

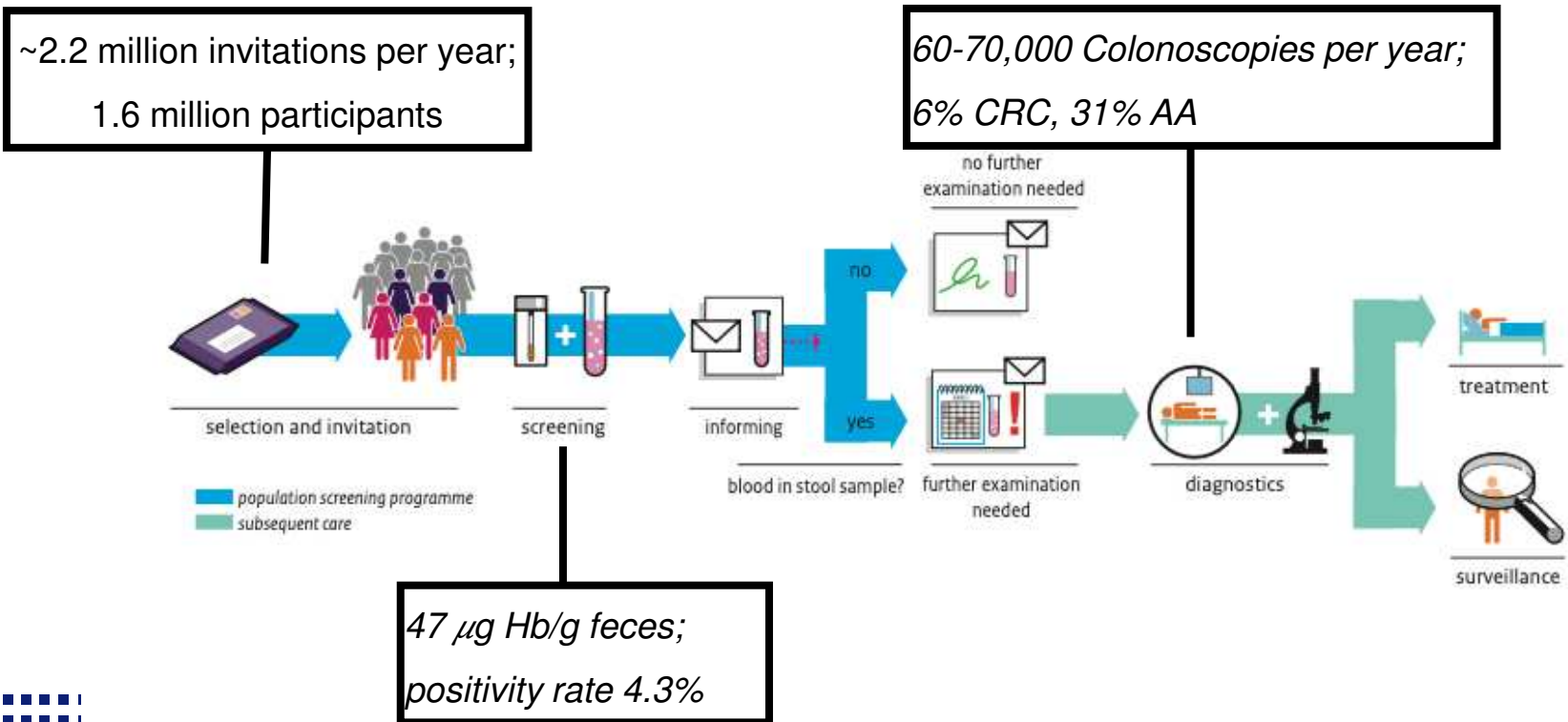
# Screening under COVID-19 in the Netherlands

Iris Lansdorp-Vogelaar, PhD

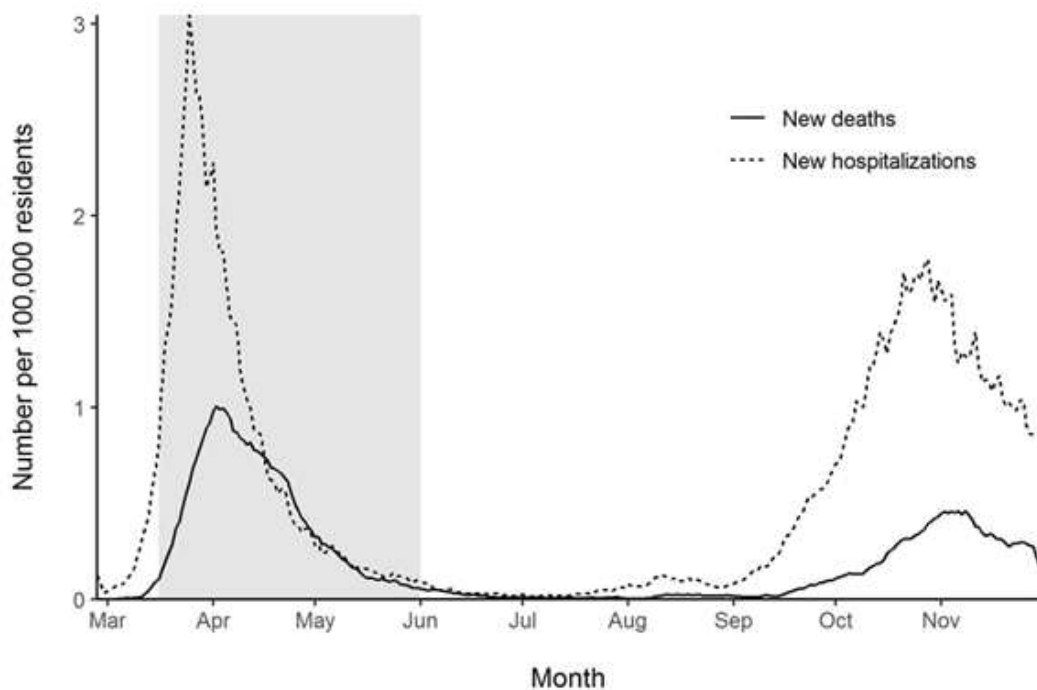
Erasmus MC  
University Medical Center Rotterdam



# Dutch CRC screening programme

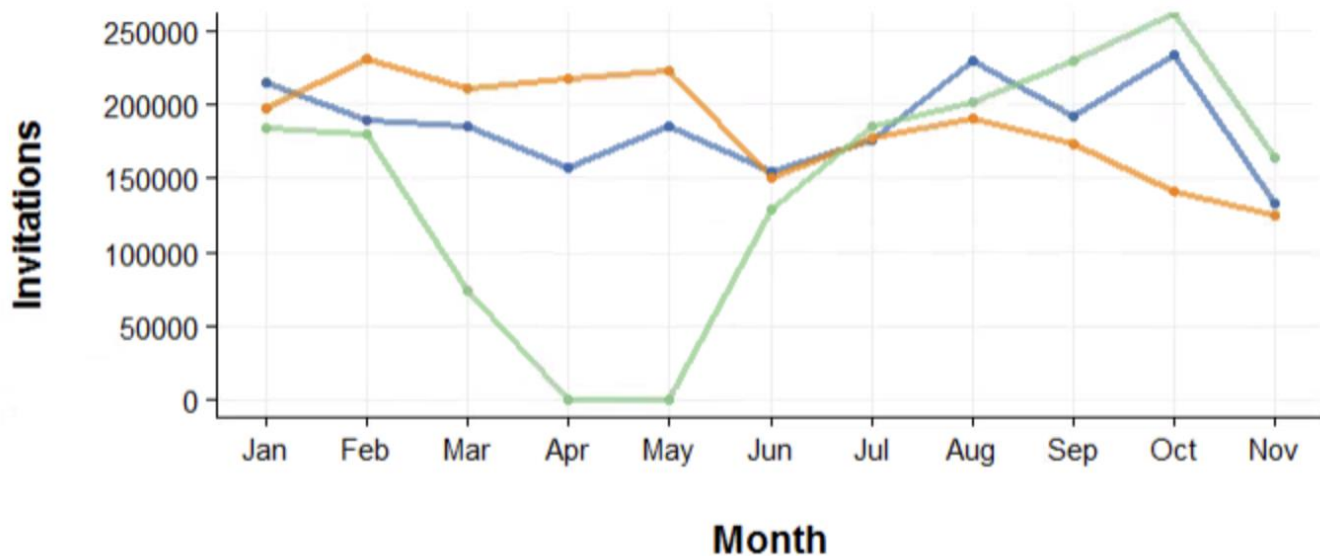


# COVID in the Netherlands



# FIT invitations

## Number of FIT invitations sent per month



Year — 2018 — 2019 — 2020

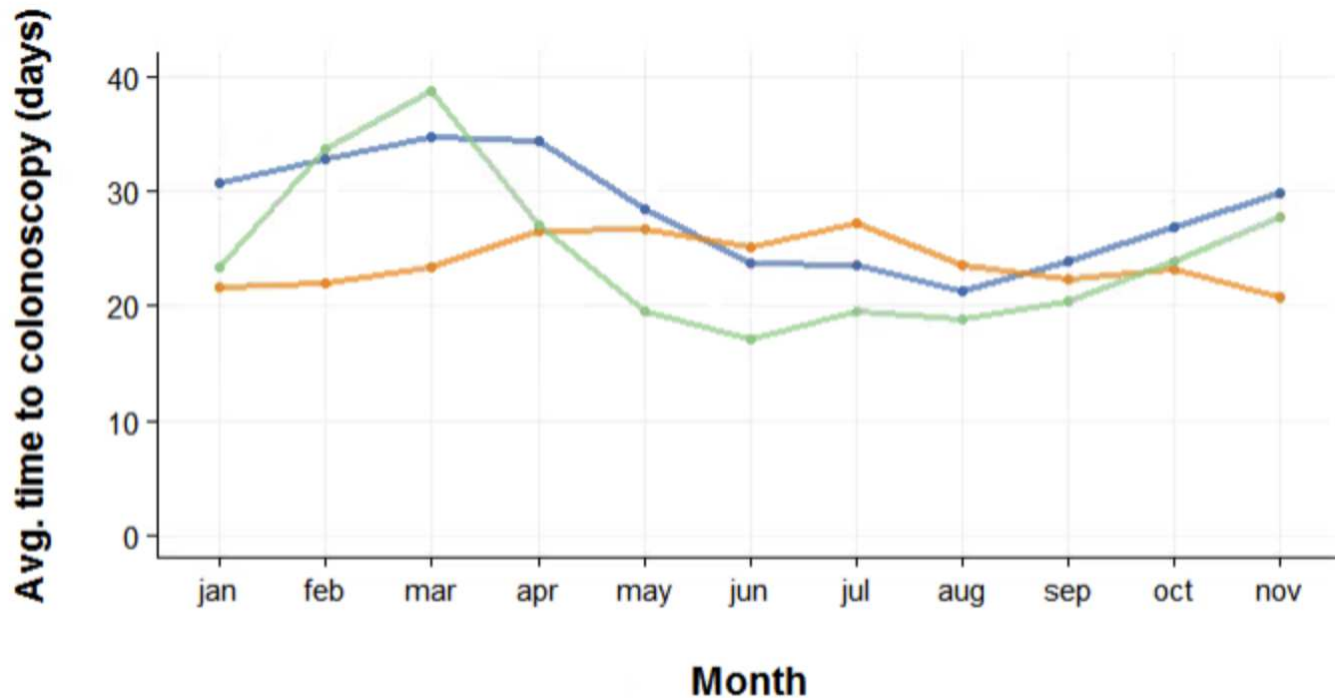


# Participation

## Participation to FIT per year

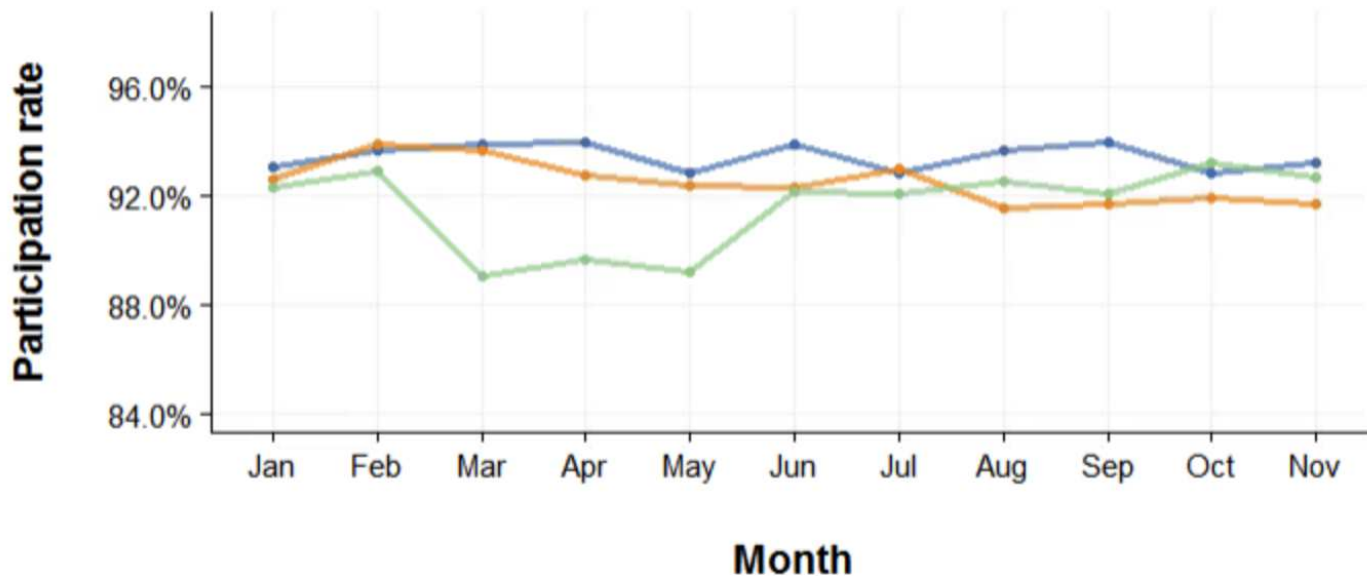


# Time to colonoscopy



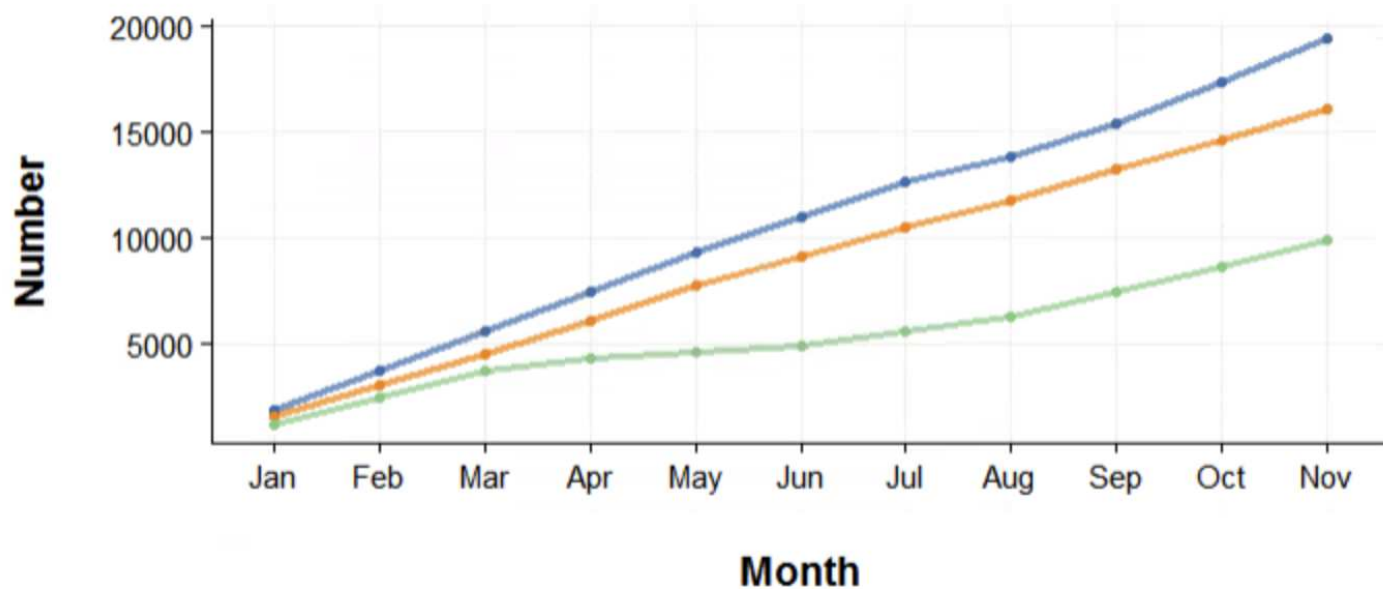
# Participation

## Participation to pre-colonoscopy intake



# Detection of AN

## Cumulative Advanced Neoplasia diagnoses



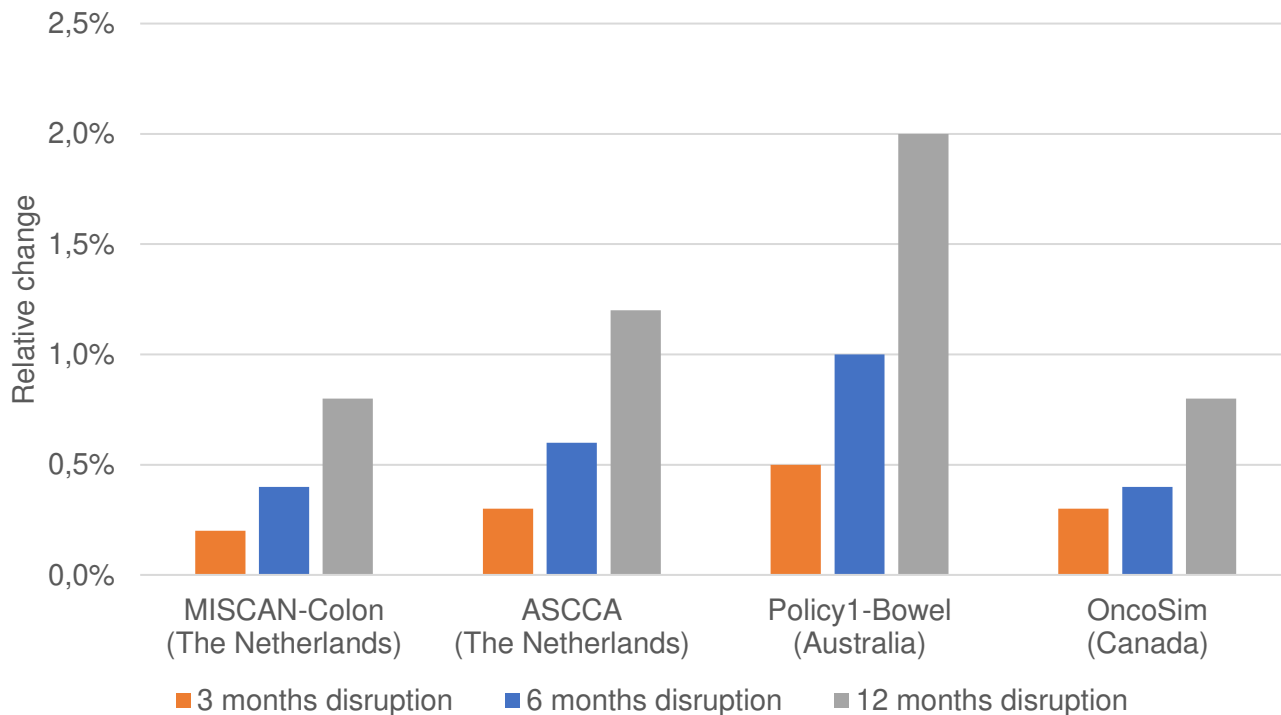
Year — 2018 — 2019 — 2020





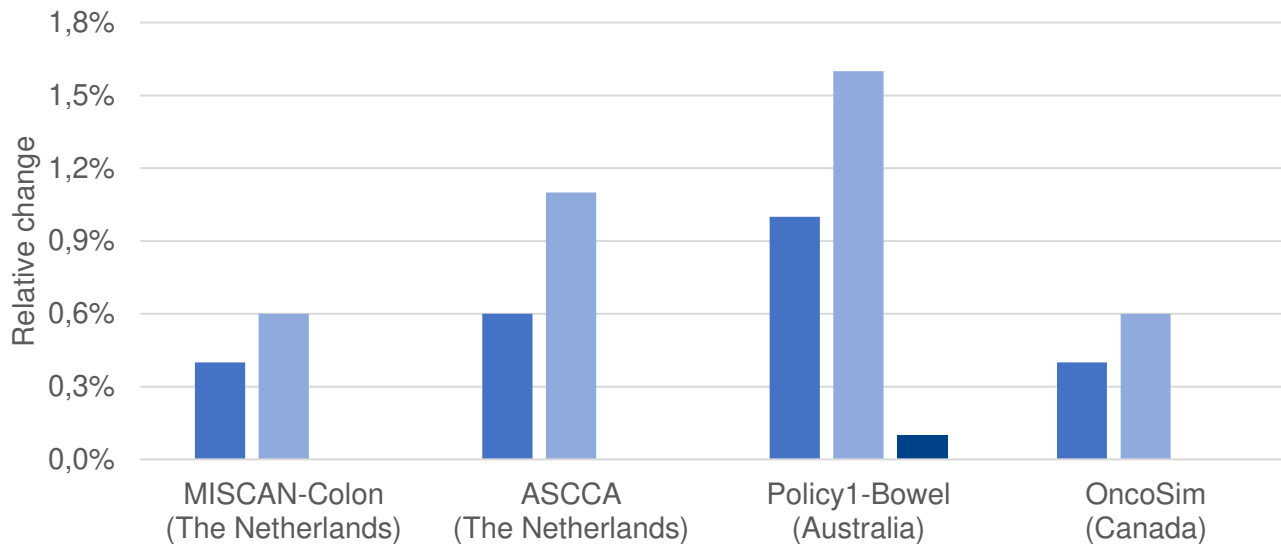
# Long-term impact

Additional CRC-related deaths, 2020-2050



# Mitigating the long-term impact

Additional CRC-related deaths, 2020-2050



■ 6 months disruption

■ 6 months disruption with 50% reduced participation for 6 months

■ 6 months disruption with immediate catch-up



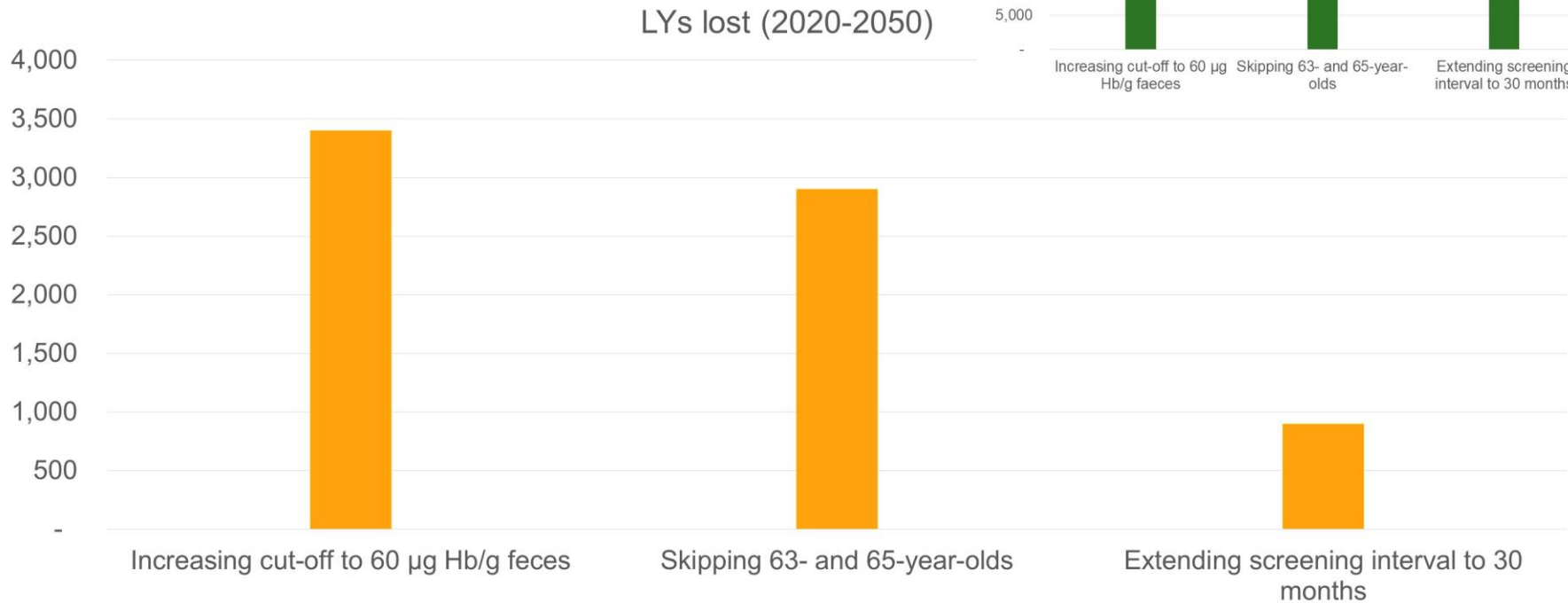
# Simulation Dutch CRC screening

MISCAN-Colon model compared different strategies for 30 months after restart:



→ 12 different strategies compared to a situation in which missed individuals are caught up and no colonoscopy restrictions

# Impact LYs lost



# Key messages

- COVID led to a temporary disruption of the CRC screening programme
- Following disruption, FIT participation was high, and program was able to catch-up
- In case of future capacity constraints, extending screening interval up to 34 months has smallest impact on long-term effectiveness



# Acknowledgments

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