Authors Response: COVID-19 Related Anxiety in Men With Localised Prostate Cancer at Tertiary Hospitals in Cape Town, South Africa

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To the Editor,

The response to our manuscript is appreciated. COVID-19 is a global health concern that brings with it an opportunity to explore and understand its effects on mental health in Africa and in individuals with pre-existing medical conditions, in particular. The pandemic has highlighted the importance of sharing these learnings as a foundation to adopting a unified approach in the management of not only the COVID-19 virus, but its sequelae as well. The first confirmed COVID-19 case in South Africa was announced on the fifth of March 2020, and the country went into a full lockdown on the 27th of March 2020. All research activities involving direct patient interaction stopped with immediate effect. This included the recruitment of new patients.

It is essential to note that the cohort in the current COVID-19 study forms part of a larger prospective observational study evaluating depression, anxiety, and health related quality of life (DAHCaP) in men undergoing curative treatments for localized prostate cancer (LPC) who were recruited pre-pandemic in South Africa. All participants in the current cohort were, therefore, recruited before the sixth of March 2020 and had baseline assessments, including the STAI-S. Definitive treatment for prostate cancer had also been completed by that stage. Follow up interviews (including the STAI-S) continued telephonically on a 12-weekly basis during the lockdown.

In the current study, baseline STAI-S scores were compared to follow up STAI-S scores obtained between July and September 2020 (the COVID-19 second wave). Therefore, each participant acted as his own control, as we compared baseline data obtained pre-COVID-19 to that obtained during COVID-19. We acknowledge the authors' comments on the importance of including controls where this is appropriate (i.e., to address a research question). The phrase 'this study was conducted between July and September 2020' may have caused confusion, as it was the COVID-19 Anxiety Scale (CAS) that was administered once during the period between July 2020 and September 2020.

We also acknowledge that the CAS was a cross-sectional assessment and that no control group or pre-COVID-19 scores were available. The conclusion that COVID-19 did not induce significant anxiety in this cohort is based on 2 findings: (1) the low overall median score of .95, below the cut off of ≥ 9 for clinical COVID-19 anxiety, with only 3% of the cohort meeting the pre-defined threshold of COVID-19 anxiety thus indicating a relative absence of COVID-19 as measured by the CAS; and (2) the finding that state anxiety decreased significantly from pre-COVID-19 levels (baseline measurements) to during COVID-19 (July to September 2020) (34.7 to 29.8 P=.003), with no significant correlation to the CAS being found.

Kind regards
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On behalf of the co-authors

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