Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Cancer Disparities: Biology, Environment/Lifestyle or All

Jane Cooke Wright, M.D.

Cancer disparities are seen with cancers that disproportionately affect underrepresented minorities and the medically underserved. This is very important since by 2043 the so-called “minority” populations will become the majority. Among AA we see disparities in women with breast cancer. AA women had a lower incidence until 2015 but continue to have a higher mortality rate. Triple negative BC is particularly common among AA women and is associated with decreased overall survival. Prostate cancer mortality rate in AA men is now 2.4 times greater than WM. Racial disparities in Colorectal cancer death rates are also seen and may be explained by differences in the use, availability and quality of screening and treatment services.

- What are the root causes of racial inequities in cancer care:
  - socioeconomics
  - limitations in access to quality healthcare
- But all of this is due to systemic racism which created this environment.
- There is also the financial toxicity of cancer care in the US. Access to the best diagnostics and treatment are dictated by access to:
  - private or specific types of insurance
  - access to significant financial resources

This is seen with the lack of access of AA to PET/CT scans at diagnosis for lung cancer which is associated with an improved outcome from treatment.

Again, all of which is related to systemic racism and social injustices seen in the US.

We also see racial inequities in cancer research. There is a lack of diversity in clinical trials due to low participation of minorities (3-5%). As a result, most of our studies are based on tumor tissue that lacks diversity but becomes the basis for definitive treatment of cancer in all patients.

The Covid-19 pandemic has truly revealed to the world disparities in our healthcare in the US. A virus that we are all susceptible to disproportionately affects people of color. Findings just released in the Lancet from the Covid-19 & Cancer consortium has revealed that cancer patients with Covid die at 3x the rate of noncancer patients with the disease.

Solutions include increasing diversity among health professionals which improves access to health care for everyone.

Finally, in order to overcome disparities and achieve equity and inclusion for all we need to breakdown RACISM!

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Reigning Colorectal Cancer Screening as Communities Respond to the COVID-19 Pandemic

Durado Brooks, MD, MPH

This presentation will summarize current guidelines for colorectal cancer (CRC) screening and an expert consensus document designed to assist primary care providers and health systems with the resumption of screening for CRC during the COVID-19 pandemic. The tool, an action-oriented playbook, aims to align clinicians (particularly primary care providers and endoscopists), health systems, public health professionals and CRC screening advocates across the nation to work together to reignite our screening efforts appropriately, safely, and equally for all communities.

The COVID-19 pandemic has magnified pre-existing inequities in CRC screening and outcomes, hindering the progress toward the national goal of an 80% CRC screening rate in every community. In the early stages of the COVID-19 pandemic leading agencies, such as the Centers for Medicare & Medicaid Services and the American Cancer Society, made recommendations to delay all non-urgent procedures. Colonoscopies have been delayed or cancelled and patient fears about contracting COVID-19 have led to further reductions in screening. This drop has raised concern that COVID-19 related screening delays will lead to missed and advanced stage CRC diagnoses and to excess deaths. Moreover, this burden will likely not be evenly distributed as screening disparities may be exacerbated in communities and populations that are disadvantaged by both old and new challenges in the COVID-19 era.

This presentation offers data, research, and clinical guidelines related to CRC screening and COVID-19 to enable the CRC fighting community to stand prepared and well-positioned to respond to and overcome the difficult task ahead.

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Acute Complicated Diverticulitis: A Conservative Treatment Approach

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Background: Acute diverticulitis is the leading gastrointestinal condition that is managed by elective surgery. The treatment of acute complicated diverticulitis is widely debated and has undergone significant changes as surgical interventions increase postoperative morbidity and mortality. CT imaging is specific to diverticulitis and is pertinent in diagnosing diverticulitis and its complications such as abscess formation, perforation, fistula formation, extraluminal free air and peritonitis.

Methods: We conducted a systematic literature review of CT imaging findings of complicated acute diverticulitis, specifically abscess formation, fistulas, and peritonitis. We also reviewed case reports and retrospective comparative studies of these complications that were managed conservatively, addressing whether these complications can be successfully managed with less aggressive surgical interventions.

Results: The modified Hinchi key score (1978), guided by CT imaging, supports conservative methods versus more invasive methods for managing the complications of acute diverticulitis. With increased use of CT, less aggressive interventions are being incorporated into the treatment of acute diverticulitis, including the management of some of the complications. Abscess formation was classically managed by percutaneous drainage and Hartmann’s procedure (sigmoidectomy with terminal colostomy) was the treatment for both peritonitis and fistulas. However, abscess formation can be managed with standard antibiotic therapy alone. Furthermore, numerous studies have deemed laparoscopic approaches as an alternative method that decreased risk for postoperative complications than open surgery in the treatment of both peritonitis and fistula processes.

Conclusions: In the past, complicated diverticulitis has been widely treated with an operative approach, however only in the recent decade have alternative approaches been considered. With CT guidance, acute diverticulitis complications can be managed with a more conservative approach. This provides a more individualized care that minimizes the need for invasive treatment and reduces the occurrence of postoperative morbidity and mortality.

Critical References
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Are there any intellectual property implications for your research?: No Is your research relevant to the theme of the meeting?: Yes Is your research relevant to any of theukkanJurnal of The National Medical Association