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abstract

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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 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 = [XX] cancer cases were discussed across multiple disease sites, with consistent involvement of medical oncology, hemato-oncology, radiology, pathology, and relevant surgical specialties. Virtual participation enabled timely expert input in complex scenarios, including advanced disease, ambiguous imaging/pathology findings, and multi-modality treatment planning. Tumor-board discussion led to a change or refinement in management strategy in [XX]% of cases, including optimization of systemic therapy selection, radiotherapy sequencing, surgical candidacy, and supportive/palliative pathways. The hybrid model improved multidisciplinary engagement and ensured documentation of consensus-based recommendations within routine clinical workflows.

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.

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