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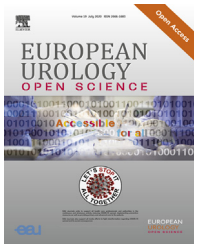

European Association of Urology

Letter to the Editor

Reply to Tommy Jiang, Sriram V. Eleswarapu, and Vadim Osadchiy's Letter to the Editor re: Patrick Lewicki, Spyridon P. Basourakos, Bashir Al Hussein Al Awamlh, et al. Estimating the Impact of COVID-19 on Urology: Data from a Large Nationwide Cohort. Eur Urol Open Sci 2021;25:52–6. Impact of the COVID-19 Pandemic on Kidney Stones: Matching Online Discussions to Real World Data

We read with great interest about the work by Jiang et al, which connects our findings from a large administrative database [1] to data from a patient forum on kidney stones [2]. Their study provides a plausible explanation for our findings and helps in understanding the various factors underpinning the decrease in urologic care observed across all US geographic regions in the early stages of the COVID-19 pandemic. Investigating epidemiologic phenomena using a variety of different sources, from "big data" analyses to patient reports and single-institution experiences, improves our ability to refine hypotheses, with the referenced work as a strong example.

Jiang et al have built on earlier studies looking at social media use amongst urology patients [3,4], in this case in the unique setting of the COVID-19 pandemic. Natural language analysis of user comments on Reddit, the second most visited social media website in the USA [5], allowed the group to study the possible misconceptions, fears, and responses that may be magnified through such websites—a process further amplified during the early stages of the COVID-19 outbreak. Research that centers on the intersection of information engagement and modern social media platforms is key to understanding how patients explore and act on health-related data [6]. Again, the pandemic serves as the most prominent health care–related example of patients relying on social media for information and exploring and acting on these data on their own, which may represent a source of misinformation in spite of potential benefits [7].

The work by Jiang et al suggests that patient concerns and anxiety related to in-person encounters, procedures, and emergency room visits may be responsible for the decrease in urology encounter volume observed in our data, particularly given that the observations seemed to be independent of the geographic spread of the COVID-19 pandemic. While we suspect that this trend would generalize to subspecialties within urology, we would be curious to know to what extent patient anxiety was responsible for observed changes in, for example, urologic oncology, where intervention may be more imperative but symptoms less immediately impactful. Social media data may also allow us to understand the influence of rapidly expanding telemedicine on patient behavior during this time [8].

Several questions remain with respect to the impact of the COVID-19 pandemic on urology. Importantly, how effective was the triage of urologic conditions? Did harm reach patients because of over- or under-triaging? Will COVID-19 cause long-lasting changes in the structure of urology practice? Data from the months and years following the early stages of the pandemic will be necessary to fully answer these and other questions. In the meantime, impactful work such as that presented here helps us to understand shortcomings and points for improvement not just for future disaster management but also for patient-centered care as a whole.

Conflicts of interest: The authors have nothing to disclose.

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References

[1] Lewicki P, Basourakos SP, Al Hussein Al Awamlh B, et al. Estimating the impact of COVID-19 on urology: data from a large nationwide cohort. Eur Urol Open Sci 2021;25:52–6.
[2] Jiang T, Osadchiy V, Weinberger JM, et al. Impact of the COVID-19 pandemic on patient preferences and decision making for symptomatic urolithiasis. J Endourol. In press. https://doi.org/10.1089/end.2020.1141.
[3] Loeb S, Katz MS, Langford A, Byrne N, Ciprut S. Prostate cancer and social media. Nat Rev Urol 2018;15:422–9. http://dx.doi.org/10.1038/s41585-018-0006-0.
[4] Alsyouf M, Stokes P, Hur D, Amasyali A, Ruckle H, Hu B. 'Fake news' in urology: evaluating the accuracy of articles shared on social media in genitourinary malignancies. BJU Int 2019;124:701–6. http://dx.doi.org/10.1111/bju.14787.
[5] Amazon. Alexa traffic ranks by country 2021. www.alexa.com/topsites/countries/US.

http://dx.doi.org/10.1016/j.euros.2021.05.005

[6] JY-C Teoh, Mackenzie G, Tortolero L, Rivas JG. Social media analytics: what you need to know as a urologist. Eur Urol Focus 2020;6:434–6. http://dx.doi.org/10.1016/j.euf.2019.08.005.
[7] Tsao S-F, Chen H, Tisseverasinghe T, Yang Y, Li L, Butt ZA. What social media told us in the time of COVID-19: a scoping review. Lancet Digital Health 2021;3:E175–94. http://dx.doi.org/10.1016/S2589-7500(20)30315-0.
[8] Chao GF, Li KY, Zhu Z, et al. Use of telehealth by surgical specialties during the COVID-19 pandemic. JAMA Surg. In press. https://doi.org/10.1001/jamasurg.2021.0979.

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