

3. Danese S, Ran Z-H, Repici A, et al. Gastroenterology department operational reorganisation at the time of covid-19 outbreak: an Italian and Chinese experience. *Gut* 2020;69:981-3.
4. Chiu PWY, NG SC, Inoue H, et al. Practice of endoscopy during COVID-19 pandemic: position statements of the Asian Pacific Society for Digestive Endoscopy (APSE-COVID statements). *Gut* 2020;69:991-6.
5. Hayee B, Thoufeeq M, Rees CJ, et al. Safely restarting GI endoscopy in the era of COVID-19. *Gut*. Epub 2020 June 5.  
<https://doi.org/10.1016/j.gie.2020.06.036>

## Response:



On behalf of all study authors, we thank Segal et al<sup>1</sup> for their reply to our article.<sup>2</sup> It is challenging to contextualize the balance of endoscopic training with the substantial disruption in provision of endoscopy service to patients. Our study adds value because it provides data on the impact of the pandemic on endoscopic trainees, which, independently of the major clinical impact of the pandemic on patients, remains a real and tangible gap that must be addressed by endoscopic educators. We believe that it can be a disservice to the education and welfare of future endoscopists to de-emphasize this gap, as the letter writers infer, by stating that these findings were predictable on the face of things and are less important without the “appropriate COVID-19 pandemic context.”

Relatively little has been reported to date regarding the concerns and mental health of endoscopy trainees during the pandemic, and the data that we have presented on this important topic are positioned with that in mind. The letter writers’ statement that our article posited that loss of endoscopy training was the sole cause of reported trainees’ anxiety does not acknowledge our assertion as originally written. As we indicate in our discussion, inherent in our methodology, high rates of anxiety cannot be attributed to COVID-19 alone.<sup>3</sup>

Similarly, regional differences in pandemic incidence and in the protocols for managing COVID-19 were not assessed in our survey methodology and are listed as limitations in the discussion section of the article.

Finally, we specified gender as an a priori consideration in our multivariable analysis and reported it in the article, as expected in best research practice. The gender disparity of anxiety is well recognized, although the reasons behind this are complex.<sup>4-6</sup> We respectfully disagree with the letter writers’ assertion that it is offensive to report higher anxiety in female trainees. Not reporting our findings would be discounting the emotional experience of our trainees. Moreover, calling the findings potentially offensive can only add to the stigma associated with mental health reporting in physicians and prevent constructive discussions about prevention and intervention.

In the context of what we report as the study’s limitations, we believe it to be a valuable contribution to document a global trend that endoscopy trainees are being affected by the pandemic both in terms of access to endo-

scopic training and in terms of their concerns and mental health. We anticipate these data will be highly useful to program directors and endoscopy educators in the incorporation of strategies to address these important issues.

## DISCLOSURE

*All authors disclosed no financial relationships.*

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## REFERENCES

1. Segal JP, Smith PJ, Verma AM. The impact of COVID-19 on endoscopy training needs to be considered in the context of a global pandemic. *Gastrointest Endosc* 2020;92:1146-7.
2. Pawlak KM, Kral J, Khan R, et al. Impact of COVID-19 on endoscopy trainees: an international survey. *Gastrointest Endosc* 2020;92:925-35.
3. Shanafelt T, Ripp J, Trockel M. Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. *JAMA* 2020;323:2133-4.
4. Pappa S, Ntella V, Giannakas T, et al. Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: a systematic review and meta-analysis. *Brain Behav Immun*. Epub 2020 May 8.
5. McLean CP, Asnaani A, Litz BT, et al. Gender differences in anxiety disorders: prevalence, course of illness, comorbidity and burden of illness. *J Psychiatr Res* 2011;45:1027-35.
6. Hantsoo L, Epperson CN. Anxiety disorders among women: a female lifespan approach. *Focus (Am Psychiatr Publ)* 2017;15:162-72.  
<https://doi.org/10.1016/j.gie.2020.06.070>

## Esophagectomy versus endoscopic resection for T1b esophageal adenocarcinoma: Depth matters!



To the Editor:

We read with great interest the article by Otaki and Ma,<sup>1</sup> which retrospectively compared the outcomes of surgical