

## Has the pandemic paradoxically opened a new door in oncological care: Are virtual tumour boards the next step?

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Madam, Multidisciplinary Tumour Board (MTB) meetings where patients' cases are discussed, and management plans are drawn by a consensus among participating physicians have become a standard of oncological practice globally.<sup>1,2</sup> Studies conducted through the past decades have amply demonstrated that MTB meetings lead to improved 5-year survival, and improved staging, diagnosis, adherence to oncological guidelines, and quality of life.<sup>3</sup>

Despite a few functional MTBs, such as the weekly City Tumour Board in Karachi, Pakistan has failed to ensure the formation of site-specific MTBs, a matter of great importance in cancer care countrywide.<sup>4</sup> One big hurdle in the establishment and continuation of MTBs is the lack of time in the schedules of participating physicians.<sup>4</sup> The COVID-19 pandemic has introduced changes in patient management, particularly in virtual MTBs (VMTB), which could potentially counter this challenge.

The pandemic has had a massive impact on oncological care. A study collecting responses from more than 350 centers across 54 countries reported that 88.2% of centres saw a decrease in usual patient care.<sup>5</sup> However, many hospitals and healthcare centres employed VMTBs to preserve optimal decision-making with restricted care. The study reported that, based on income stratification, 86.5% of high-income, 72.8% of middle-income, and 22.2% of low-income countries adopted VMTBs.<sup>5</sup>

The VMTBs improve coordination, decrease diagnosis or treatment delays, reduce travel expenditure, discuss more cases, and increase participant attendance.<sup>2</sup> A survey revealed that of the respondents who attended VMTB meetings, 57.9% preferred VMTBs over in-person MTBs.<sup>2</sup> The shift has been so beneficial that 78.9% preferred to continue VMTBs once social restrictions ended, and 60.4% believed VMTBs could become permanent.<sup>2,5</sup> The positive

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impact of the transition from in-person to virtual MTBs on feasibility, interdisciplinary coordination, and education of medical trainees has been further corroborated by other studies conducted during the pandemic.<sup>1</sup>

For countries struggling to establish and operate in-person MTBs, the pandemic has paradoxically unveiled an opportunity to circumvent the hurdle by highlighting the feasibility of VMTBs. Although VMTBs increase presentation lengths, require a technical setup and reduce interpersonal communication, the benefits of VMTBs far outweigh these hurdles.<sup>1,2</sup> For Pakistan, where there is a lack of in-person MTBs, the switch to VMTBs could ease and hasten the transition to a model of oncological care on par with international standards.

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