

## Reply to Letter to the Editor

### Reply to: “Call of duty: neuro-oncology outpatient management during the COVID-19 pandemic in Milan, Italy”

We thank Borsa et al<sup>1</sup> for the interest in our recently published practice recommendation for the treatment of high-grade glioma patients during the coronavirus disease 2019 (COVID-19) pandemic.<sup>2</sup>

We appreciate the positive feedback and valuable comments relative to our study on the role of mitigation strategies and the impact of our own recommendations, especially in light of the immense effect of COVID-19 on Italy, as one of the most affected areas in Europe.

Our publication recommended the use of digital solutions for tumor boards and conferences during the pandemic. It is difficult to give suggestions on how to proceed in detail with the patient flow and the structures in an outpatient clinic, as this is greatly dependent on individual jurisdictional and hospital policies. Borsa et al provide helpful and detailed insights into how hospitals and individual departments can implement those recommendations. For example, they recommend to do telephone interviews 1–2 days ahead of a scheduled appointment to screen for potential COVID-19 related symptoms. They also tried to schedule follow-up MRIs and medical examination on the same day to reduce the flow of patients accessing the facility. Furthermore, patients were encouraged to contact the relevant caregivers by phone or email and were provided digital solutions. This efficient and low-threshold service provides easy access for patients while avoiding unnecessary referrals of symptomatic patients to emergency wards, which are likely hotspots for SARS/CoV-2 infections during the pandemic.

In conclusion, we appreciate Borsa’s comments and feedback on our work. Direct feedback and hands-on information from pandemic epicenters are highly relevant as we are still lacking data. Luckily, the available evidence on COVID-19 is increasing rapidly, but this also leads to a highly dynamic situation and we need to regularly reevaluate our recommendation and maybe alter strategies.

**Conflict of interest statement.** The authors declare there are no competing interests.

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