

Peer Review File

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Reviewer A

The emergence of Sars-Cov2 lead to dramatic changes in delivering health care. Worldwide virtual care was introduced. This paper explores the experience of an Australian Head and Neck MDT.

Keywords:

Interestingly multidisciplinary meeting is not a MESH heading. Multidisciplinary is.

Authors may want to use <https://meshb.nlm.nih.gov/MeSHonDemand> to help choose MESH keywords.

Introduction:

Does the MDT discussed in this paper include patients? Or is it a totally “paper” round. If patients are included the obvious group excluded in this research is the patients themselves and their experience. Would suggest a description of the MDT be included (who attends etc.) within the introduction and then within the discussion.

- **Reply 1: Please see lines 77-78 for members included in the meeting, 79-82 more information provided regarding description of MDM**

Could the authors also include information on what platform they are using for virtual MDT.

- **Reply 2: More information was provided regarding the platform used for MDM (Line 80)**

Method:

Line93-98 - these appear to be results not method

- **Reply3: Moved to the results section (Line 116 to 120)**

Results:

Line 106 - does figure 1 correlate to this paragraph? Do the authors mean figure 2?

- **Reply 4: Referring to Figure 1 (corrected) – (Line 117)**

Discussion:

When writing the discussion the authors may want to consider:

Paragraph 1 - summarise findings

Paragraph 2 and 3 put your findings in context with the literature

Paragraph 4 - recognise limitations

Paragraph 5 implicates for future - how do these findings influence patients, providers, policy makers and broader health care.

- **Reply 5: Line 154-192 : Paragraphs reorganized to reflect the above structure**

Authors might want to do a further literature search on this topic. There have been a significant number of papers written within this sphere since the pandemic. The discussion should highlight how the authors findings compliment or differ from the literature. For example, this paper has been cited 41 times since published just 2 years ago.

Sidpra J, Chhabda S, Gaier C, Alwis A, Kumar N, Mankad K. Virtual multidisciplinary team meetings in the age of COVID-19: an effective and pragmatic alternative. Quantitative imaging in

medicine and surgery. 2020 Jun;10(6):1204.

- **Reply 6: Line 154-192 : Further literature review performed, and discussion discusses how our findings complement and differ from the current literature**

And this has 23 citations:

Salari A, Shirkhoda M. COVID-19 pandemic & head and neck cancer patients management: The role of virtual multidisciplinary team meetings. Oral oncology. 2020 Jun;105:104693.

Some discussion on how the virtual MDT impacts the patient themselves may be helpful. What is the patients experience of virtual MDT? How does the authors findings then correlate with patient care?

- **Reply 7: Unfortunately, unable to retrospectively ask about the patient experience as this was not a primary outcome.**

What is the role for virtual MDT within the hospital system? Does it have advantages or disadvantages for patient care. Within the Australian medical system, virtual MDT may improve access geographically and socioeconomically for patients. Also saves time for clinicians and allows collaboration more widely.

The authors may want to look specifically at the Australian literature with regards to virtual MDT.

- **Reply 8: Line 151-158 – Explores virtual MDTs in Australia**

Figures:

Wrong label on figure 1

- **Reply 9: Line 320: Re-labelled**

Reviewer B

This is a survey of the attendees of a Head and Neck cancer MDT and seeks to explore the utility of a shift to virtual MDTs due to the covid pandemic.

While I appreciate that there are some good points made by the survey, I do not think, in its current form, it adds enough to the established literature to warrant publication.

I think it would have been advantageous to include if the MDT was a patient based prior to the pandemic and if clinicians thought that a vMDT impacted on patient care decisions in addition to interpersonal relationships.

Editorial Comments

The revision needs to include a discussion of virtual MDT literature and how this study compares to what has been published.

- **Reply 10: Line 154-192 : Further literature review performed, and discussion discusses how our findings complement and differ from the current literature**