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Letter to the editor

COVID-19 pandemic & head and neck cancer patients management: The role of virtual multidisciplinary team meetings



ARTICLE INFO

Keywords:

COVID-19

Head & neck cancer

Multidisciplinary team

In December 2019, cases of pneumonia with an unknown agent were found in Wuhan, China that WHO named as the 2019 novel coronavirus (2019-nCoV) or COVID-19 [1,2]. As of April 3, 2020, more than 1 million people from 204 countries were affected, causing more than 50,000 deaths as the world faces a deadly pandemic [3]. An increasing number of patients with the virus requiring hospitalization and care in the ICU units has put increasing pressure on countries' health systems. Therefore, treatment of non-emergency patients will be postponed until after this crisis. Dedicate most of the health system facilities to this disease, whether in terms of physical facilities, finances, and equipment or in terms of staffing for COVID-19 patients, limits the services available to other patients, especially cancer patients. On the other hand, cancer patients who require surgery may be at risk of coronavirus infection due to hospitalization, infection by the ventilator during anesthesia, and ICU infection. Therefore, given the immunodeficiency conditions in these patients, the choice of a treatment plan for cancer patients in these conditions will be more complex than before.

Multidisciplinary team (MDT) Meetings or tumor boards are meetings that are attended by surgeons, medical oncologists, radiotherapists, radiologists, pathologists, and other specialists depending on the type of tumor to manage cancer patients. MDT provides the opportunity for patients to benefit from the experience of a larger number of specialists, especially when there is Complex and advanced cases or no clinical trial [4]. Currently, due to limitations in surgery, chemotherapy, and radiotherapy due to the risk of cancer patients being exposed to COVID-19, the role of MDT as an appropriate reference for deciding whether or not to undergo surgery and determining other treatment plans may be more important for these patients. The team should examine each patient's condition and current conditions caused by the virus to determine the benefit and disadvantage of each patient receiving treatment, delaying treatment or changing the treatment to minimize mortality and morbidity. But the other problem in these circumstances is the holding of these meetings; Due to the hygienic conditions, it is not possible to hold these meetings and bring specialists together and patients if necessary. So, in these particular circumstances, virtually holding an MDT meeting via social media or video-conference is a more sensible way. We recommend that one person as a coordinator take history and all patient records, such as imaging, lab data, and share them with others and the MDT members by examining the patient's

condition and considering the current crisis decide on the treatment plan.

Our experience in performing this method is at the Cancer Institute of Iran-Tehran University of Medical Sciences, which is a third-level hospital with a 10-year history of holding tumor board for head and neck tumors. We had a debate; On the one hand, most of our patients had mucosal squamous cell carcinoma, which, starting treatment as early as feasible, played a key role in reducing morbidity and mortality, and on the other hand, COVID-19 infection could be fatal in these patients. Therefore, after the onset of the COVID-19 pandemic in Iran, head and neck tumor board are held as Virtual MDT meetings. By creating a group in one of the social media application and with the presence of 5 surgeons (2 cancer surgeon, maxillofacial surgeon, and 2 head and neck surgeon), 2 radiologists, 1 medical oncologist, 4 radiotherapists, 4 pathologists, a specialist in oral diseases and a nuclear medicine specialist MDT is held periodically; these specialists were formerly permanent members of the tumor board. The benefits and disadvantages of treatment are evaluated in the current situation and then the treatment plan is determined and patients are prioritized for surgery or any appropriate treatment. It is important to note that due to the current situation, many of these decisions may differ from the current guidelines; We will inform the patient about this special treatment plan and its differences with the standard conditions, and the patient's satisfaction in performing this type of treatment will be obtained in Consent Form.

Finally, we recommend that due to the specific circumstances following the COVID-19 crisis and recommending that no meetings be held to prevent the transmission of the virus and the need to determine the treatment plan for cancer patients taking into account the limitations in the health and treatment system, tumor board with the help of cyberspace are the safest and most logical way to make a group decision for cancer patients.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

<https://doi.org/10.1016/j.oraloncology.2020.104693>

Received 3 April 2020; Accepted 6 April 2020

Available online 08 April 2020

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