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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COVID-19 Rapid Letter

Response to, "Role of neoadjuvant radiochemotherapy for esophageal cancers over pre/peri-operative chemotherapy in the era of COVID-19 and beyond" ☆

Dear Editor,

We appreciate the opportunity to review the response of Dr. Cellini and colleagues to our manuscript "Recommendations on the use of radiation therapy in managing patients with gastrointestinal malignancies in the era of COVID-19" [1]. We agree with Dr. Cellini that preoperative chemoradiation, and not preoperative chemotherapy, is and should remain the standard of care in the management of esophageal cancer, of either histology. As Dr. Cellini and colleagues point out, while there are no randomized studies directly comparing preoperative chemotherapy to preoperative chemoradiation, the results of two meta-analyses indicate the superiority of the combined modality approach [2,3], and this is reflected in national guidelines [4].

First, we should clarify that we did not suggest replacing preoperative chemoradiation with preoperative chemotherapy, rather, we suggested the possibility of induction chemotherapy preceding preoperative chemoradiation. Second, it should be noted that we acknowledge that this was a controversial recommendation based on limited, but highly promising, data [5–7].

Some cancer centers hit particularly hard by the COVID-19 pandemic have tried to minimize in-person clinic visits for patients to reduce exposure to the virus, thus leading many radiation oncology departments to delay daily radiation therapy for as long as it is safe to do so. Under these dire circumstances, we feel that the available data is sufficient to support delaying preoperative chemoradiation through the use of induction chemotherapy for patients with esophageal adenocarcinoma. Moreover, this approach has been shown to be safe and effective in patients with adenocarcinoma of the gastroesophageal junction [8].

In sum, we agree that neoadjuvant chemoradiation should remain the standard of care in the management of resectable esophageal cancer until more data becomes available to support induction chemotherapy followed by chemoradiation. For centers strained for resources in the COVID-19 era, induction chemotherapy as a means of delaying daily radiation therapy until after the peak of the pandemic is a reasonable approach.

☆ 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.☆ The

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