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LETTER TO THE EDITOR
THE IMPACT OF COVID-19 ON CANCER MULTIDISCIPLINARY TEAMS' MEETINGS AND TUMOR BOARDS: WHAT SHOULD WE THINK ABOUT TO OVERCOME AND AMEND?

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Dear Editor,

On December 2019, a viral pneumonia known as corona virus disease 2019 (COVID-19) was reported in China and it has spread rapidly throughout the world. The first official announcement of the first case of death due to COVID-19 was made on February 2020 in Iran and in a short time, Iran became known as one of the countries with the highest incidence of this disease. Until 11 April 2020, about 68192 people have been infected by COVID-19 and 4232 people have died due to COVID-19 infection in Iran[1].

As the pandemic progresses, many challenges have arisen for other patients referred to hospitals and routine activities of medical centers are affected due to this issue in cancer patients as a high-risk population. Since care of cancer is increasingly complex and often requires specialized expertise from multiple disciplines, tumor board (TB) reviews provide a multidisciplinary approach to treatment planning that involves health care providers from different specialties reviewing and discussing the medical condition and treatment of patients.

In the Cancer Institute of Tehran University of Medical Sciences (Figure 1) as a referral hospital, different tumor boards have been established as an accepted part of the care of cancer patients for many years. A great number of trainees from various disciplines who are participating in cancer treatment like residents and fellows are attending in these TB regularly. Table 1 shows the details of the most active tumor board in this hospital.

The negative impacts of COVID-19 pandemic on our TB sessions can be summarized as follows:

1. Lack of expert opinion for patient management.
2. Lack of treatment protocol documentation and the resulted legal consequences with regard to suboptimal decisions.
3. Lack of a great pool of educational and research resource which reduced the educational outcome of tumor board on residents and fellows despite converting to virtual TB.
4. Difficulties in convincing patients to accept complex procedures.

Considering the following important points can help us to overcome part of these negative impacts during the COVID-19 pandemic to some extent.

1. Institutional protocols and guidelines should be prepared and updated regularly for site specific cancer patients depending on the severity of the pandemic. It may be wise if one of the official managers of the hospital participates in designing and registration of these protocols.
2. TB used to recommend the best practice (for example category A of NCCN) for patients under treatment. In COVID-19 era, however, we should reconsider this routine and sometimes choose other safe but normally considered weaker practices.

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Fig. 1. Cancer Institute of Tehran University of Medical Sciences, Tehran, Iran.

3. Deferring treatment of cancer patients in COVID era will face all cancer centers and hospital with a huge burden of neglected and maybe advanced or even metastatic tumors in near future which need more complicated treatments. Hospitals should prepare for this in advance.
4. Before the COVID-19 era, TB documentation support for cancer patients was an important issue. During this time, when we have no choice but to change our practice for some patients and move from the best practice to other acceptable ones, this legal documentation is of utmost importance. It is probable that we face some legal conflicts with our patients after COVID-19 ceasing. Documentation and registration of cases in TB can prevent those problems and protect medical staff.
5. As the duration of pandemic and future conditions of Health Care Centers are not predictable, it is very important to draw a whole treatment plan for cancer patients when we are deciding on postponing or changing our routine practice. It necessitates that all the multidisciplinary team (MDT) members have an active role in describing the whole roadmap of the patient treatment.
6. Providing a comprehensive list of other cancer treatment teams who are working in other centers and cities and building up an effective network with them can help us to guide our patients and prevent some unnecessary travels for surgery and even post-operative visits.
7. It is important to keep our residents and fellows informed about the logic behind the change of our practice from the best and standard to what we are doing under COVID-19 pandemic situation. For instance, when we are performing a stoma instead of primary anastomosis for a colorectal cancer or a mastectomy for a breast conserving (2), we have to make sure that our trainees do not mistake this temporary practice for a standard routine.
8. After the elimination of the COVID-19 pandemic, we should analyze the effects of this inevitable change in our MDT and study our patients' responses to this. The virtual MDT clinics, for instance, may turn out to be a tool to decrease the patients' anxiety and stress that result from attending a meeting in front of different disciplines members.

Since the beginning of COVID-19 storm, our

TABLE 1. The start time of various tumor boards in Cancer Institute and number of patients and participants per week.

Tumor board title	*Start time*	*Number of patients/week*	*Number of participants fellows*	*Number of participants residents*
General	1976	6	7	7
Breast	2009	8	8	4
Head & Neck	2009	10	6	4
Gastrointestinal	2013	7	8	6

head and neck TB began to hold the meetings by creating a virtual group in WhatsApp social network with 26 participants. Around 10 complex cases were introduced and discussed, and decisions were made. Besides, an application for online visits was introduced to patients by sending them a message. They can message their physicians and call them via this application when necessary.

In some countries, development of mathematical models and technological applications have been employed to overcome the challenges posed by COVID-19 (3). In our Cancer Institute, to compensate more for the negative impact of COVID-19 on our session, we designed and launched MDT management software which has the capability of registering patients, uploading their medical documents, finalizing the decision and saving the final document of the MDT result. Using other virtual software like Webinars and etc. should also be considered.

Finally, health care providers should know about the cost-benefits of a selection of different treatment modalities in cancer patients considering the risk of COVID-19 infection. Making these decisions is inconceivable without using MDT potentials. Therefore, we should do the maximum efforts not to permit COVID-19 to ruin MDT sessions.

Conflict of Interests:
The Authors declare that they have no conflict of interests.

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