Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Resuming bowel cancer screening post-COVID-19

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One of many challenges that will arise in the wake of the COVID-19 pandemic is how to resume services that were put on hold to reduce strain on the UK's National Health Service during the initial outbreak. One such service is bowel cancer screening, which has largely been halted in the UK since the end of March. Suspension of screening services permitted the reallocation of resources at a crucial time, but this suspension means that more than 1 million people in England have now not been invited to bowel cancer screening, including roughly 675 000 people who would have received a faecal immunochemical test (FIT) by mail, allowing them to be screened at home. Not only is screening being delayed but approximately 8500 people who received a positive FIT test result before lockdown began are awaiting an appointment for a follow-up colonoscopy. Up to 10% of individuals with a positive FIT test could subsequently be diagnosed with bowel cancer, which is treatable with curative surgery if caught early enough. These patients will need to be prioritised once screening resumes, but concerns are now mounting that delays due to COVID-19 will also lead to an overall increase in the number of preventable deaths from this cancer.

Resumption of screening will depend largely on capacity and safety, which are closely linked. Colonoscopies are aerosol-generating procedures that carry a risk of SARS-CoV-2 transmission; risk mitigation strategies mean that the number of colonoscopies that can be done per day will probably be much lower than before the pandemic. The backlog will be considerable and patients who are invited to screening should be reassured that it is safe to attend. Consideration needs to be given to expanding the existing capacity of under-resourced endoscopy units, including investment and exploring more fully the use of FIT to help triage and prioritise patients who need a colonoscopy. Thus far, only Wales has outlined official plans to resume some screening services at the end of June. Serious consideration needs to be given to how these services are not only resumed but optimised to minimise the collateral effects of COVID-19.

■ *The Lancet Gastroenterology & Hepatology*

For more on the **suspension of bowel cancer screening** see https://www.theguardian.com/society/2020/jun/13/doctors-warn-that-thousands-could-die-of-bowel-cancer-after-halt-in-screening

For more on the **number of missed screening appointments** see https://www.bowelcanceruk.org.uk/news-and-blogs/news/a-million-missed-opportunities-for-bowel-cancer-screening/

For more on **resumption of screening in Wales** see http://www.bowelscreening.wales.nhs.uk/home

Is the promise of probiotics being fulfilled?

Probiotics are not recommended for adults and children with ulcerative colitis, Crohn's disease, or irritable bowel syndrome, according to new clinical practice guidelines from the American Gastroenterological Association (AGA). The recommendations highlight several knowledge gaps that remain surrounding the use of probiotics in the management of gastrointestinal disorders. High-quality evidence is still needed to fill the gaps; in the meantime, according to the AGA guidance, only in clinical trial settings should patients with these gastrointestinal disorders take probiotics because the evidence thus far has been generated with heterogeneous patient populations, study designs, and probiotic formulations.

Despite this heterogeneity and the limitations to the evidence, the probiotics industry is worth billions of dollars and the use of probiotic supplements is not only widespread but has increased over recent years. This growth partly stems from the expansion of research into the microbiome, and the possibility of improving health by targeting it. In theory, the introduction of live microorganisms to the gastrointestinal tract is a feasible means of altering the microbiome to benefit health. But probiotics often contain different strains of microbes and cross-study comparisons are difficult because the microbe strains and doses used could have different effects.

Regardless of their efficacy, the potential benefits of probiotics must be weighed against harms, as well as cost and patient preference. With these factors in mind, the recommendations from the AGA illustrate that although targeting the microbiome is an appealing therapeutic avenue, the existing evidence is not yet strong enough to support widespread use of probiotics. Furthermore, inconsistent reporting of safety makes it difficult to assess the potential for adverse events with probiotic therapy, which is a concern in patients with existing gastrointestinal disorders. With their new recommendations, the AGA has laid down the gauntlet for well designed studies to truly change practice.

■ *The Lancet Gastroenterology & Hepatology*

For more on the **AGA guidelines** see *Gastroenterology* 2020; published online June 11. DOI:10.1053/j.gastro.2020.05.059

For more on the **potential of probiotics** see **Editorial** *Lancet Gastroenterol Hepatol* 2019; **4:** 81