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.

REFERENCES

1. Inoki K, Katagiri A, Yoshida H. Management of sigmoid volvulus: somewhere in between endoscopic detorsion and immediate surgery. Gastrointest Endosc 2020;92:1144-5.
2. Naveed M, Jamil LH, Fujii-Lau LL, et al. American Society for Gastrointestinal Endoscopy guideline on the role of endoscopy in the management of acute colonic pseudo-obstruction and colonic volvulus. Gastrointest Endosc 2020;91:228-35.
3. Lou Z, Yu ED, Zhang W, et al. Appropriate treatment of acute sigmoid volvulus in the emergency setting. World J Gastroenterol 2013;19:4979-83.
4. Larkin JO, Thekiso TB, Waldron R, et al. Recurrent sigmoid volvulus: early resection may obviate later emergency surgery and reduce morbidity and mortality. Ann R Coll Surg Engl 2009;91:205-9.
5. Atamanalp SS, Atamanalp RS. Determination of patients requiring elective surgery following successful endoscopic detorsion in sigmoid volvulus. Pak J Med Sci 2017;33:1528-30.
6. Ifversen AK, Kjaer DW. More patients should undergo surgery after sigmoid volvulus. World J Gastroenterol 2014;20:18384-9.
7. Committee AT; Lo SK, Fujii-Lau LL, et al. The use of carbon dioxide in gastrointestinal endoscopy. Gastrointest Endosc 2016;83:857-65.
8. Committee GETA; Maple JT, Banerjee S, et al. Methods of luminal distention for colonoscopy. Gastrointest Endosc 2013;77:519-25.
9. Warren JL, Klabunde CN, Mariotto AB, et al. Adverse events after outpatient colonoscopy in the Medicare population. Ann Intern Med 2009;150:849-57; W152.
10. Cadoni S, Gallittu P, Sanna S, et al. A two-center randomized controlled trial of water-aided colonoscopy versus air insufflation colonoscopy. Endoscopy 2014;46:212-8.
11. Cadoni S, Falt P, Gallittu P, et al. Water exchange is the least painful colonoscope insertion technique and increases completion of unsedated colonoscopy. Clin Gastroenterol Hepatol 2015;13:1972-1980 e1-3.
12. Sugimoto S, Hosoe N, Mizukami T, et al. Effectiveness and clinical results of endoscopic management of sigmoid volvulus using unsedated water-immersion colonoscopy. Dig Endosc 2014;26:564-8.
13. Sugimoto S, Mizukami T, Ito T, et al. Endoscopic detorsion for sigmoid volvulus using unsedated water-immersion colonoscopy. Endoscopy 2013;45:E263-4.
14. Sugimoto S, Mizukami T, Morohoshi Y, et al. Sigmoid volvulus associated with Chilaiditi's syndrome. Intern Med 2013;52:515-6.

https://doi.org/10.1016/j.gie.2020.07.049

The impact of COVID-19 on endoscopy training needs to be considered in the context of a global pandemic

To the Editor:

The international survey by Pawlak et al[1] of the impact of COVID-19 on endoscopy training has reported that 93.8% of 770 trainees from 63 countries have had reduced endoscopy training, with associated anxiety.

It is established that the pandemic has resulted in endoscopy services being curtailed globally to minimize risk to patients and to healthcare professionals (HCPs),[2] along with the pivot of services toward caring for inpatients with COVID-19 and a consequential, predictable impact on training.[3,4]

There have been >7 million COVID-19 cases, with >400,000 deaths globally (so far). Furthermore, there has been a profound economic, social, and emotional impact with unquantifiable ongoing suffering. Many HCPs have made personal sacrifices, isolating to protect themselves and loved ones from COVID-19, working in different ways in challenging circumstances. HCPs have been unwell with COVID-19; some have died. The moral distress caused by the pandemic will be profound.

When we contemplate the pandemic's full impact, it is difficult to state the reported anxiety of respondents in this study being solely due to loss of endoscopy training (and without prepandemic baseline for reference). The finding that female gender was associated with increased anxiety has limited value and has potential to offend.

Endoscopy services are in place to serve patients, and limitation of services will result in significant harms: delayed diagnosis, adverse outcomes, and psychological distress. As solutions are proposed and endoscopy services resume[5] it is important that the benefit to patients, the safety of patients and HCPs, and endoscopy training are considered together. Importantly, this study did not reflect on important confounders; the differences between countries in terms of the stage and severity of the pandemic, and the way it was managed.

We commend the considerable effort to collate data, but without the appropriate COVID-19 pandemic context, this study adds little to the known impact of COVID-19 to endoscopy services, now and in the future.

DISCLOSURE

All authors disclosed no financial relationships.

Jonathan P. Segal, PhD, MRCP, MBChB, BSc (Hons)
Department of Gastroenterology and Hepatology
St Mary's Hospital
London
Philip J. Smith, BMedSci (Hons), BMBS, MSc, MRCP
Department of Gastroenterology
Royal Liverpool and Broadgreen Hospitals NHS Trust
Liverpool
Ajay M. Verma, MBChB, BSc (hons), MD, FRCS, MRCP, FEBGH
Department of Digestive Diseases
Kettering General Hospital NHS Foundation Trust
Kettering, United Kingdom

REFERENCES

1. Pawlak KM, Kral J, Khan R, et al. Impact of COVID-19 on endoscopy trainees: an international survey. Gastrointest Endosc 2020;92:925-35.
2. Endoscopy activity and COVID-19: BSG and JAG guidance. The British Society of Gastroenterology. Available at: https://www.bsg.org.uk/covid-19-advice/endoscopy-activity-and-covid-19-bsg-and-jag-guidance/?utm_source=Members&utm_campaign=ffd002b62b-EMAIL_CAMPAIGN_2020_02_13_03_21_COPY_01&utm_medium=email&utm_term=0_be5-fefa54d-ffd002b62b-&mc_cid=ffd002b62b&mc_eid=%5B. Accessed May 4, 2020.

3. Danese S, Ran Z-H, Repici A, et al. Gastroenterology department operational reorganisation at the time of covid-19 outbreak: an Italian and Chinese experience. Gut 2020;69:981-3.
4. Chiu PWY, NG SC, Inoue H, et al. Practice of endoscopy during COVID-19 pandemic: position statements of the Asian Pacific Society for Digestive Endoscopy (APSDE-COVID statements). Gut 2020;69:991-6.
5. Hayee B, Thoufeeq M, Rees CJ, et al. Safely restarting GI endoscopy in the era of COVID-19. Gut. Epub 2020 June 5.

https://doi.org/10.1016/j.gie.2020.06.036

Response:

On behalf of all study authors, we thank Segal et al[1] for their reply to our article.[2] It is challenging to contextualize the balance of endoscopic training with the substantial disruption in provision of endoscopy service to patients. Our study adds value because it provides data on the impact of the pandemic on endoscopic trainees, which, independently of the major clinical impact of the pandemic on patients, remains a real and tangible gap that must be addressed by endoscopic educators. We believe that it can be a disservice to the education and welfare of future endoscopists to de-emphasize this gap, as the letter writers infer, by stating that these findings were predictable on the face of things and are less important without the "appropriate COVID-19 pandemic context."

Relatively little has been reported to date regarding the concerns and mental health of endoscopy trainees during the pandemic, and the data that we have presented on this important topic are positioned with that in mind. The letter writers' statement that our article posited that loss of endoscopy training was the sole cause of reported trainees' anxiety does not acknowledge our assertion as originally written. As we indicate in our discussion, inherent in our methodology, high rates of anxiety cannot be attributed to COVID-19 alone.[3]

Similarly, regional differences in pandemic incidence and in the protocols for manging COVID-19 were not assessed in our survey methodology and are listed as limitations in the discussion section of the article.

Finally, we specified gender as an a priori consideration in our multivariable analysis and reported it in the article, as expected in best research practice. The gender disparity of anxiety is well recognized, although the reasons behind this are complex.[4-6] We respectfully disagree with the letter writers' assertion that it is offensive to report higher anxiety in female trainees. Not reporting our findings would be discounting the emotional experience of our trainees. Moreover, calling the findings potentially offensive can only add to the stigma associated with mental health reporting in physicians and prevent constructive discussions about prevention and intervention.

In the context of what we report as the study's limitations, we believe it to be a valuable contribution to document a global trend that endoscopy trainees are being affected by the pandemic both in terms of access to endoscopic training and in terms of their concerns and mental health. We anticipate these data will be highly useful to program directors and endoscopy educators in the incorporation of strategies to address these important issues.

DISCLOSURE

All authors disclosed no financial relationships.

Katarzyna M. Pawlak, MD, PhD
Hospital of the Ministry of Interior and Administration
Szczecin, Poland
Aline Charabaty, MD, AGAF
Division of Gastroenterology
Johns Hopkins School of Medicine
Johns Hopkins-Sibley Memorial Hospital
Washington, DC, USA
Rishad Khan, MD
Department of Medicine
University of Toronto
Toronto, Ontario, Canada
Keith Siau, MBChB, MRCP
Medical and Dental Sciences
University of Birmingham
Liver Unit
University Hospitals Birmingham
Birmingham, UK

REFERENCES

1. Segal JP, Smith PJ, Verma AM. The impact of COVID-19 on endoscopy training needs to be considered in the context of a global pandemic. Gastrointest Endosc 2020;92:1146-7.
2. Pawlak KM, Kral J, Khan R, et al. Impact of COVID-19 on endoscopy trainees: an international survey. Gastrointest Endosc 2020;92:925-35.
3. Shanafelt T, Ripp J, Trockel M. Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. JAMA 2020;323:2133-4.
4. Pappa S, Ntella V, Giannakas T, et al. Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: a systematic review and meta-analysis. Brain Behav Immun. Epub 2020 May 8.
5. McLean CP, Asnaani A, Litz BT, et al. Gender differences in anxiety disorders: prevalence, course of illness, comorbidity and burden of illness. J Psychiatr Res 2011;45:1027-35.
6. Hantsoo L, Epperson CN. Anxiety disorders among women: a female lifespan approach. Focus (Am Psychiatr Publ) 2017;15:162-72.

https://doi.org/10.1016/j.gie.2020.06.070

Esophagectomy versus endoscopic resection for T1b esophageal adenocarcinoma: Depth matters!

To the Editor:

We read with great interest the article by Otaki and Ma,[1] which retrospectively compared the outcomes of surgical