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.

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Letter

COVID-19 Pandemic and Nationwide Lockdown — Implications of the Double Trouble on Radiotherapy Practice in India

Madam — We read with interest the Editorial by Tan *et al.* [1] on the challenges faced by a radiotherapy department and measures taken to mitigate the effect of the COVID-19 pandemic. The problems of a large population, resource constraints and an uneven distribution of cancer care facilities in urban and rural areas, compounded by the nationwide lockdown, have led to a huge challenge for patients seeking oncology care in India. The lockdown has also resulted in significant collateral damage; cancer patients faced a fresh ordeal of delayed access to cancer care due to restricted public transport facilities.

We conducted two online surveys among radiation oncologists across the country. There were 125 respondents to the first survey, which was conducted a week after the lockdown. Few oncologists (17%) withheld starting radiotherapy for new patients, due to hospital administrative policy (13%), staff reluctance to treat (3%) and patient's refusal to come for treatment (2%). In a follow-up survey conducted a month later, 61 oncologists participated. When given a scenario of an untested asymptomatic patient, the predominant response was to start radiotherapy as usual in category 1 and delay radiotherapy in category 2 and 3 patients [2,3]. In an untested symptomatic patient, most chose testing first regardless of category. In COVID-19-positive asymptomatic or symptomatic patients, the overwhelming response was to delay radiotherapy until a negative test in all categories.

As the pandemic evolves, it is clear that the current scenario will probably persist for a few more months, if not longer. We need to accept the fact that eventually we may have to regularly treat COVID-19-positive cancer patients with radiotherapy and not compromise their outcomes by withholding treatment. During these challenging times, we need not re-learn newer paradigms, as principles of radiotherapy remain the same. The need of the hour, rather, is to continually improve and improvise our infrastructure, so that we can increase the confidence of the health care worker to provide the optimal cancer treatment without endangering their health and safety.

Conflicts of interest

The authors declare no conflicts of interest.

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