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Betimi i Hipokratit

Në çastin kur po hy në radhët e anëtarëve të profesionit mjekësor premtoj solemnisht se jetën time do ta vë në shërbim të humanitetit. Ndaj mësuesve do ta ruaj mirënjohjen dhe respektin e duhur.

Profesionin tim do ta ushtroj me ndërgjegje e me dinjitet. Shëndeti i pacientit tim do të jetë brenga ime më e madhe. Do t'i respektoj e do t'i ruaj fshehtësitë e atij që do të më rrëfëhet. Do ta ruaj me të gjitha forcat e mia nderin e traditës fisnike të profesionit të mjekësisë.

Kolegët e mi do t'i konsideroj si vëllezër të mi.

Në ushtrimin e profesionit ndaj të sëmurit tek unë nuk do të ndikojë përkatësia e besimit, e nacionalitetit, e racës, e politikës, apo përkatësia klasore. Që nga fillimi do ta ruaj jetën e njeriut në mënyrë absolute. As në kushtet e kërcënimit nuk do të lejoj të keqpërdoren njohuritë e mia mjekësore që do të ishin në kundërshtim me ligjet e humanitetit. Këtë premtim po e jap në mënyrë solemne e të lirë, duke u mbështetur në nderin tim personal.

The Oath of Hippocrates

Upon having conferred on me the high calling of physician and entering medical practice, I do solemnly pledge myself to consecrate my life to the service of humanity. I will give my teachers the respect and gratitude which is their due. I will practice my profession with conscience and dignity. The health of my patient will be my first consideration. I will respect the secrets which are confided in me, even after the patient has died. I will maintain by all the means in my power, the honor and the noble traditions of the medical profession.

My colleagues will be my brothers.

I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient. I will maintain the utmost respect for human life from its beginning even under threat and I will not use my medical knowledge contrary to the laws of humanity. I make these promises solemnly, freely and upon my honor

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ABSTRACT

Objective: Colorectal carcinoma is the third most common malignancy in the world with the leading cause of a cancer related mortality. The aim of this retrospective single center study was to determine whether the COVID-19 pandemic had an impact on diagnosis and stage in presentation of colorectal carcinoma.

Methods: We analyzed 264 surgically treated patients for colorectal carcinoma in the Clinical Hospital Acibadem Sistina in Skopje in the period of 2018-2020. All cases were diagnosed by light microscope and analyzed according to TNM Classification for malignant tumors, UICC, 8edition.

Results: A total of 112 patients underwent surgery for colorectal carcinoma before the pandemic period (2018-2019) and 152 patients in the pandemic period (2019-2020). There was a significant increasing rate of advanced stage (IIIB, IIIC, IVA, IVB) colorectal cancer in the pandemic period.

Conclusion: Although new studies are ongoing to evaluate the impact of COVID19 in different countries, in our study patients presented with more advanced stage of the disease.

Keywords: colorectal cancer, COVID19

INTRODUCTION

According to Globocan, in 2020 in R. North Macedonia were diagnosed 948 new cases of colorectal cancer (CRC) and it is on the third place after lung cancer and breast cancer [1]. The COVID-19 pandemic has significantly impacted healthcare systems worldwide, leading to

disruptions in cancer screening and diagnosis, including colorectal cancer. Several factors contributed to this: reduced screening and diagnostic procedures, strain of Health systems, patient concerns and reluctance and backlog of cases [2,3].

Lockdowns, social distancing measures, and the

redirection of healthcare resources towards COVID-19 led to a decrease in routine colorectal cancer screenings (such as colonoscopies) and diagnostic procedures. This resulted in delayed diagnoses and potentially more advanced stages of cancer at presentation. Overwhelmed healthcare systems faced challenges in accommodating patients for non-emergency procedures, including cancer diagnoses. Limited hospital beds, staff shortages, and prioritization of COVID-19 patients contributed to delays in diagnosis and treatment. Fear of contracting COVID-19 in healthcare settings led some individuals to postpone or avoid routine screenings and medical appointments, further contributing to delayed diagnoses. As healthcare systems gradually recover, they face a substantial backlog of patients requiring diagnostic procedures and treatments, including those with suspected colorectal cancer. This backlog further extends the time to diagnosis and treatment initiation [4-6].

These disruptions have likely led to a decrease in early-stage colorectal cancer diagnoses and an increase in later-stage diagnoses, potentially impacting patient outcomes. Research is ongoing to fully understand the long-term effects of the pandemic on colorectal cancer incidence and mortality.

Our aim in this study was to evaluate the impact of the pandemic period on diagnosis of colorectal cancer patients in Clinical Hospital Acibadem-Sistina in Skopje, North Macedonia. To our knowledge this is the first study of this kind in our country.

MATERIALS AND METHODS

We analyzed 264 surgically treated patients for colorectal carcinoma in the Clinical Hospital Acibadem Sistina in Skopje in the period of 2018-2020. All tissue specimens were formalin fixed and paraffin embedded, cutted in 4 μ sections and routinely stained with Hematoxylin and eosin. On light microscope a histologic type of the carcinoma was detected, nuclear grade, tumor depth of invasion, and number of positive lymph nodes. The Stage of the disease was obtained according to TNM classification for malignant tumors, 8ed, UICC.

RESULTS

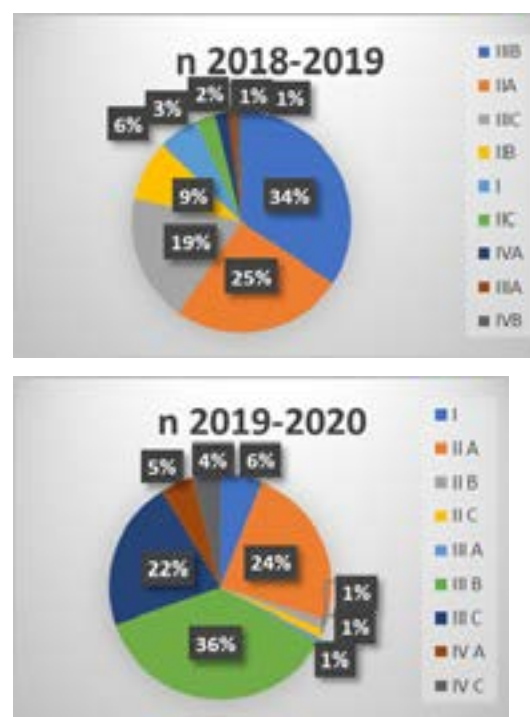
Our results showed that the number of metastatic cases were increased in the pandemic period, and the cases with lower Stage were decreased (Table 1).

Table 1. Number of cases with Stage distribution in pre-pandemic and pandemic period

Stage	n (2018-2019)	n (2019-2020)
IIIB	35	54
IIA	26	35
IIIC	19	32
IIB	9	2
I	6	9
IIC	3	2
IVA	2	7
IIIA	1	1
IVB	1	6

There were 36% of the cases in Stage IIIB in pandemic period and 34 % were in pre-pandemic. The number of cases with distant metastasis were also increased (Stage IVA, IVC) (Figure 1).

Figure 1. Percentage distribution of cases according to Stage of the disease in the two groups



DISCUSSION

The COVID-19 pandemic significantly disrupted healthcare systems globally, impacting various aspects of cancer care, including the diagnosis of colorectal cancer. Studies using varied methodologies and populations have revealed a complex picture of the pandemic's influence [7-9]. One major consequence was the reduction in screening and diagnostic procedures. D'Ovidio et al. in

their study discusses the impact on screening programs, while Kelkar et al. focuses on the effects within a large U.S. health system [5,7]. Lockdowns, resource reallocation, and patient apprehension contributed to delays and decreases in colonoscopies and other essential diagnostic activities. This led to a shift in stage at diagnosis, with potentially more advanced presentations observed during the pandemic period [10-13].

Takashima et al. directly investigated the severity of CRC in patients before and after the COVID-19 outbreak in a single institution, noting a higher incidence of advanced CRC during the pandemic period [14]. Similarly, Xu et al. observed changes in patient demographics and clinical care in their single-center retrospective study [15]. Song et al. employed bioinformatics and systems biology techniques to explore the interplay between COVID-19 and CRC, offering a different perspective on the pandemic's influence [16].

The challenges faced by healthcare systems in managing CRC during the pandemic are highlighted in Italy, Denmark and US [17-19]. These challenges, coupled with the disruptions in screening and diagnosis, likely contributed to the observed changes in diagnostic patterns.

While the long-term consequences of these disruptions are still being investigated, the available evidence suggests a concerning trend towards later-stage diagnoses and potential negative impacts on patient outcomes. Further research is crucial to fully understand the extent of these effects and to develop strategies to mitigate the pandemic's lasting impact on CRC diagnosis and care [20,21].

CONCLUSION

This study showed that Covid19 pandemic period have faced serious challenges in our country diagnosing the patients with colorectal carcinoma. Efforts should be made in health care systems worldwide because of the increasing number of patients treated in advanced oncologic stages.

Conflict of interest: None declared.

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