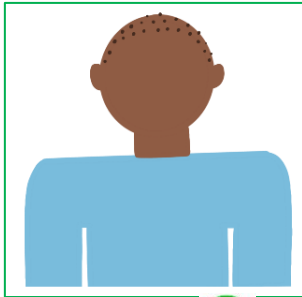


# CovidSurg-Cancer

CovidSurg

## Clinical scenarios for colorectal cancer

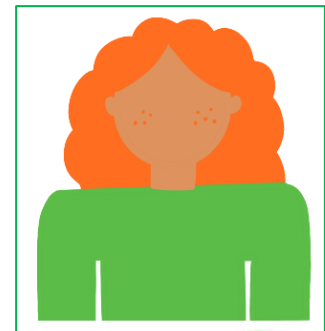
1



INCLUDED 

58 year old on immunosuppression with T3N1M0 mid-rectal cancer, change in operative plan on day of surgery in light of new surgical guidelines released during COVID-19 crisis. Re-consented and proceeded to open Hartmanns.

62 year old normally fit and well, with T4N0M0 V1 G2 R0 sigmoid cancer has resection during early stage of COVID-19 crisis. Standard treatment would be referral to Oncology to discuss adjuvant chemotherapy, however due to five-year survival benefit thought to be less than 5%, in current COVID-19 pandemic circumstances for surgical follow up only.



INCLUDED 

2

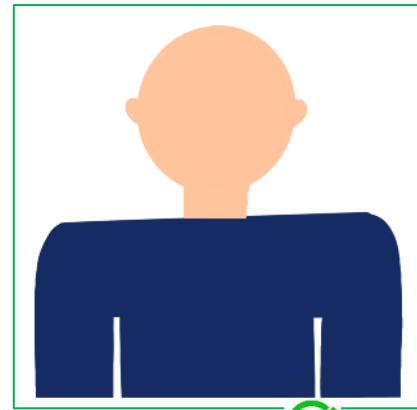
3



INCLUDED 

85 year old with several comorbidities and T3N1M0 caecal cancer but deemed fit for resection but needs high dependency bed and surgery delayed due to lack of capacity and risk to patient of inpatient COVID-19 exposure, no neoadjuvant therapy as risks felt to outweigh potential benefit. Re-staged and has developed liver metastases and is no longer planned for curative surgery

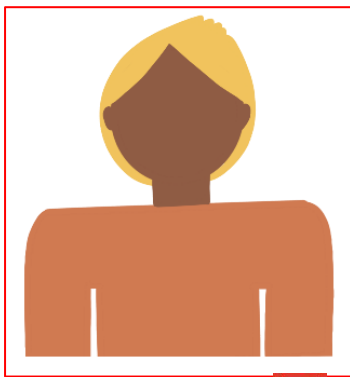
58 year old with T2N0M0 mid-rectal cancer deemed fit to proceed due elective anterior resection. However, due to cancellation of elective operating during COVID-19 crisis allocated to non-standard treatment with radiotherapy and has complete response on re-staging at 3 months, patient chooses watch and wait



4

INCLUDED 

5



NOT INCLUDED 

74 year old comorbid patient with T3N2M1 caecal cancer, not for curative surgical resection and offered palliative chemotherapy. Due to pressures of COVID-19 crisis and risks of immunosuppression during this time chemotherapy delayed and patient not treated at end of follow up period.