

Following the covid-19 pandemic, plans to reactivate gastroenterology practises: A survey of north american centres.

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Introduction

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is a new virus that was first identified in Wuhan, China, and has now spread worldwide. It causes a potentially fatal infectious respiratory syndrome called coronavirus disease 2019 (COVID-19), which has rapidly evolved into a pandemic. COVID-19 is a major health emergency that has had a substantial impact on everyday clinical practice. It has raised several new questions and concerns about its potential impact on patients with chronic illnesses, especially those treated with immunomodulating drugs [1].

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We the association between complete blood count, including Neutrophil-to-Lymphocyte Ratio (NLR) in combination with patient characteristics, and coronavirus disease (COVID-19) outcomes to identify the best prognostic indicator. We analyzed data of patients with confirmed COVID-19 from the nationwide database of the Japan COVID-19 Task Force between February 2020 and November 2021. A composite outcome was defined as the most severe condition, including noninvasive positive-pressure ventilation, high-flow nasal cannula, invasive mechanical ventilation, extracorporeal membrane oxygenation, or death. Of 2,425 patients in the analysis, 472 (19.5%) experienced a composite outcome. NLR was the best predictor of composite outcomes, with an Area under the Curve (AUC) of 0.81, and a sensitivity and specificity of 72.3% and 75.7%, respectively, using a cut-off value of 5.04. The combination of NLR and an oxygen requirement on admission had the highest AUC (0.88). This simple combination may help identify patients at risk of progression to severe disease [3].

Digestive manifestations appear to be common in patients with coronavirus disease 2019 (COVID-19).¹ Gastroenterologists will invariably come into contact with infected patients, and the risk of intraprocedural exposure is well established. Recommendations have been issued to guide Personal Protective Equipment (PPE) use and the triage of procedural urgency, among other operational considerations. In response, institutions providing gastroenterology and endoscopy services have taken urgent action to protect patients and staff, but the uptake and extent of these practice changes in North America is unknown. We conducted a survey of gastroenterology and endoscopy practices to assess the response to the COVID-19 pandemic across the continent [4, 5].

Conclusion

The coronavirus disease 2019 (COVID-19) pandemic has had a dramatic impact on cancer diagnosis and care pathways. Here, we assessed the mid-term impact of the COVID-19 pandemic on older adults with cancer before, during and after the lockdown period in 2020. Practices dramatically reduced endoscopy services due to the COVID-19 pandemic. Because practices now are considering reintroduction of elective endoscopy, we conducted a survey of North American practices to identify reactivation barriers and strategies.

References

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