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Background & Aims

The COVID-19 pandemic necessitated rapid adaptation in healthcare delivery, affecting cancer care pathways. This study assesses the impact of these changes on multidisciplinary team (MDT) decision-making and survival outcomes in esophago-gastric cancer patients across pre-pandemic, peak pandemic, and post-pandemic periods.

Methods

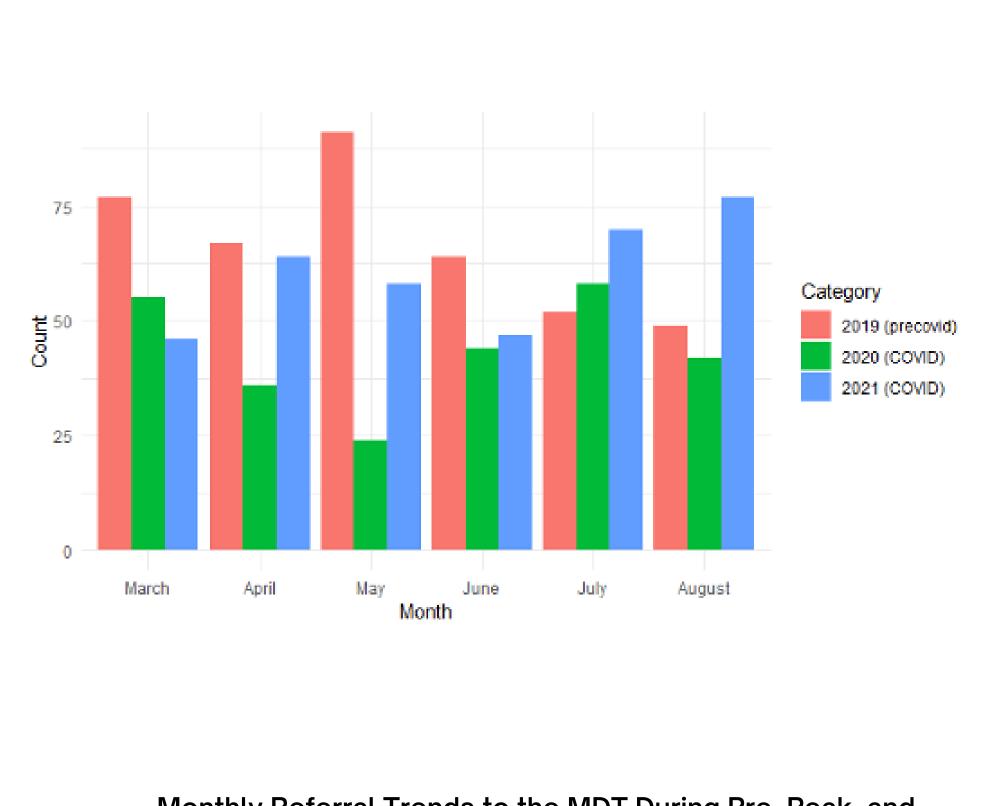
A retrospective cohort study involving patients referred to a UK tertiary EG cancer center during distinct six-month intervals mirroring the pandemic's evolution. Analysis focused on MDT recommendations, treatment pathways, and two-year survival rates, comparing deviations from standard care across periods.

Results

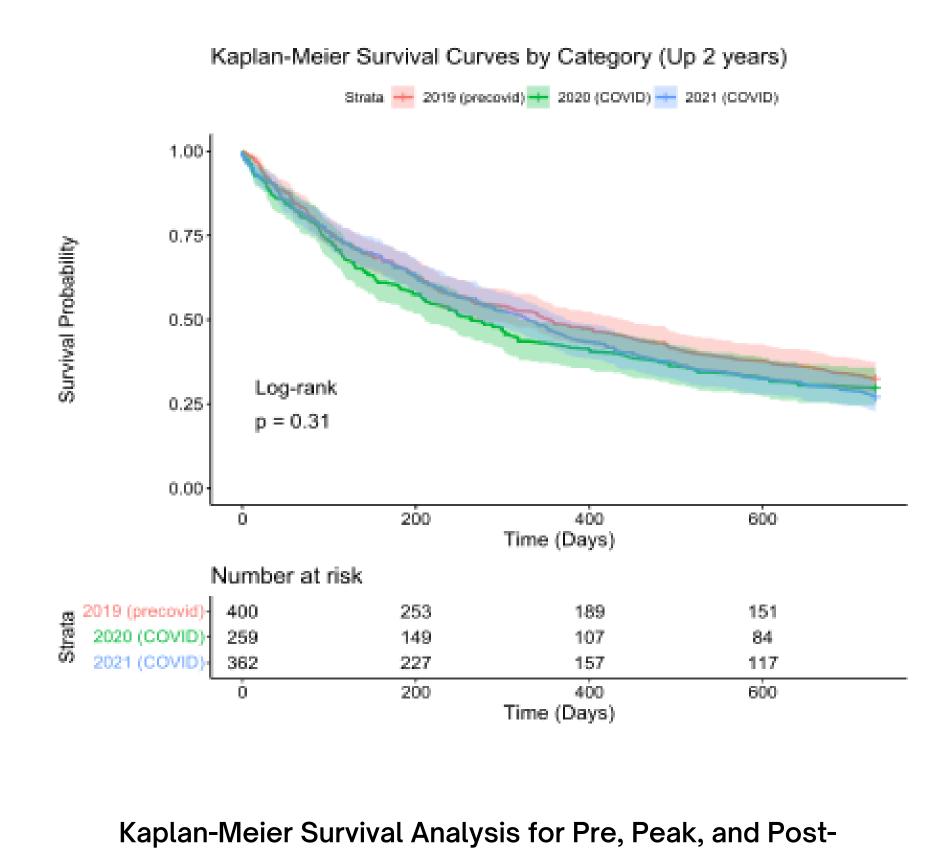
The study revealed a significant reduction in patient referrals and expedited treatment decisions during the pandemic peak, with a shift towards palliative care in post-pandemic cases. Although no statistically significant difference in two-year survival rates was observed, the post-pandemic period showed an increase in tumor aggressiveness and positive resection margins, suggesting potential long-term impacts of delayed diagnosis and treatment.

Conclusions

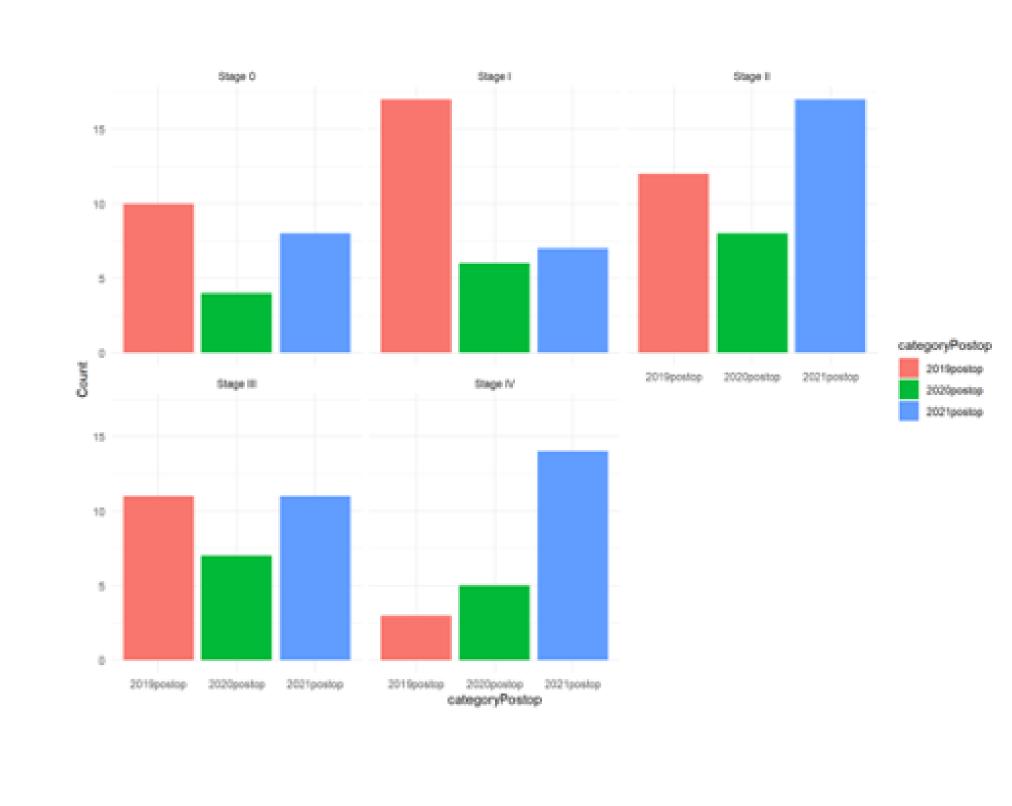
COVID-19 has significantly influenced MDT decision-making and patient pathways in esophago-gastric cancer care, underlining the necessity of resilient healthcare systems. Despite maintaining survival rates, the observed increase in tumor aggressiveness post-pandemic highlights the critical need for uninterrupted cancer diagnosis and treatment services during global health emergencies.



Monthly Referral Trends to the MDT During Pre, Peak, and **Post-Pandemic Phases**



Pandemic Patient Groups



Pathological staging distribution, showing a notable increase in stage 4 tumors in the 2021 Post-pandemic group.

Keywords

COVID-19, esophago-gastric cancer, multidisciplinary decision-making, survival outcomes, healthcare adaptation.