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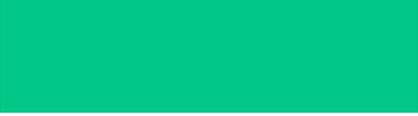
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abstract



Hybrid On-Site/Virtual Tumor-Board Model in a New Secondary-Care Oncology Unit: Early Experience from Al-Salama Hospital, Jeddah

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Introduction: Multidisciplinary tumor boards (TBs) improve decision-making, guideline adherence, and patient outcomes in oncology. However, establishing a fully resourced tumor board in a newly founded secondary-care oncology unit can be challenging due to limited on-site subspecialty availability. We aimed to assess the feasibility and early outcomes of implementing a hybrid on-site/virtual tumor-board model at Al-Salama Hospital, Jeddah.

Methodology: A hybrid tumor-board system was launched in a new secondary-care oncology unit, combining in-person core attendance with real-time virtual participation from off-site specialists. Weekly meetings were conducted using secure videoconferencing, with standardized case submission, structured presentation format, and formal documentation of recommendations. Key performance indicators included number and type of cases discussed, multidisciplinary attendance, proportion of cases requiring modification of management plans, and turnaround time from referral

to decision-making. This report summarizes the unit's early experience over the initial implementation period.

Results: During the early implementation phase, n = 25 cancer cases were discussed. The tumor board followed a phased expansion strategy: the initial cohort was restricted to curative-intent breast and colorectal cancers, which constituted the majority of discussions, before the scope was broadened to include all solid malignancies regardless of stage. Virtual participation facilitated this expansion by securing necessary subspecialty expertise for less common tumor types without requiring full on-site staffing. Tumor-board discussions led to a change or refinement in the management plan in 24% (6/25) of cases. These modifications primarily involved refining adjuvant therapy choices and optimizing surgical timing. Despite the small initial cohort, the hybrid model demonstrated high operational efficiency, with 100% of consensus recommendations documented within 24 hours, confirming the feasibility of the workflow for a growing secondary-care unit.

Conclusion: A hybrid on-site/virtual tumor-board model is feasible, scalable, and clinically valuable in a new secondary-care oncology unit. It supports timely multidisciplinary decision-making, expands access to subspecialty expertise, and strengthens clinical governance. Wider adoption of hybrid tumor boards may enhance oncology care quality in secondary-care settings, particularly where full on-site subspecialty coverage is limited.

Conflict of interests: The authors declare no conflict of interests.

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