

Comment on: immediate and long-term impact of the COVID-19 pandemic on delivery of surgical services

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To the editor,

We read with great interest the recent article about ‘*Immediate and long-term impact of the COVID-19 pandemic on delivery of surgical services*¹. A major impact of COVID has been the cancellation of elective operations, including for pancreatic cancer. In this institution, 20 patients with pancreatic cancer were evaluated (8 had initially resectable tumours and 12 with borderline/locally advanced) during the pandemic. However, due to limited hospital resources and ICU beds, 6/10 of resectable cases followed systemic chemotherapy as bridging therapy and alternative mean of disease control. Unfortunately, 2 of them showed progression of disease while on chemotherapy despite initially resectable lesions.

Undoubtedly, this situation poses a major ethical challenge, which must be tackled by health administrators, as some pancreatic cancer patients may never have the chance to curative resections nowadays. Interestingly enough, the great number of resectable cases referred for systemic therapy during this era may assist physicians and oncologists to draw strong conclusions

about the implementation of neoadjuvant treatment in resectable cases. The outcomes in pancreatic cancer patients during the pandemic may only be appreciated by future studies.

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Reference

1. Søreide K, Hallet J, Matthews JB, Schnitzbauer AA, Line PD, Lai PBS et al. Immediate and long-term impact of the COVID-19 pandemic on delivery of surgical services. *Br J Surg* 2020;**107**: 1250–1261.