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Commentary: Cancer Cannot Wait – Esophagectomy During the COVID-19 Pandemic



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During the height of the pandemic, elective healthcare was cancelled to preserve hospital resources for the influx of patients suffering from COVID-19. Many centers continued to offer cancer care; however, resource limitations affected care in ways that have yet to be fully described. Healthcare teams were “learning on the go” to design processes that would allow for continued treatment of cancer, while battling a contagious virus that threatened patients and providers alike. It was unknown at the time if laparoscopy would endanger the esophagectomy team present in the operating room. Patients were faced with the stress of being admitted without family, not knowing if they would ever leave the hospital. Now that we are outside of the peak of the pandemic, it is important to reflect on how we handled this critical time so we are prepared for the future. At present, there are very few publications that focus on surgical outcomes during the pandemic.

Dr. Dolan et al. aimed to assess how the pandemic affected surgical care for patients with esophageal cancer at a single institution by comparing time to surgery, disease progression, postoperative complications, and risk of perioperative mortality between patients treated from March to June 2020 with those from March to June 2019.¹ The authors found no delay in surgery, no increase in patient upstaging, and no difference in the risk of perioperative mortality. No patients were diagnosed with COVID during their stay in 2020. Other findings included a higher rate of leak, shortened length of stay, and higher rates of readmission. The authors concluded that esophagectomy performed during the pandemic did not result in worse outcomes and there was minimal risk to patients becoming infected with COVID while in the hospital.

In its findings, this study tells the story of what it was like to provide surgical care during a highly stressful time filled with unknown risks. Patients were likely discharged early due to the potential risk of contracting COVID while inpatient, resulting in higher readmission rates. The authors experienced a higher leak rate during the pandemic (although not statistically significant), which is unfortunate considering that leak has been associated



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Central Message

Esophagectomy for esophageal cancer is an essential operation that should be continued in a state of emergency.

with increased risk of recurrence.² It is unknown how many patients were treated with definitive chemoradiation that would have been offered surgery outside of the pandemic. Meanwhile, it also demonstrated that a skilled institution could swiftly design a system so that there were no delays in surgery, progression of disease, or differences in perioperative mortality during the greatest health crisis of our time. This paper’s strongest message is that it is feasible to offer surgical care to esophageal cancer patients, even in the height of the pandemic. Esophagectomy should be considered an essential operation that should not be delayed. This manuscript is a testimony to the resilience of patients and medical staff who faced extraordinary unknowns and persevered in their battle of cancer. In the words of Queen, “The show must go on / I’ll face it with a grin / I’m never giving in.”

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