

# CT Colonography during COVID-19

## ARGANZ Statement



### Background:

Guidance has been sought on a unified position for the use of CT Colonography (CTC) in Australia and New Zealand during the COVID-19 pandemic. On review of the limited evidence, a consensus has been reached among radiologists from the two countries.

It should be noted that the ANZ clinical scenario is currently different from those in other countries. Also that the quoted evidence for risks associated with optical colonoscopy (OC) cannot be directly applied to CTC.

### Statement:

- While there is no definitive evidence on the risk of aerosolized viral spread from CTC, we recommend that CTC is limited to only those deemed clinically appropriate in the setting of the COVID-19 Pandemic.
- In patients who have not previously tested positive for COVID-19, the risk is thought to be extremely low, but may not be zero.
  - To further mitigate the risk, preferably only one person should be in the CT room during the procedure. Covering the patient with sheets is suggested to reduce any potential droplet spread. The use of PPE is recommended as considered appropriate by the centre. The CT table and items within 1.5 metres should be cleaned post procedure.
  - CTC can still be performed if centres have appropriate resources.
- In COVID-19 positive patients with a clinical need to assess the possibility of bowel cancer, an alternative is routine i.v. contrast enhanced CT Abdo Pelvis (no insufflation) with faecal tagging, although this is considered an unlikely clinical scenario. Patients referred for significant symptoms would still need subsequent imaging with CTC or OC when benefit from that test is deemed to be greater than the risks related to Covid-19; as this test will miss small cancers and most polyps.

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