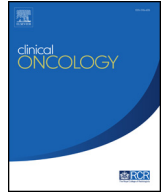




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Letter

Patient-reported Experience Measure for Neuro-oncology Telephone Clinics during the COVID-19 Pandemic



Madam — The COVID-19 pandemic has challenged the delivery of care worldwide, with many outpatient clinics changing from face-to-face to telephone consultations [1]. This is particularly challenging in neuro-oncology, where often complex interventions need to be discussed and where communication can be compromised due to tumour-related language/cognitive deficits. We therefore sought to evaluate the patient-reported experience on telephone clinics that were conducted and formulated a voluntary, confidential nine-question patient-reported experience measure – King's Patient Experience Measure in Neuro-oncology Questionnaire (K-PEN Q; see Supplementary Material) – to prospectively evaluate the experience of 50 consecutive neuro-oncology patients at our quaternary neurosurgical centre with four domains: clinic environment/time (three questions), patients' questions/queries (three questions), follow-up (two questions) and feedback (one question); the answers were divided into a Likert scale of strongly agree, agree, neutral, disagree and strongly disagree. Although more than 90% of patients had had previous face-to-face clinic consultations in the pre-COVID era; more than a third agreed on preferring telephone over the face-to-face clinic and almost half still preferred the face-to-face consultations.

Our data showed that although a neuro-oncology telephone clinic can replace face-to-face ones with efficiency and a high degree of satisfaction in certain settings, they are not a substitution. Over 50% of our patients preferred an in-person clinic and although telemedicine [1] might address some of the concerns, such as enabling viewing of the imaging or the face of the health care professional, others, such as the possibility of a physical examination or quest for 'real personal care', will not be readily addressed. Thus, although

in a patient with stable imaging a telephone consultation can be the optimal option, for new patients or those requiring interventions, an in-person clinic is much more likely to provide the best experience. Moving forward, we suggest a hybrid model, incorporating the new technology where indicated but also maintaining what makes medicine clinical, namely its human touch at the 'bedside'.

Conflicts of interest

The authors declare no conflicts of interest.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.clon.2020.08.004>.

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Reference

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