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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The forgotten victims of the COVID-19 pandemic

To the Editor

The first cases of acute respiratory distress syndrome due to the SARS-CoV-2 virus were reported in China at the end of 2019 [1,2]. Given its progressive expansion around the world, the World Health Organization (WHO) classified this new disease as a pandemic [1,3].

During this pandemic, our health system has been experiencing exceedingly difficult times, in which the entire medical community is focused on containing the growing wave of new cases. Hospitals, including ours, have collapsed and there are only few resources that are available to treat patients with COVID-19.

In this context, the medical activity of gastroenterologists has been affected in all its fields, including outpatient care and endoscopic procedures (diagnostic and therapeutic). However, our essential work is caring for patients who need it and during this pandemic our ability to respond and adapt has been tested. Simultaneously with these new tasks, gastroenterologists must continue to deliver quality care, and, in recent weeks, several international guidelines and recommendations have been published for the evaluation of patients and for performing endoscopic procedures [4–6]. These publications provide recommendations for risk stratification of the SARS-CoV-2 infection, infection prevention and the proper use of personal protective material. It is important to emphasize that, given the collapse of the medical attention capacity, priority should be given to "urgent cases" and the "non-urgent cases" should be scheduled for outpatient management.

Due to these new recommendations, the process of referral, diagnosis and treatment of patients with multiple digestive diseases is greatly affected, and oncological patients represent one of the most affected populations [7,8]. Early diagnosis and treatment of many oncological pathologies are essential to provide the best chance for cure and long-term survival. The delay in diagnosis will increase the probability of the development of more advanced cancers, not only affecting the patients' survival, but also, increasing the costs of cancer treatment [7,8].

At the same time, we should bear in mind that many patients with symptoms suspicious of digestive cancer, but that may be considered mild, such as intermittent bleeding, early fullness, abdominal pain, or weight loss, will prefer not to seek medical attention. This could happen because the patients might not consider their symptoms very seriously, for fear of being infected with SARS-Cov-2 or for fear of not being treated for symptoms not related to COVID-19 if they go to the hospital [9].

Considering these new changes, telephone or video evaluation has become an option, at least for an initial examination before going to a medical center. However, remote evaluation does not allow for a physical examination, markedly limiting the quality of care. Besides, this kind of communication will not be widely accepted in locations of extreme poverty or will have difficulties to reach remote cities. Finally, telemedicine cannot replace the performance of an endoscopic procedure which will ultimately lead to diagnosis.

We must consider that without a vaccine or an effective treatment, this pandemic will probably be with us for a couple of more years; therefore, if we want to avoid a future public health crisis in the medium and long term due to unnecessary deaths from cancer, a plan must be generated soon to satisfy the demand for urgent assessment. We probably must adapt our health system to this "new normality" since these patients do not want to continue to remain forgotten.

Declaration of Competing Interest

We do not have any financial or personal relationship which can cause a conflict of interest regarding this article.

Confidentiality of data

The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent

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Harold Benites-Goñi*
Hospital Nacional Edgardo Rebagliati Martins, Peru

Jéssica Alférez-Andía, Fernando Barreda-Bolaños
Instituto Nacional de Enfermedades Neoplásicas, Peru

*Corresponding author.
E-mail address: harold.benites@upch.pe (H. Benites-Goñi)