



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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Contents lists available at ScienceDirect

Radiotherapy and Oncology

journal homepage: www.thegreenjournal.com

COVID-19 Rapid Letter

Letter to the editor regarding Wei W et al.: "Experience of the Hubei cancer hospital in Wuhan, China" [☆]



Recently, Radiotherapy and Oncology published an article entitled "Workflow and Protection Procedures During the Coronavirus Disease 2019 (COVID-19) Outbreak: Experience of the Hubei Cancer Hospital in Wuhan, China," describing multiple measures for patient and staff COVID-19 protection and prevention at the Hubei Cancer Hospital [1].

This paper is of great interest, and it points out three key points: patient protection, staff protection, and avoiding the spread of infection. We believe that patient protection also includes preventing his risk of dying from cancer increases due to suspension or delays.

The choice to compartmentalize the staff and to rotate them every week certainly has a rationale in preventing the spread of infection among operators but also requires reducing the LINAC activity because the active workforce is halved.

The Authors report that they "treated roughly 1/7 of the regular patient load and with lower risks for infection, up to 1/3 of the regular patient load", which means that with the proposed organization, a large number of patients cannot receive the radiotherapy treatment they could benefit. In a recent Italian Survey, only 38% of the centers reduced their activity of more than 10%, and only one out of 125 centers defined two working teams who never meet each other and by extending the working time [2].

We agree that COVID-19 screening is mandatory, but the chest CT required for inpatient admission and for the accompanying caregivers to enter treatment areas seems unreasonable and unwarranted. The execution of a CT in people who are not cancer patients contradicts the principle of radiation protection of the appropriateness of the investigation. Furthermore, the situation photographed on the day of the patient's first access does not constitute a guarantee that the patient isn't at an early stage of the infection without radiographic signs or that he will not contract the infection during the treatment; in fact, the Author report that:

"4 patients were identified as asymptomatic positives who all showed normal chest CT and blood test results".

In our opinion, the most controversial problem is the management of patients who begin treatment who develop mild symptoms/signs of infection for whom the risk of stopping treatment outweighs those associated with the infection. The Authors state that "for patients exhibiting COVID-19 symptoms after admission, observation in single-occupancy isolation was conducted for 14 days". It is not clear whether the treatment, if it was already in progress, was suspended for 14 days. This is debatable as interruptions are recognized as detrimental for curative treatments.

In conclusion, these months have made it necessary to change the working methods of the oncological radiotherapy departments. These changes require reflection to make them sustainable in the long run. The prediction of a long coexistence with the SARS-CoV-2 virus requires us to balance the pros and cons of our every decision carefully.

References

- [1] Wei W, Zheng D, Lei Y, Wu S, Verma V, Liu Y, et al. Radiotherapy workflow and protection procedures during the Coronavirus Disease 2019 (COVID-19) outbreak: experience of the Hubei Cancer Hospital in Wuhan, China. *Radiother Oncol* 2020;148:203–10. <https://doi.org/10.1016/j.radonc.2020.03.029>.
- [2] Jereczek-Fossa BA, Pepa M, Marvaso G, Bruni A, di Monale e Bastia MB, Catalano G, et al. COVID-19 outbreak and cancer radiotherapy disruption in Italy: Survey endorsed by the Italian Association of Radiotherapy and Clinical Oncology (AIRO). *Radiother Oncol* 2020;149:89–93. <https://doi.org/10.1016/j.radonc.2020.04.061>.

Anna Merlotti ^{*}
Riccardo Vigna Taglianti
Antonella Melano
Luca Gianello
Alessia Reali
Rachele Petrucci
Elvio Grazioso Russo

Department of Radiation Oncology, S. Croce and Carle Teaching Hospital,
Cuneo, Italy

^{*} Corresponding author at: Via Michele Coppino 26, 12100 Cuneo,
(CN), Italy.

E-mail address: anna.merlotti@virgilio.it (A. Merlotti)

Received 13 May 2020

Accepted 20 June 2020

Available online 1 July 2020

DOI of original article: <https://doi.org/10.1016/j.radonc.2020.03.029>

[☆] The Editors of the Journal, the Publisher and the European Society for Radiotherapy and Oncology (ESTRO) cannot take responsibility for the statements or opinions expressed by the authors of these articles. Practitioners and researchers must always rely on their own experience and knowledge in evaluating and using any information, methods, compounds or experiments described herein. Because of rapid advances in the medical sciences, in particular, independent verification of diagnoses and drug dosages should be made. For more information see the editorial "Radiotherapy & Oncology during the COVID-19 pandemic", Vol. 146, 2020. EPENDLE 30-JUN-2020. [☆] The Editors of the Journal, the Publisher and the

<https://doi.org/10.1016/j.radonc.2020.06.035>

0167-8140/© 2020 Elsevier B.V. All rights reserved.