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.

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Transmission in Patients With Cancer Still Being Described

Madam — Yu and colleagues [1] reported a retrospective study of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) transmission and suggested that cancer patients were twice as likely to be diagnosed with COVID-19 as the general population. However, there are some aspects of this worth reinterpreting that may cause misleading conclusions.

Age is the most important confounding factor. Hospitalisation following COVID-19 infection due to more severe manifestations is more likely in older patients, as is a higher incidence of cancer. Patients with cancer included in this study were from a designated hospital for severe cases of COVID-19 in Wuhan between 30 December 2019 and 17 February 2020. During this time, the number of patients increased dramatically and there was a serious shortage of medical resources, which resulted in a greatly increased risk of nosocomial infection. It was reported that hospital-acquired transmission accounted for 41.3% of 138 hospitalised patients [2]. Therefore, it is inaccurate to conclude that the infection rate of cancer patients was higher. In addition, the number of COVID-19 cases might have been underestimated because of the lack of medical resources and also that the diagnostic criteria did not include asymptomatic infections, which may account for 25% of all infection cases [3]. By contrast, detection signal bias may exist in cancer patients, as they may pay more attention to their healthy condition and are more likely to seek medical help in the early stages of any disease, which may increase the detection rate of COVI-19 in cancer patients. Furthermore, a high infection rate in cancer patients in their study may also have been due to the location of the study. The community infection rate and mortality rate in Wuhan were significantly higher than in other cities in China.

We suggest that the authors analyse the infection rate of other hospitalised patients to further clarify the real infection risk of patients with cancer.

Conflicts of interest

The authors declare no conflicts of interest.

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Early Prostate-specific Antigen Response in Men Undergoing Oncological Management for High-Risk Non-metastatic Prostate Cancer

Madam — Docetaxel chemotherapy may be offered to patients with high-risk, hormone-sensitive non-metastatic prostate cancer alongside neoadjuvant androgen deprivation therapy (nADT) prior to treatment with radiotherapy [1]. Prostate-specific antigen (PSA) levels monitor treatment response and fall with nADT and radiotherapy. Pre-radiotherapy PSA levels measured after nADT have shown some value as a prognostic marker; pre-radiotherapy nadir PSA $<$0.3 ng/ml and $<$0.5 ng/ml are associated with long-term biochemical control and fewer prostate cancer-related deaths [2,3], whereas PSA $<$ 0.2 ng/ml predicts for improved overall survival in metastatic prostate cancer [4]. The effect of early docetaxel upon pre-radiotherapy PSA levels is not established.

We report a retrospective analysis of PSA responses in 42 patients using the STAMPEDE definition ($\geq$2 or more of Gleason score $\geq$8, PSA $>$ 40 ng/ml, T3/T4 disease) [5] of high-risk non-metastatic prostate cancer undergoing nADT and radiotherapy $\pm$ docetaxel chemotherapy. Given their high-risk disease, all patients received a prolonged course of nADT.

Nineteen patients received nADT alone, whereas 23 patients received nADT plus chemotherapy. The median time to radiotherapy from starting nADT was 7.0 months in the nADT-alone cohort versus 8.4 months in the nADT/