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Results: A total of 73 MDT members participated in the survey, and 41 members in interviews (representing all core professions and all participating MDTs). Increased flexibility, reduced travel time and real-time access to patient information were seen as the main advantages of virtual MDTs. Views regarding the impact on relational aspects and communication differed. Concerns were raised in relation to poor IT, including inappropriate equipment, insufficient bandwidth (impairing image-sharing and video communication) and virtual meeting platforms not being fit for purpose. MDTM observations showed that there was significant variation between teams in relation to IT functionality. IT issues and other distractions relating to the virtual MDTM were observed 465 times affecting 20.6% of case discussions, most of which were audio issues (18.1% of case discussions). Case discussions that had audio issues were significantly longer ($t(1652) = -2.77, p < .01$).

Conclusions: Despite the potential benefits of virtual MDTs reported here, IT obstacles have the potential to impact heavily on valuable MDTM time. If NHS Trusts plan to continue virtual lung MDTMs, a functioning infrastructure is required, necessitating significant resource and investment.

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24 How can we improve the delivery of lung cancer MDT? Things to consider

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Introduction: The current COVID-19 pandemic has affected decision making in lung cancer services. According to UK Lung Cancer Coalition, delays in lung cancer diagnosis due to COVID-19 could result in a high number of additional lung cancer deaths over 5 years following diagnosis [1]. Multiple discussions at MDT before treatment decisions are reached do impact the patient's pathway.

Methods: A retrospective audit was conducted to identify reasons for multiple MDT discussions for patients listed between May 2021 and July 2021 in a tertiary hospital.

Results: Out of total of 341 MDT discussions, 147 (43.1%) did not have treatment outcomes which led to further discussions. Of the 147 MDT discussions without treatment outcomes, 57 (38.8%) had incomplete investigations, 42 (28.6%) had pending diagnostic procedures, 21 (14.3%) did not have histology results, 24 (16.3%) required a face-to-face review and 3 (2%) needed a second opinion. 24 (22.4%) patients had a change in their performance status (PS) score at the MDT compared to their initial consultation. 19 (79.2%) out of 24 patients' PS were worse and 5 (20.8%) were better. 90 patients did not have their PS documented. Adenocarcinoma (33.3%) accounted for the most common type of lung cancer reported, followed by bronchial (18.10%) and non-lung primary (17.10%).

Conclusions: This audit has demonstrated that incomplete diagnostics result in delayed treatment decisions at MDT and longer pathways. Planning MDT discussions after completion of diagnostic bundles would lead to a more effective and streamlined MDT resulting in better patient outcomes and earlier treatment.

Reference:

[1] UK Lung Cancer Coalition (UKLCC). COVID-19 Matters: A Review of the Impact of COVID-19 on the Lung Cancer Pathway and Opportunities for Innovation Emerging from the Health System Response to the Pandemic COVID-19 (UKLCC, 2020).

Disclosure: No significant relationships.

25 The continued impact of the COVID-19 pandemic on patient advocacy and support organisations in the UK and Ireland: results from the second Global Lung Cancer Coalition (GLCC) survey

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Introduction: A year into the pandemic, COVID-19 remains the primary focus of healthcare systems worldwide. During this time, many patients have turned to patient organisations for support. The Global Lung Cancer Coalition (GLCC) is a partnership of 42 patient organisations across 30 countries.

Method: In February 2021, the GLCC shared an online survey with its members to understand how COVID-19 has affected organisations and the support they offer to patients. This follows a survey in April 2020. The survey was open for eight weeks and received 19 responses, 45 percent of members, including from Lung Cancer Nursing UK (LCNUK) and Roy Castle Lung Cancer Foundation (RCLCF) in the UK and the Irish Cancer Society (ICS) in Ireland.

Results: Similar to GLCC members globally, LCNUK, RCLCF and ICS have seen an increased number of requests from patients, predominantly via phone. Throughout the pandemic, patients' requests have evolved, with the majority now asking about the implications of treatment delays and for information on COVID-19 vaccines. This matches global findings, with 14 of the 19 responding organisations indicating these were patients' most frequent requests. All three organisations are offering information on COVID-19 vaccines, similar to members globally. Whilst LCNUK and RCLCF stated that lung cancer patients in the UK would receive their vaccines within a month, ICS stated that patients in Ireland would have to wait for three to six months. This mirrors global findings, with the availability of vaccines varying between countries.

Conclusion: Globally, patient organisations have played a pivotal role in supporting patients throughout the pandemic. Many are doing so with decreased resources, which is unsustainable. Government support is required to meet patients' changing needs. The GLCC will be sharing another survey with its members to understand how their experiences have changed as countries learn to adjust and recover from COVID-19.

Disclosure: No significant relationships.

26 Contact with lung cancer patients during COVID-19: findings from Ireland and the UK from a global survey of patient experience

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Introduction: Following the success of an inaugural patient experience survey, the Global Lung Cancer Coalition (GLCC) a partnership of 42 patient organisations across 30 nations, ran a second survey in 2021 focusing on the impact of COVID-19 on people with lung cancer.

Methods: A steering group of patients, clinicians, and advocates drafted the survey. Questions from the 2020 survey were repeated, with new questions added to ask patients about their experience of