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RU **Изменения в диспансерном наблюдении за пациентами высокого риска рака поджелудочной железы, связанные с COVID-19**

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Введение. Все еще остаются неопределенными изменения в диспансерном наблюдении за больными высокого риска рака поджелудочной железы (ПЖ) с помощью эндоскопии (ЭУЗИ), связанные с пандемией COVID-19.

Методы. Анализ результатов CAPS5 — проспективного многоцентрового исследования наблюдения за пациентами с высоким риском рака ПЖ.

Результаты. Среди 693 зарегистрированных лиц высокого риска, находящихся под активным наблюдением, 108 (16%) больным было проведено запланированное ЭУЗИ во время режима приостановления работы, связанного с пандемией COVID-19 (средняя продолжительность — 78 дней) весной 2020 г., при этом остальные исследования были отменены. Из этих отмененных ЭУЗИ 83% процедур были вновь запланированы в среднем через 4,1 месяца, а проведение 17% процедур не было запланировано через 6 месяцев наблюдения. Имеющийся в анамнезе рак сопровождался повышенной вероятностью планирования ЭУЗИ заново. На сегодняшний день среди пациентов с отложенным скринингом рак ПЖ не был диагностирован.

Выводы. Изменения в скрининге рака ПЖ, связанные с COVID-19, не имели неблагоприятных исходов при условии эффективного изменения графика наблюдения за пациентами. Однако у 1 из 6 пациентов с высоким риском не было повторно запланировано контрольное исследование, что указывает на необходимость проявления бдительности для обеспечения своевременного изменения графика наблюдения.

EN **COVID-19 related pancreatic cancer surveillance disruptions amongst high-risk individuals**

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Key words: COVID-19, EUS, pancreatic cancer, surveillance, surveillance rescheduling

Background: COVID-19 pandemic-related disruptions to endoscopic ultrasound (EUS)-based pancreatic cancer surveillance in high-risk individuals remain uncertain.

Methods: Analysis of enrolled participants in the CAPS5 Study, a prospective multicenter study of pancreatic cancer surveillance in high-risk individuals.

Results: Amongst 693 enrolled high-risk individuals under active surveillance, 108 (16%) had an EUS scheduled during the COVID-19 pandemic-related shutdown (median length of 78 days) in the spring of 2020, with 97% of these procedures being canceled. Of these canceled surveillance EUSs, 83% were rescheduled in a median of 4.1 months, however 17% were not rescheduled after 6 months follow-up. Prior history of cancer was associated with increased likelihood of rescheduling. To date no pancreatic cancer has been diagnosed among those whose surveillance was delayed.

Conclusions: COVID-19 delayed pancreatic cancer surveillance with no adverse outcomes in efficiently rescheduled individuals. However, 1 in 6 high-risk individuals had not rescheduled surveillance, indicating the need for vigilance to ensure timely surveillance rescheduling.