# Life for Laboratories After COVID - CAP Media Briefing

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**Alec Bose:**

It is no secret that COVID-19 caused many to put their lives on hold for more than a year. What might be surprising is the extent to which patients were able to have other medical needs met while many others postponed their care during a time of lockdowns and social distancing. In a recent panel discussion, CAP, speaker of the House of Delegates, Dr. Kathryn Knight, CAP President, Dr. Patrick Godbey, and counsil on Government and Professional Affairs Chair, Dr. Jonathan Myles, talked about the implications of patients who postpone their care because of the pandemic, the potential issues laboratories could face as they return to seek treatment, and what roles pathologists will have in patient care as we move past the pandemic. Dr. Knight began this portion of the discussion by highlighting that point of deferred treatment by patients.

**Dr. Kathryn Knight:**

Now, importantly, let's talk about the reasons patients have been, and are continuing even now to defer their own healthcare. I think we want to look at specifically what everyone has been seeing in their laboratories when it comes to more advanced disease. We know, we're certain that patients have postponed their care because of the pandemic, because we've seen decreased volumes during this past year. It almost seems that in essence, the only real relevant risk that we have heard about over the last year, almost year and a half, has been Covid. And for some during this period of time, the cycle of routine preventative care has honestly been broken. And as physicians, at the end of the day, we're pathologists and our focus is on our patients, we clearly don't want the impact of delayed or postponed care, over time to actually be greater than the impact of the pandemic itself.

So anecdotally, my personal practice has been centered on women's healthcare. By the end of last year, as some patients began to come back for their PET tests, for their endometrial biopsies, for their breast biopsies, we started to see increased numbers of dysplasia, which is a pre-malignant change, as well as overt carcinomas. Is anyone else seeing this, seeing patients with more advanced diseases, cancers, or chronic illnesses? Dr. Myles, you're an entirely different practice setting from mine. You're in a major medical center. Are you also seeing more complex cases because patients delayed their care?

**Dr. Jonathon Myles:**

Thank you. Now, during the pandemic, we had complex cases still being seen at the main campus. And in fact, we had patients refer to us for surgery and care because as you know, many geographic areas were overrun and some patients needed surgery now and it couldn't be delayed. We had a big decrease in our elective procedures during the height of the pandemic. Now, the complex cases certainly are still with us today, but we have seen a significant increase in our elective procedures since the height of the pandemic.

**Dr. Kathryn Knight:**

Thank you, Dr. Godbey?

**Dr. Patrick Godbey:**

Yes, we've seen an increase in complexity of cases. One thing that, as an example, we've seen, we routinely saw a small percentage, but a percentage of normal appendix cases that would come in to root for possible appendicitis. It's been a long time since I've seen a normal appendix. Furthermore, the appendixes that I see are ruptured, they are much more inflamed than I ever saw before and what that means is patients have been putting off, coming into emergency rooms, coming in to seek care that prior to Covid, they would've come in earlier. Now "I have a little pain, and maybe I can put this off, maybe not." And you turn what is a small operation into a very large operation.

Another example that we saw in one of our institutions recently is a patient broke their hip and waited four weeks to come in because they were afraid of contracting COVID.

They took a big operation and it became a very large, bigger operation requiring more blood transfusions. These are the trends we see. We also see putting off screening colonoscopies, and we've seen an increase in much more significant colon biopsies than we have in the past because again, screening colonoscopies were either not available or put off. So that's a long answer to say yes, we have seen changes in our practice and not for the better, for the worse, patients are putting off care.

**Alec Bose:**

One question from the media submitted to our panelists, asked about COVID testing equipment and if it can be reused as coronavirus cases decrease?

**Dr. Kathryn Knight:**

Many laboratories invested in expensive equipment and sometimes even lab space in order to scale up to meet the demands for COVID-19 testing. Have laboratories started thinking about how they might use those resources post pandemic, Dr. Myles?

**Dr. Jonathon Myles:**

Thank you. There's no question that the COVID-19 testing resulted in increased costs in the laboratory, and we were forced... In order to fight this pandemic to increase our instrumentation, train personnel whatnot and so forth. We as a nation needed to do that. Although the testing has decreased. In many cases, this equipment can be used for other types of molecular tests. So as the pandemic goes down, this equipment can be used for other types of tests that are done on a similar platform.

**Dr. Patrick Godbey:**

A couple of other comments if I could. I agree with Dr. Myles completely. A lot of new equipment was brought in when we could get it. There were shortage of equipment. Some of the things that we will do though, is in laboratories that had platforms that they could switch to running COVID-19 tests on. Some of these platforms are worn out. So the new equipment that we bring in will replace those platforms. Other things, tests that we did indeed have to send out, we'll be able to bring back. Many hospitals in South Georgia, for instance, had to refer out their chlamydia and gonorrhea testing. Many of those labs will be able to use the new equipment that we purchased, to not only replace our old equipment, but to bring those tests back in the house.

**Alec Bose:**

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