

## LETTER to the EDITOR

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# Reflections on Surgical Practices in Gynecologic Oncology during the COVID-19 Pandemic: Insights from Dogan's Survey

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### Dear Editor

We would like to share our thoughts on the February 2022 article titled "Perspectives of Gynecologic Oncologists on Minimally Invasive Surgery During the COVID-19 Pandemic: A Turkish Society of Minimally Invasive Gynecologic Oncology (MIJOD) Survey" by Dogan and colleagues [1]. This study offers valuable insights into how the COVID-19 pandemic has impacted surgical practices in gynecologic oncology, particularly the increased reliance on traditional surgical methods during these challenging times.

The COVID-19 pandemic necessitated a reallocation of surgical resources, prioritizing urgent cases in gynecologic oncology over elective procedures. This shift resulted in longer wait times for patients needing surgery, which could potentially worsen their health outcomes [2, 3]. Additionally, the implementation of enhanced safety protocols and personal protective equipment placed further strain on already limited resources in many healthcare facilities. The experiences gained during the pandemic have prompted a reevaluation of surgical scheduling and management practices, aiming to better prepare for future healthcare crises [4, 5].

The demographic breakdown in the Dogan et al. article shows a majority of male gynecologic oncologists, mirroring trends in the broader medical field. Additionally, the participants possess significant experience, as evidenced by their average number of gynecologic, laparoscopic, and robotic surgeries, indicating a knowledgeable group adept at handling the complexities of the pandemic. However, it is essential to consider how enduring gender dynamics in the field might shape perspectives and decision-making during this critical time. The data highlighting the cancellation of non-cancer surgeries is particularly significant. The expressed concerns regarding the risk of infection underscore the emotional and psychological toll the pandemic has taken on medical professionals. This aspect of the study emphasizes the need for systemic support for healthcare workers, as their well-being directly impacts the quality of patient care.

We find the strong preference for traditional laparotomy over minimally invasive surgery (MIS) concerning yet understandable. The high conversion rate from laparoscopic to laparotomy raises questions about patient safety and infection control. This shift could have long-term implications for surgical training and practice: Will the decline in MIS deter future generations

of oncologists from pursuing innovative techniques, potentially hindering advancements in the field? Moreover, the study's mention of pre-operative COVID-19 screening practices, alongside the relatively low rates of PCR testing and thorax CT scans, is troubling. This gap highlights the need for more stringent protocols to ensure patient safety, especially as the healthcare industry adapts to performing routine surgeries amid ongoing pandemic concerns.

The study is the first national survey to explore the attitudes of gynecologic oncologists in Turkey towards MIS during the COVID-19 pandemic. It provides real-world insights into how the pandemic has influenced surgical practices in gynecologic oncology, particularly regarding MIS. The survey design includes various surgical procedures and scenarios, reflecting different aspects of practice during this challenging time. A significant strength of the study is its homogeneous participant group from the Turkish Society of Minimally Invasive Gynecologic Oncology, ensuring respondents have relevant education and experience. The high response rate of 76.9% indicates strong engagement, and the anonymity of responses likely encourages honest feedback. The survey gathers diverse data on demographics, surgical practices, emotional status, and changes in working environments, offering a comprehensive overview of COVID-19's impact. However, limitations include its focus on a single country, which may limit generalizability, and a cross-sectional design that captures only a snapshot in time. Additionally, potential biases in self-reported data, especially regarding emotional status and surgical practices, may affect the findings. The survey may also not encompass all aspects of gynecologic oncology surgery, possibly overlooking important trends.

In conclusion, Dogan's survey offers valuable insights into the pandemic's impact on surgical practices in gynecologic oncology. As the medical community adapts to the effects of COVID-19, it is crucial to critically analyze these trends to prioritize patient safety and maintain high care standards. We commend the authors for their important work and hope this study fosters further discussion on effectively integrating innovation with safety in surgical oncology.

### Author Contribution Statement

Zahra Marzbanrad: Conceptualization, original draft, and overall synthesis; Fatemeh Jayervand: Literature review, data analysis, and contributions to the discussion on gender dynamics and the pandemic's psychological

effects on surgery; Hossein Neamatzadeh: Editing, critical review, and insights on methodology and future surgical oncology research.

**Keywords:** Surgical practices, gynecologic oncology, COVID-19 pandemic, minimally invasive surgery, healthcare workers

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### Reply to the letter to the editor: Reflections on Surgical Practices in Gynecologic Oncology during the COVID-19 Pandemic: Insights from Dogan's Survey

#### Dear Editor:

We read with great interest the letter of Marzbanrad et al on our previously published article [1,2] and we sincerely appreciate the authors' thoughtful comments. First, regarding the male predominance on the response rate of the questionnaire; though increasing, the number

of female gynecologic oncologist in Turkey lags male counterparts. This figure was also reflected to our questionnaire as lower response rates for female gyn oncologists. Gender inequality is a major problem in all fields of medicine including gynecologic oncology [3]. The number of female residents and female physicians in obstetrics and gynecology exceeds far male physicians but, in our opinion, more places should be reserved for female colleagues in gynecologic oncologic practice [4]. European Society of Gynecologic Oncology (ESGO) launched official work forces for gender equality in practice and we hope that in the near future, with all these interventions, more female gyn oncologist will be represented equally [5]. Second point, cancellation of non-cancer surgeries was the precaution taken by Turkish Ministry of Health assigning the healthcare professionals to COVID-19 wards where more resources were needed [1]. This study was carried out at the hot period (point) of the pandemic. All medical facilities were represented in this study including secondary, tertiary healthcare hospitals and universities as well. Most of the facilities taking part in this study cancelled non-emergent, non-cancer gynecologic interventions particularly in the first year of the pandemic. On contrary, in the course of the pandemic, most of the facilities cited in our study started to perform elective gynecologic operations [6]. Kuru et al evaluated 804 elective gynecologic operations performed between 15 march and 30 October 2020 and more than half of the cases were hysterectomies for benign reasons [7]. Another point highlighted by the authors' is the limited use of minimal invasive surgery (MIS) in the pandemic. As pointed out in our article, most of the participants refrained from the use of MIS in pandemic. However, the studies following our published article showed that MIS was the still preferred choice [8]. Study carried out by Kulle et al from Turkey showed that use of MIS did not decrease even in the pandemic setting and third of all cancer cases were still performed by MIS [9]. This data demonstrated that the trends (from laparotomy to laparoscopy) might change in the course of pandemic as the data regarding the safety of laparoscopic approach were gathered from global medical community [8].

As pointed by the authors', this was a cross-sectional study performed in Turkey with possible biases (such as recall bias, self-reported data without follow-up and lack of coverage of all fields of gyn oncologic practice) which all limited the generalizability [2]. We acknowledged all these limitations, as addressed in the article. Our study reflects the attitudes of gynecologic oncologists in a global pandemic with many unknowns and unanswered questions. In our opinion, data from our study shed light on future studies to compare the different trends in the course of a global pandemic. We would like to thank again to Marzbanrad et al [1] for their valuable comments on our article.

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