abnormal FIT was assumed to be 65%.

For the baseline scenario assuming no COVID disruption, the model estimated 4,690,668 individuals screened and 34,323 CRC cases diagnosed over 3 years. Scenarios 1 and 2, without active FIT promotion, were associated with estimated reductions of 37.6% and 42.9% in people screened, and 32.6% and 37.6% in cases detected, respectively. Scenarios 3 and 4, which included active FIT promotion, were associated with less severe estimated decreases of 25.1% and 29.0% for people screened, and 24.3% and 29.7% in terms of cancers detected. As such, the model results suggest that the promotion of FIT could substantially soften pandemic-related decreases in the number of people screened and with CRC detected over 3 years.

Comment. In response to the initial surge of COVID cases in March 2020, the Centers for Medicare and Medicaid Services recommended the cessation of all nonurgent medical procedures, a move that led to a 90% decrease in CRC screenings compared with the year prior. In the months since, early evidence suggests partial, but inadequate recovery of CRC screening test exposure (https://ehrn.org/articles/delayed-cancer-screenings-a-second-look/; JAMA Oncol 2021;7:878–884; Cancer Cell 2021;39:1042–1044). In addition to short-term decreases in new CRC diagnoses, models estimate the effects of the COVID-19 pandemic may last for years and lead to an excess of CRC cases and deaths between 2020 and 2050 beyond prepandemic expectations (Lancet Gastroenterology Hepatology 2021;6:304–314). This underscores the importance of screening systems to help mitigate the effects of the pandemic.

Issaka et al demonstrate that active promotion of FIT can mitigate pandemic-related disruptions in CRC screening and diagnoses. Specifically, they showed that modest improvements in FIT uptake can lead to an additional 600,000 people screened and nearly 3000 additional cases of CRC diagnosed over a 3-year period in a simulated population of Americans. The strengths of this study include a large population size as well as conservative and realistic assumptions when estimating the ability to increase FIT uptake. The authors assumed that deliberate efforts to promote FIT could result in a 5%–7% increase in patients...
screened, a figure that is in line with results from similar initiatives such as the Bowel Cancer Screening Program in the UK (Gut 2017;66:1631–1644).

A few limitations may be considered in the interpretation of Issaka et al’s study. The time horizon modeled was a short, 3-year interval. The effects of the pandemic on screening may last substantially longer and, in particular, the impact of an increased reliance on FIT may not be apparent until much later. As such, the short time horizon modeled gives only an early snapshot of pandemic-related disruptions and the potential mitigating impacts of promoting FIT. FIT as a screening modality is noted to have good sensitivity for CRC; however, it is less effective in detecting advanced adenomas (N Engl J Med 2012;366:697–706). As such, the effect of an increased reliance on FIT may be more CRC diagnoses owing to reduced detection and removal of premalignant lesions. These differences would not be captured during the 3-year time period. Another limitation, as is true for all models, is the reliance on baseline assumptions that, if inaccurate, could have skewed results. The strengths of the study include the use of rigorous modeling methods and otherwise reasonable assumptions, particularly with respect to impact of active FIT promotion on screening uptake.

Overall, Issaka et al’s study shows us that a concerted, nationwide effort to increase FIT uptake may be one of our best options to mitigate COVID-related disruptions to CRC screening participation. Making this theoretical goal a reality is something the authors mention is out of their intended scope, but represents a significant challenge. This point is true in particular because the rates of screening were sub-optimal, particularly across socioeconomic and insurance status, and by race/ethnicity before the pandemic (CA Cancer J Clin 2020;70:145–164). The promotion of FIT may represent more than just a way to mitigate COVID-related disruptions, but a means to achieve more widespread screening uptake overall. Mailed FIT represents an effective and scalable approach to increasing screening uptake, with evidence from several health systems across the United States, suggesting that it can be done (ACS 2020;70:231–314). The active promotion of mailed FIT, in addition to interventions which promote test choice and screening offers as part of usual, visit-based care (JAMA Intern Med 2018;178:1645–1658), can work to help the United States catch up with screening and ultimately meet the 80% in every community screening goal set forth by the National CRC Roundtable.

We postulate that the COVID-19 era is more likely than not to be associated with major changes in the approach to CRC screening. The population has become increasingly exposed to the availability of more convenient health care visits, such as video visits, and convenient forms of testing, such as at home or local on-demand testing for COVID. This factor may increase expectations, demand, and interest for more non-invasive tests, including FIT, stool DNA-FIT, and emerging blood-based biomarkers that are more convenient than colonoscopy (Cancer Prev Res 2021;14:603–614). The pandemic has laid bare the vulnerability of relying mainly on individual rather than population-level strategies for promoting screening, and may increase enthusiasm for population level-strategies such as mailed FIT. Addressing the challenges associated with CRC screening in the COVID-19 era will likely require resourcing and implementing multiple strategies, including active promotion of FIT, as suggested by Issaka et al’s interesting work.

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Safety and Efficacy of Anti-TNF Therapy in Older Adults With Ulcerative Colitis: A New Path Forward

Cheng D, Cushing KC, Cai T, et al. Safety and efficacy of tumor necrosis factor antagonists in older patients with ulcerative colitis: patient-level pooled analysis of data from randomized trials. Clin Gastroenterol Hepatol 2021;19:939–946.

As the inflammatory bowel disease (IBD) patient population is aging, older adults are forecasted to represent more than one-third of the individuals living with IBD by 2030 (Nat Rev Gastroenterol Hepatol 2021;18:56–66). Despite this trend, research within this subpopulation is limited, with older adults (≥60 years of age) often omitted from clinical trials. As such, studies assessing the efficacy and safety of biologics in older adults with Crohn’s disease and ulcerative colitis (UC), the 2 main subtypes of IBD, have been largely based on retrospective and observational data. Within these studies, older adults on anti-tumor necrosis factor (TNF) therapy had higher risk of serious adverse events (SAEs), but were either compared with younger adults on anti-TNF therapy or with older adults not on biologic therapy. These comparisons limit the validity of findings, because there are inherent differences in baseline characteristics, such as disease severity and immunomodulator and corticosteroid use between these groups. Additionally, the small numbers of older adults in each of these studies makes it difficult to draw definitive conclusions (Aliment Pharmacol Ther 2015;42:441–451; Clin Gastroenterol Hepatol 2011;9:30–35; Clin Gastroenterol Hepatol 2019;17:1736–1743).

In a recent article published in Clinical Gastroenterology and Hepatology, Cheng et al looked to change this paradigm by pooling clinical trial data to better assess the safety and efficacy of anti-TNF therapy in older adults with moderate-severe UC. In this study, randomized data assessing infliximab and golimumab from ACT1, ACT2, PURSUIT-SC, and