Evaluating the impact of major events on colorectal cancer incidence in Puerto Rico: An interrupted time-series analysis

Castañeda-Avila³, Guillermo Tortolero-Luna²⁴, Karen J. Ortiz-Ortiz²⁴

¹Department of Population and Public Health Sciences, Keck School of Medicine, University of Southern California, California, United States; ²Puerto Rico Central Cancer Registry, University of Puerto Rico, Comprehensive Cancer Center, San Juan, Puerto Rico; ³Department of Population and Quantitative Health Sciences, University of Massachusetts Chan Medical School, Massachusetts, United States, ⁴Cancer Control and Population Sciences Program, University of Puerto Rico Comprehensive Cancer Center, San Juan, Puerto Rico.

INTRODUCTION

- Colorectal cancer (CRC) is the third most diagnosed cancer and the second leading cause of cancer deaths worldwide.¹
- CRC remains one of the most incident and deadliest types of cancer in Puerto Rico (PR).²
- Patterns of cancer incidence in PR reflect underlying risk factors, disparities in healthcare access, and overall infrastructure limitations.³
- In September 2017, a Category 5 Hurricane Maria hit PR just two weeks after Hurricane Irma, resulting in severe damage to healthcare facilities and infrastructure.
- In March 2020, the COVID-19 pandemic emerged, further interrupting services.

OBJECTIVES

• This study aims to evaluate the impact of Hurricanes Irma and Maria, as well as the lockdown measures imposed during the start of the COVID-19 pandemic on the incidence of CRC in PR.

METHODS

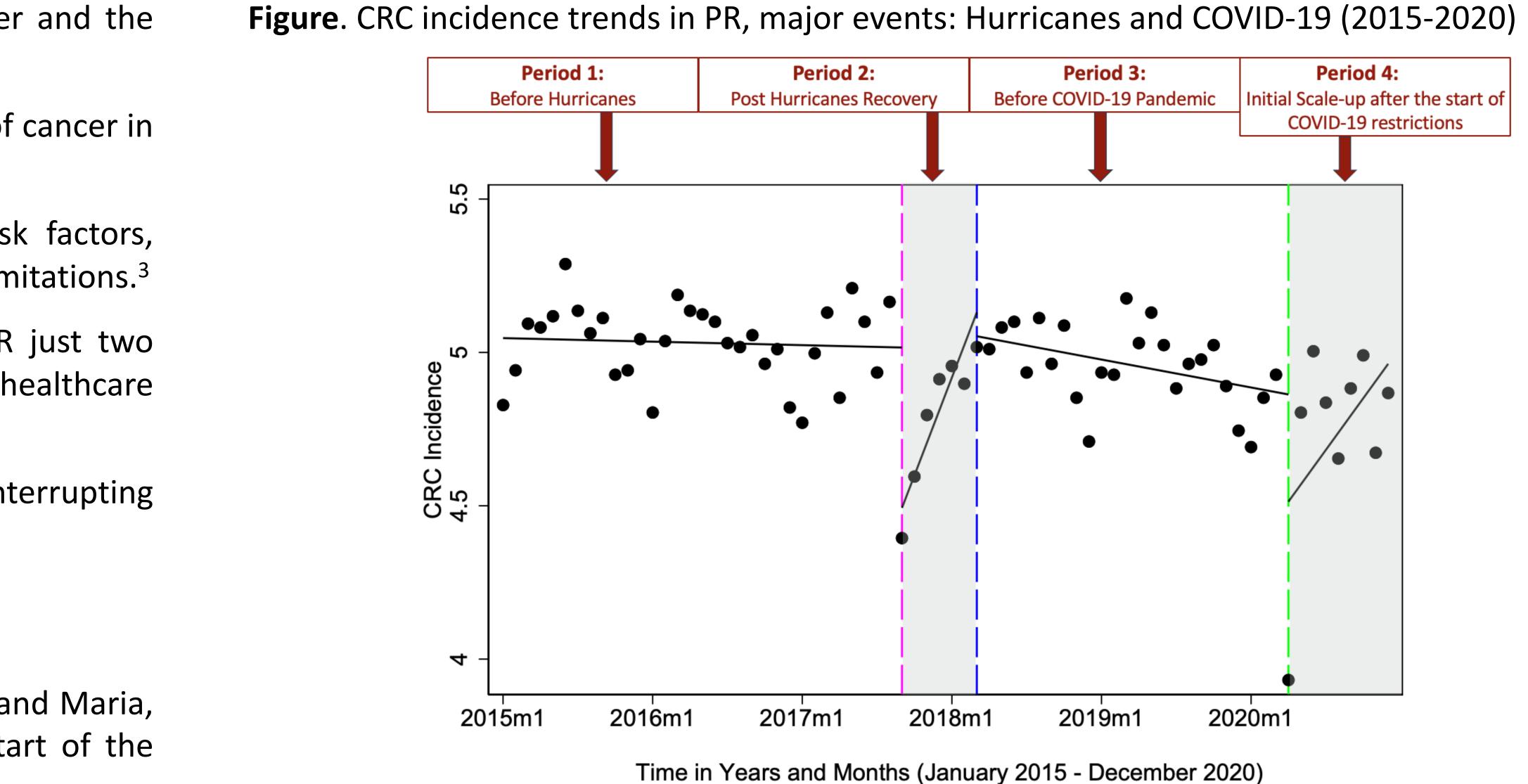
- The source of information for this study was the PR Central Cancer Registry (PRCCR) database.
- CRC incidence data in PR from January 2015 to December 2020 were analyzed.
- An interrupted time-series analysis (ITSA) design was used to compare monthly percent change (MPC) in CRC diagnoses during the following four periods:

Period 1	Period 2	Period 3	Peric
January 2015 to	September 2017	April 2018 to	April 20
August 2017	to March 2018	March 2020	Decemb
Before	Post-Hurricanes	Before COVID-	Pande
Hurricanes		19 Pandemic	restric

- Ordinary least squares regression models with Newey-West standard errors were used to adjust for autocorrelation.
- The Cumby-Huizinga general test was used to assess for possible autocorrelation.

Samantha Verganza¹, Carlos R. Torres-Cintrón², Axel Gierbolini-Bermúdez², Tonatiuh Suárez-Ramos², Maira A.

RESULTS



Regression with Newey-West standard errors - lag(0)

od 4

2020 to ber 2020 lemic ctions

Distinct Points in Trend	Immediate change in No. CRC cases	95% CI	P-value	
Hurricane Irma and Maria (September 2017)	-52.3%	-0.690, -0.356	<0.001	
Post Hurricane Recovery Peak (March 2018)	-7.7%	-0.293, 0.139	0.477	
Start of COVID-19 Restrictions (April 2020)	-34.9%	-0.891, 0.193	0.202	

Table 2. MPC of CRC incidence trends in PR, major events: Hurricanes and COVID-19 (2015-2020)

Period	MPC	95% CI	P-value
1	-0.09%	-0.006, 0.005	0.730
2	10.7%	0.057, 0.157	< 0.001
3	-11.4%	-0.164, -0.064	< 0.001
4	6.4%	-0.031, 0.159	0.185

Fitted Values — — Hurricane Irma and Maria (September 2017) — — Post Hurricane Recovery Peak (March 2018) — — Start of COVID-19 Restrictions (April 2020)

 Table 1. Months with immediate change in number of CRC incidence cases in PR (2015-2020)



- system capacity.







DISCUSSION & CONCLUSION

• To our knowledge, this study provides a first-time description of the impact of two major interruptions in the PR health system infrastructure on CRC incidence.

• It sheds light on how unprecedented events disrupt the health system and create challenges for cancer patients.⁴

• Our analyses confirm a change in level and trend caused by the hurricane's aftermath and the COVID-19 restrictions.

• However, due to data limitations at the time of analysis, more research is needed to better understand CRC incidence in the postpandemic restrictions period.

• More research is needed to better understand the potential factors associated with the decrease of the CRC MPC after post-hurricane recovery (third period), such as migration and changes in health

• Public health efforts should prompt research, policy change, increase infrastructure systems, and resilience to provide more support for cancer screening, diagnostics, and treatment during and after natural disasters and major events.⁵



1. Sung H, Ferlay J, Siegel RL, et al. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. CA Cancer J Clin. 2021;71(3):209-249. doi:10.3322/CAAC.21660

2. Soto-Salgado, M., Suárez, E., Calo, W., Cruz-Correa, M., Figueroa-Vallés, N. R., & Ortiz, A. P. (2009). Incidence and mortality rates for colorectal cancer in Puerto Rico and among Hispanics, non-Hispanic whites, and non-Hispanic blacks in the United States, 1998-2002. Cancer, 115(13), 3016–3023. https://doi.org/10.1002/cncr.24340

. Miller KD, Ortiz AP, Pinheiro PS, et al. Cancer statistics for the US Hispanic/Latino population, 2021. CA: a cancer journal for clinicians. 2021;71(6):466-487. doi:10.3322/caac.21695

4. Gorji HA, Jafari H, Heidari M, Seifi B. Cancer patients during and after natural and man-made disasters: A systematic review. Asian Pacific journal of cancer prevention: APJCP. 2018;19(10):2695-2700. doi:10.22034/APJCP.2018.19.10.2695

5. Ortiz AP, Calo WA, Mendez-Lazaro P, et al. Strengthening resilience and adaptive capacity to disasters in cancer control plans: lessons learned from puerto rico. Cancer Epidemiology Biomarkers and Prevention. 2020;29(7). doi:10.1158/1055-9965.EPI-19-1067



This project was supported by CAPAC (Award Grant Number #R25CA240120) from the NCI and in part, by a federal grant from the National Program of Cancer Registries (NPCR) (Grant #NU58DP007164) to the Puerto Rico Central Cancer Registry.