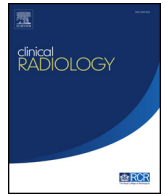




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Correspondence

Re: Lasting lessons learnt in the radiology department from the battle with COVID-19



Sir—We read with great interest the articles from Hudson *et al.*¹ and Tsou *et al.*,² which outlined how an English radiology department and radiology departments in Singapore met the challenges raised by the COVID-19 pandemic. Both articles mentioned the change in the delivery of the multidisciplinary team meeting (MDM), a cornerstone of the management and coordination of patient care and an important part of a radiology department's workload. Tsou *et al.* describe how MDMs were curtailed or cancelled, while Hudson *et al.* describe how all MDMs were changed to a video-conferencing format where all parties logged in remotely. The Irish Health Services Executive (HSE) has recommended that MDMs continue, but do so in a manner safe for staff within the constraints of the individual organisation and that staff physically present at these meetings should be limited to decision makers and key support staff.³ We recently conducted a review of the effect of COVID-19 on MDM delivery in our institution. The aim of this letter is to share our experience of the measures taken to allow safe MDM provision in a challenging new environment.

There are 16 MDMs that take place in our institution, 11 of which are on a weekly basis with a further five fortnightly. The first case of COVID-19 in Ireland was reported on 29 February 2020 and the number of confirmed cases peaked in April.⁴ We analysed the numbers of patients referred for discussion over a 3-month period of March–May 2019 and over the same months in 2020 to assess the effect of the pandemic on this aspect of patient care. We noted the measures put in place to adhere to infection control guidelines and ensure staff safety.

The capacity for case review from a radiological perspective was unchanged and all cases referred to MDM were discussed; however, there were fewer cases submitted for MDM discussion in March, April and May 2020 compared to the same period in 2019. A modest reduction

in referrals of 4% was seen in March, while a greater reduction was seen in April (20%) and May (17%). During the period of April and May 2019 a total of 1,470 patients were discussed at MDM and 1,194 patients were discussed over the same period in 2020, a reduction of approximately 19%. Three MDMs (pelvic floor, thoracic aorta, and obstetrics) did not take place over this period. The breast, gastrointestinal, and respiratory MDMs, which have the largest monthly caseloads, saw reductions of 11%, 15%, and 28%, respectively. The biggest decreases in the remainder were seen in cardiac magnetic resonance imaging (MRI) (77%), stroke (58%), and vascular surgery (38%). Two MDMs demonstrated a paradoxical increase in case referrals: ENT (26%) and haematology (6%). The change in caseload for each MDM during the period April to May 2019 compared with the same period in 2020 is shown in Fig 1.

Previously the largest of these conferences could have had up to 60 staff present. Social distancing in this context was impossible. Consultation with the local infection control department and implementation of advice from government agencies has resulted in attendance in the main conference room being limited to a maximum of 15 individuals. Seating is arranged to accommodate social distancing. Video-conferencing software (Pexip, AS) has been utilised in compliance with general data protection regulation (GDPR) requirements to allow other team members attend from external locations if required. The conferences are also streamed to two large hospital lecture theatres allowing for appropriate social distancing should other team members wish to attend on site. Facemasks and hand gel are provided.

In our analysis, a modest reduction in cases submitted for MDM discussion was seen in March 2020 and a greater reduction seen in April and May compared with the same months in 2019. This reflects the diversion of hospital services towards the pandemic response. A French study recently reported a similar overall decrease in cases discussed and a greater decrease between the first and second half of April 2019–2020 versus the month of March 2019–2020 (23 and 33% versus 8%).⁵ The adoption of novel measures, such as video-conferencing, can allow MDMs to continue in a manner that does not compromise staff safety. The provision of MDMs in new formats is

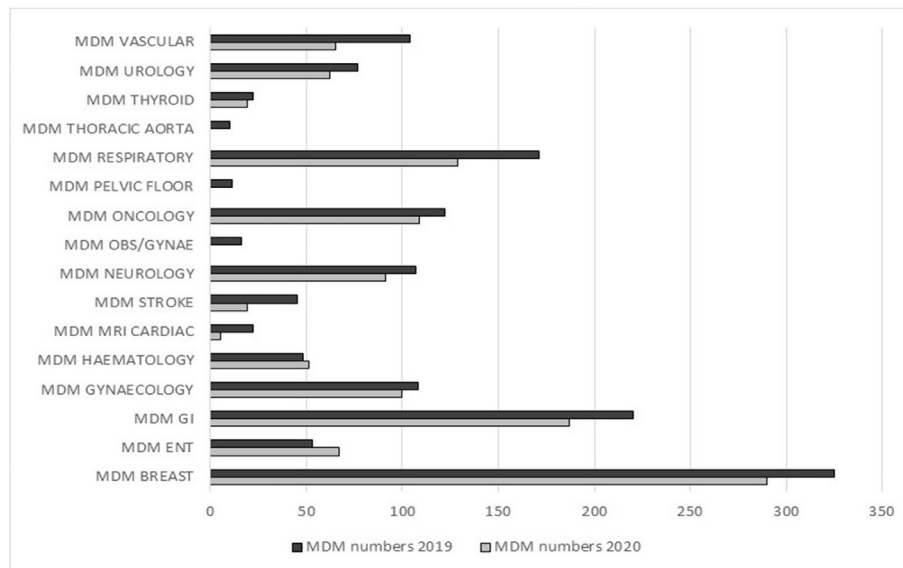


Figure 1 Cases referred for MDM discussion April to May 2019 compared with 2020.

important to ensure optimal patient management is maintained.

Conflict of interest

The authors declare no conflict of interest.

References

- Hudson BJ, Loughborough WW, Oliver HC, *et al.* Lasting lessons learnt in the radiology department from the battle with COVID-19. *Clin Radiol* 2020;**75**(8):586–91. <https://doi.org/10.1016/j.crad.2020.06.001>.
- Tsou IYY, Liew CJY, Tan BP, *et al.* Planning and coordination of the radiological response to the coronavirus disease 2019 (COVID-19) pandemic: the Singapore experience. *Clin Radiol* 2020;**75**(6):415. <https://doi.org/10.1016/j.crad.2020.03.028>.
- McCarthy S. HSE library guides: covid-19 HSE clinical guidance and evidence: multidisciplinary team meetings. Available at: <https://hse.drsteevenslibrary.ie/c.php?g=679077&p=4850274>. [Accessed 21 June 2020].
- Johns Hopkins Coronavirus Resource Center. COVID-19 map. Available at: <https://coronavirus.jhu.edu/map.html>. [Accessed 21 June 2020].
- Grosclaude P, Azria D, Guimbaud R, *et al.* COVID-19 impact on the cancer care structuration: example of the multidisciplinary team meeting dedicated to oncology in Occitanie. *Bull Cancer* 2020, <https://doi.org/10.1016/j.bulcan.2020.05.001>.

P.J. Dempsey*, A. Yates, J.W. Power, M.C. Murphy, J.G. Murray
Mater Misericordiae University Hospital, Dublin, Ireland
 * Guarantor and correspondent: P.J. Dempsey.
 E-mail address: philipjdempsey@gmail.com (P.J. Dempsey)

<https://doi.org/10.1016/j.crad.2020.07.004>

© 2020 The Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.

Re: Lasting lessons learnt in the radiology department from the battle with COVID-19. A reply



Sir— We thank Dempsey *et al.*² for their interest in our article.¹ Shared learning at local, regional, national, and international levels during the pandemic has been a key factor in attempting to stay ahead of the curve, and hopefully, this accentuated culture continues as we transition back to regular practice.

We also conducted a retrospective analysis of numbers of 2-week wait (2WW) referrals, which account for the vast majority of referrals into our cancer multidisciplinary team meetings (MDTs). We observed a drop in 2WW referrals by 56%, 46%, and 50% for suspected breast, colorectal, and lung cancers, respectively, in April/May 2020 compared to April/May 2019. The number of cancer diagnoses showed a similar trend. Anecdotally, colleagues in other institutions around the country have experienced a similar reduction in cancer cases. We should, therefore, be mindful that there may be a resultant increased demand on 2WW and cancer MDTs in excess of pre-COVID-19 baseline in the coming months. It is essential clinical radiologists and clinical colleagues prepare as best they can, not least deciding on the most effective way to proceed with the cancer MDT, reflecting on the merits and drawbacks of the video-conferencing remote format. Local opinion in our institution on how to proceed with the cancer MDT has been mixed. An ongoing remote format via a secure online