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**Racial Distribution of Endoscopic Volume in Children Before and After the COVID Pandemic**

**Background**

Endoscopy is essential for diagnosis and management of gastrointestinal (GI) disorders. In children, the most frequently utilized endoscopies include esophagogastroduodenoscopy (EGD) and colonoscopy.

**Objective**

We seek to assess if variation exists in the distribution of endoscopic evaluation by race prior to the COVID pandemic (2018-2019) and after the pandemic (2022-2023).

**Design/Methods**

We used TriNetX, a database with electronic medical records from >100 million patients across >80 healthcare organizations worldwide, to identify endoscopic evaluation volume among patients age ≤18 years from 2018 to 2019 and from 2022 to 2023. The EGD and colonoscopy groups identified patients who were age ≤18 years within these timeframes and at the time of the respective procedure. We utilized z statistics to determine statistical significance of population proportions.

**Results**

Among pre-pandemic data, while 50% of the general pediatric population (GPP) was White, this group made up 74% of the EGDs and 74% of the colonoscopies performed. Among other racial groups with significant differences, there was a decrease in the number of procedures performed.

Among post-pandemic data, White and American Indian or Alaska Native (AIAN) populations illustrated significant increases in EGDs; all other races demonstrated significant decreases. The White population demonstrated a significant increase in colonoscopies. All other groups with significant differences demonstrated decreases.

**Conclusions**

The overall increase in post-pandemic procedures may reflect “catch-up” procedures not performed during the pandemic or an increase in post-viral GI symptoms that led to increased procedures.

Also, the White population represented most procedures performed despite representing half of the GPP. We demonstrate a need for further investigation to identify underlying factors that contribute to such disparities and for the development of interventions to ensure equitable access to care.