Editorial

Oncologic colorectal surgery in the time of the COVID-19 pandemic

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In December 2019 in Wuhan, China the first cases of disease currently known as coronavirus disease 2019 (COVID-19) were stated (1,2). It was caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (1,2). In the following months the disease spread over all continents and on 11th March 2020 World Health Organization (WHO) announced the pandemic of COVID-19 (3). COVID-19 is a disease of high infectivity and mortality rate depends on quality of health care in particular countries (4,5). Epidemic situation related to COVID-19 is changing dynamically all over the world. Increased focus on pandemic related issues has a negative effect on health care in other branches of medicine. It also affects oncological patients.

Colorectal cancer (CRC) is among the commonest types of tumor of the world (6-8). Despite of development of different oncological treatment methods, the surgical resection remains the gold standard treatment for patients with CRC (7-9). Recently, many minimally invasive surgical techniques have been proposed for abdominal surgery, including colorectal surgery. Compared with conventional surgical treatment, minimally invasive techniques for the treatment of noninvasive CRC, such as laparoscopic methods, shorten the duration of hospitalization and improve short-term outcomes without affecting the outcomes of oncological treatment (10-12). Minimally invasive access often facilitates the creation of a primary intestinal anastomosis without the need for stoma formation (10-13).

We have read the article of Rocca *et al.* titled "*Oncologic colorectal surgery in a general surgery unit of a small region of Italy—a successful "referral Centre Hub & Spoke Learning Program" very important to reduce mobility in the Covid-19 era*" with great interest (6). The authors in the retrospective study based on their personal experience presented promising results of "Teaching/Learning Model of Hub & Spoke Collaboration" between their medical center and other referral center for colorectal surgery (6). The aim of this pilot study was to share an experience of a single center from an internal area of southern Italy who was trying to reduce migration and costs while ensuring the standard of care in oncologic colorectal surgery (6). Both reduction of health migration and costs, as well as decrease in waiting times for surgery are important factors in challenging times of COVID-19 pandemic. Despite presentation of the results, the authors did not draw any significant conclusions, that may be obvious for the reader but should nevertheless be emphasized by the authors (6). Nevertheless, in our opinion the issue described by Rocca *et al.* is very important and up to date (6).

In our medical center majority of surgical procedures in patients with CRC is performed laparoscopically (13,14). Nevertheless, in the time of the COVID-19 pandemic, oncological treatment of these patients is challenging. In this difficult period, we adopted some clinical guidelines in oncological treatment of patients with CRC in our referral center. The basis of our guidelines was to maintain the continuity of multidisciplinary treatment of patients with CRC. Another demand our guidelines had to meet was the facilitation of the correct and fast oncological diagnosis and treatment with the intention to maintain radical treatment. In all possible cases of patients with CRC our aim is to reduce the duration of hospital stay—shortening the exposure time reduces the risk of transmission of

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COVID-19 infection. In-hospital Enhanced Recovery After Surgery (ERAS) (15) procedures should be maintained as they allow to shorten the time of hospitalization. Above mentioned laparoscopic methods of treatment of patients with CRC implemented in our center also shorten the duration of hospitalization. The implementation of these guidelines significantly improves quality of oncological care in the time of the COVID-19 pandemic.

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