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## Effects of COVID-19 in lymphoid malignancies

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### Abstract

I will have a couple of comments on the issues elaborated in the article titled as 'Impact of COVID-19 in patients with lymphoid malignancies'. First, the author did not emphasize and overlook the prolonged persistence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) RNA in coronavirus disease 2019 (COVID-19) patients with hematological malignancies. Second, the rise of a chronic lymphoid leukemia clone in COVID-19 was not mentioned by the authors. Third, achieving a complete remission in asymptomatic COVID-19 patients with follicular lymphoma in partial remission after bendamustine-based therapy is not specific to this lymphoma subtype. Fourth, follicular lymphoma does not always undergo complete remission with SARS-CoV-2 infection. Our aim is to help the authors to discuss and clarify these issues a little more in COVID-19 patients with hematological malignancies.

**Key Words:** COVID-19; Tumor; SARS-CoV-2; Lymphoid malignancy

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**Core Tip:** I have several comments on the article titled as 'Impact of COVID-19 in patients with lymphoid malignancies'. The author did not emphasize a couple of issues related to the effects of severe acute respiratory syndrome coronavirus 2 infection in various lymphoid malignancies. This letter helps to clarify these issues more in coronavirus disease 2019 (COVID-19) patients with hematological malignancies.

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## TO THE EDITOR

I have read the original article by Riches[1] entitled 'Impact of COVID-19 in patients with lymphoid malignancies' with great interest[1].

I will have a couple of comments on the issues elaborated in their article.

First, the author did not emphasize and overlook the prolonged persistence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) RNA in coronavirus disease 2019 (COVID-19) patients with hematological malignancies. The author just slightly touched upon within a sentence consisting of a couple of words (the persistence of a positive polymerase chain reaction for SARS-CoV-2) under the section of 'Impact of COVID-19 by Lymphoma Subtype'. However, I think that this is a huge and important problem itself and its management needs to be discussed especially in this kind of article. Here, I give some exemplary articles from the recent literature such as in King's College Hospital experience[2], Karataş *et al*[3]'s, and Perini *et al*[4]'s studies.

Second, Largeaud *et al*[5] reported 'major rise of a chronic lymphoid leukemia clone during the course of COVID-19'. This aspect of CLL and COVID-19 disease should also be discussed by the author.

Third, the author discusses achieving a complete remission in asymptomatic COVID-19 patients with follicular lymphoma in partial remission after bendamustine-based therapy. When we look at the literature, this is not just specific to follicular lymphoma, but other hematological malignancies as well, such as in diffuse large B-cell lymphoma and Hodgkin lymphoma after concurrent other and SARS-CoV-2 infections, respectively[6]. Also, just a perfect article titled as 'complete remission of follicular lymphoma after SARS-CoV-2 infection: From the "flare phenomenon" to the "abscopal effect"' is reported by Sollini *et al*[7]. This issue should also further be elucidated.

Fourth, follicular lymphoma does not always undergo complete remission with SARS-CoV-2 infection, reported by Tafti *et al*[8] and Wright *et al*[9]. Indeed, in some malignancy patients, SARS-CoV-2 infection persisted, and COVID-19 pneumonia and the multimicrobial superinfection developed. Even, convalescent plasma needed to be utilized in the patient[9].

The authors did not emphasize a couple of issues related to the effects of SARS-CoV-2 infection in various lymphoid malignancies. Our aim is to help to clarify these issues a little more in COVID-19 patients with hematological malignancies.

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