

Clinical pathology selected abstracts

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Screening for colorectal cancer: a U.S. Preventive Services Task Force recommendation statement

September 2021—Colorectal cancer is the third leading cause of cancer death for men and women, with approximately 52,980 deaths projected this year. Although colorectal cancer is most frequently diagnosed in adults between the ages of 65 and 74 years, about 10.5 percent of new colorectal cancer cases will occur in those younger than 50 years of age. The incidence of colorectal cancer in adults 40 to 49 years old has increased almost 15 percent from 2000–2002 to 2014–2016. In 2016, 25.6 percent of eligible adults in the United States were reported to have never been screened for colorectal cancer. A follow-up in 2018 showed that 31.2 percent were not up to date with screening. The U.S. Preventive Services Task Force (USPSTF) performed a systematic review to update its 2016 recommendation. The review evaluated the benefits and drawbacks of screening adults 40 years and older for colorectal cancer. It also examined how these findings varied based on age, gender, and race/ethnicity to determine if these factors impacted recommendations for screening adults 40 years and older. The assessment used information generated by comparative modeling to demonstrate how estimated life-years gained, colorectal cancer cases averted, colorectal cancer deaths averted, and colonoscopy burden and harms vary based on different beginning and ending ages for various screening strategies. The task force studied asymptomatic adults 45 years and older who were at average risk of colorectal cancer and had no known risk factors. It concluded with a high degree of certainty that screening for colorectal cancer in adults ages 50 to 75 years had a substantial net benefit. The task force also concluded with moderate certainty that colorectal cancer screening had a moderate net benefit in adults 45 to 49 years old. Of interest, the USPSTF reached a consensus, with a moderate degree of certainty, that screening for colorectal cancer in adults 76 to 85 years old, who were previously screened, had only a small net benefit. However, adults in this age range who had never been screened were more likely to benefit. A draft of these recommendations was posted for public comment on the USPSTF website from Oct. 27, 2020 to Nov. 23, 2020. The newer USPSTF recommendation to screen adults 45 to 49 years of age for colorectal cancer received many comments. Some supported the recommendation, while others advocated for beginning screening at a younger age. Still others disagreed with screening prior to age 50 years. Based on empirical, modeling, and epidemiologic data, the USPSTF reported that there is adequate evidence that colorectal cancer screening for the 45- to 49-year-old age group provides a moderate net benefit. The task force emphasized that benefits of screening can only be fully achieved when combined with follow-up for abnormal screening.

U.S. Preventive Services Task Force. Screening for colorectal cancer: US Preventive Services Task Force recommendation statement. *JAMA*. 2021;325(19):1965–1977.

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Changes in test volumes due to COVID-19: a laboratory stewardship opportunity

The COVID-19 pandemic changed the way patients access and use health care due to government shutdowns designed to mitigate the spread of SARS-CoV-2. The pandemic led to fewer patients accessing health care and undergoing surgeries and patients and medical facilities cancelling or postponing nonurgent procedures. This raised concerns that delaying or eliminating care may place patients at risk for adverse outcomes. The authors conducted a study to identify opportunities to close the gaps in care using laboratory data. They focused on laboratory testing information that can provide guidance on addressing health care gaps and reduce the adverse consequences of missed interventions that occurred during the pandemic. The authors' retrospective time series-

designed study examined laboratory services before and during the pandemic at a large health system serving women and children. The authors found that laboratory test volumes displayed three patterns: a decrease during state lockdown followed by a full or near-complete recovery; no change; or a persistent decrease. Testing used to diagnose or monitor chronic illnesses has recovered only partially since the pandemic began. This includes hemoglobin A_{1c} and blood lead testing, both of which had a sustained drop in testing up to one year later. The concern is that the pandemic has taken a toll on patients and practitioners and that some patients may not have returned to care for their chronic conditions or participated in general wellness screening. Tests that decreased in volume and did not completely recover are of special concern. For example, the decrease in HbA_{1c} testing may suggest that pediatric patients are not receiving proper diabetes monitoring. And the decrease in lead screening for at-risk children can impede appropriate interventions that reduce developmental delays. The authors concluded that a laboratory stewardship program focused on peri-pandemic care can position pathologists as leaders to ensure appropriate, equitable, and efficient care and close some of the pandemic-related gaps in the use of laboratory tests.

Singh IR, Dowlin M, Chong TH, et al. Changes in test volumes during coronavirus disease 2019 (COVID-19): A laboratory stewardship opportunity. *Arch Pathol Lab Med*. 2021;145:821–824.

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