Effect of COVID-19 Lockdown on Oncologic Patients Undergoing Treatment at a Tertiary-Care Hospital in India

TO THE EDITOR: For over a year, we have been witnessing an unprecedented worldwide event in the coronavirus disease 2019 (COVID-19) pandemic. India has reported around 27.6 million positive cases and 320,000 deaths to date. The first case of COVID-19 in India was reported on January 30, 2020. Since then, we have witnessed two waves of infection. The first wave peaked in mid-

The lockdown was no doubt effective in controlling the pandemic but at the expense of a decrease in care to oncologic patients. There was a lack of inpatient care due to limited admissions, as many hospitals were converted to COVID-19 hospitals; there was a lack of routine checkups, as outpatient departments had to be closed down; and there was a lack of treating physicians, as they were deputed to become the frontline warriors fighting the pandemic. Other contributing factors were a lack of transportation, preventing patients from reaching the hospital, and a lack of income, preventing patients from purchasing their medications.

TABLE 1
Number of Oncologic Patients Who Underwent PET/CT at Different Time Points During Pandemic

Time point	Total patients	Patients who had follow-up scans	Progressive disease	Stable disease	Partial response	Complete metabolic response
January 2020	630	339	111 (33%)	98 (29%)	89 (26%)	41 (12%)
September 2020	285	159	62 (39%)	44 (30%)	35 (22%)	18 (9%)
May 2021	125	79	27 (34%)	27 (34%)	20 (26%)	5 (6%)

September 2020, after which there was a downturn of cases. The second wave started in March 2021, peaked toward mid May 2021, and is presently on a downslope. India combated this novel COVID-19 infection initially by a nationwide complete lockdown, which started on March 26, 2020. It continued until July 2020, when various relaxations were introduced. During this period, outpatient departments and elective procedures either were performed in a restricted manner or were completely stopped. Most non-COVID-19 patients could not go to their routine follow-up appointments. Oncologic patients, despite being a high-risk group, were among the most affected; they were denied their routine treatments because of this unforeseeable situation.

At our institute, we were routinely performing PET/CT for around 600–700 patients per month in the pre-COVID-19 era. However, since the beginning of the pandemic and the subsequent lockdown, the number of patients undergoing these investigations has dropped considerably. We analyzed the monthly inflow data on oncologic patients undergoing PET/CT in our department at 3 different time points: January 2020, representing the pre-COVID-19 time; September 2020, representing the peak during the first wave; and May 2021, representing the peak during the second wave (Table 1). There was a significant drop in the number of patients who underwent PET/CT during the pandemic, as compared with before it. We found that before the pandemic, approximately 62% of oncologic patients who were undergoing follow-up PET/CT showed disease progression or stable disease. But as the peak of the first and second waves approached, the numbers of patients with progressive and stable disease increased to 69% and 68%, respectively. Even though the difference was not statistically significant, there was a visible trend toward an increase in the number of patients showing disease progression or stable disease.

Some measures taken at our institution to improve care to this high-risk group included relaxing restrictions for patients regarding follow-up appointments (i.e., relaxation in number of follow-up appointments per day so that more patients could attend the outpatient department), and conducting telemedicine services as an alternative to in-person appointments. Despite our efforts, there still will be some patients who are left out; some setups lack infrastructure, and some lack staff because they have been deployed to the current priority, the pandemic. During the pandemic, we should give this high-risk group adequate medical care and support rather than focusing entirely on COVID-19. Otherwise, when this pandemic someday ends, another will begin—a pandemic of patients with non-COVID-19 illnesses who either were left untreated or were undertreated during the COVID-19 pandemic.

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Published online August 19, 2021.
DOI: 10.2967/jnumed.121.262667

Not Yet Time to Abandon the Deauville Criteria in Diffuse Large B-Cell Lymphoma

TO THE EDITOR: We read with interest Rekowski and colleagues' article (1), which reported improved response discrim-