

ROUND 1

Reviewer's comments

Reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This is a well written manuscript describing a promising initiative. The figure summarizes the concept sufficiently as well. Recommended for publication

RESPONSE: Thanks to reviewer #1 for reading and being interested in this topic for publication.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: Authors have proposed implementation of virtual GI oncology board based healthcare delivery in a decentralized fashion [hub and spoke model]. This is truly a great initiative and several diseases had shown to be minimized with similar strategy.

RESPONSE: We would like to thank reviewer #2 for the comments and the interest in this specific topic, as we as the positive support to this initiative.

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: This is a very important topic in the era of specialized medicine and needs more acknowledgements; I would like to thank the authors for tackling such a timely issue.

RESPONSE: First of all, we want to thank Reviewer #3 for the excellent and constructive comments to improve our manuscript. A careful edition was done considering your recommendations by a point-by-point answer.

- 1- There is no non-native certificate; only a blank document is uploaded. The document needs language editing due to some grammatical and syntax mistakes.

RESPONSE: We submitted the non-native certificate now.

- 2- The opening sentence lacks full meaning "Cancer care is increasingly complex and personalized." Complex and personalized what? Experience, dilemma, please clarify.

RESPONSE: Thanks for this proper observation. We reformulate the sentence to be more concise:

Page 1, lines 33-34 *"During recent decades, cancer care has become increasingly complex mainly due to the personalized approach for every single patient".*

- 3- The authors stated "with different tumor models" did they mean staging? Or manifestations. I don't think "Models" is the appropriate word to describe the variations in patients with cancers.

RESPONSE: Thanks for this observation. Here we want to highlight that for many hospitals the medical oncologists still have to manage all types of solid tumors despite the actual worldwide trend of sub-specialization in oncology.

We change this sentence: page 2, lines 37-39: *"In many urban centers in Argentina, medical oncologists provide care for patients with multiple types of cancer which challenges practitioners to stay current with the evidence that is necessary to deliver high-quality care."*

- 4- 4- Please state the exact definition of the model used "hub-and-spoke" not just its benefits in the text, as unfamiliar physicians with the technologies will have to search other sources to know the definition. Is it a type of telecommunication or data connection?

RESPONSE: totally agree with your comment. It was not well explained the “hub-and-spoke” model in the previous version of the manuscript. Now we added the following sentence to clarify this point.

Page 2, lines 59-67: *“This “hub and spoke” design consists of a model that arranges a network consisting of a team of experts (the hub) that offers a full service to multiple participants (the spokes) during regularly scheduled sessions where patients with clinical cases that need a more accurate treatment are discussed(6,7). The use of this design also provides the capability to facilitate clinical mentoring and the implementation of regular educational sessions for medical training. Thus, the ECHO approach represents a completely different model than “telemedicine”, wherein a specialist assumes the care of a patient in a typical consultation by using remote technology.”*

- 5- The authors stated “democratizing medical knowledge” I don’t think political terms will help in this scenario, because it carries another meaning, not just fair distribution of knowledge but also the fair equality of rebuttal of just knowledge which is not the issue here. Could the authors use “fair distribution or equality of information” instead?

RESPONSE: Agree with this timely observation. We changed this term in the following sentence:

Page 3, lines 73-74: *“Multidisciplinary virtual TBs represent an opportunity to reduce the existing care disparities by information equality”.*

Page 4, lines 114-116: *“The impact of novel virtual TB approaches in Argentina is a remarkable strategy to reduce care disparities by equalizing access to a multidisciplinary environment for medical discussions”.*

- 6- Some important areas are not clear in the manuscript. Could the authors state when do they decide refer the cases to the ECHO project, and the time taken from first oncology visit till the ECHO referral (approximation by mean or median). And if this reevaluation leads to delay of the decision of the treatment plan or not?, please elaborate on this area.

RESPONSE: We added the following sentences to clarify this important point:

Page 3, line 92-95: *“Of note, each participating institution decided and proposed to the expert hub team the most relevant clinical cases that required a multidisciplinary discussion to the expert hub team. The median time from the first oncology visit until the ECHO referral was 16 days (range 12-19).”*

Page 4, lines 122-124: *“Additionally, in terms of saving time, this strategy could normally take approximately three more weeks to delaying the treatment plan decision in Argentina”.*

- 7- The authors stated “Available evidence has highlighted that relevant cost was saved after unnecessary treatments, studies, and travel expenses were avoided.” Is there a rough estimate of the saved cost you calculated or predicted? Or in comparison to the regular treatment pathway?, please clarify

RESPONSE: Unfortunately, we did not collect the saved cost in terms of unneeded studies or treatments for each patient in this project. As an example, we calculate the estimated cost for travel, accommodation, and consultation at a reference cancer center in our country for patients with gastrointestinal tumors. We added this to the manuscript to put in context this point, as was suggested by Reviewer #3.

Page 4, lines 120-122: *“As a typical example, a patient with a specific gastrointestinal tumor who would need to travel and have a consultation at a reference cancer center in Argentina would have to spend approximately 500 USD regardless of the study and treatment”.*

- 8- I would like to ask the authors about the treatment availability for these cases, they stated that some patients were referred for tertiary centers for treatment. From their experience, do they conclude the need for more accessible specialized treatment modality in the urban areas or they find that referral does not cause significant delay of the treatment of patients?

RESPONSE: Our health system is heterogeneous, including the private and public sub-systems. In this context, some patients have to be referred to tertiary or local centers for coverage of treatment and studies to become effective. In these cases, we thought that the discussion of the clinical case in a context such as

ECHO represents one of the better chances for high-quality cancer care, and in our experience, the referral does not cause a significant delay in the treatment. In our health system context, we believe that an approach like ECHO is more accessible, accurate, affordable, and properly developable than an extent more sub-specialized oncologists and high-quality treatment modalities in urban areas.

- 9- References are very old, this is a timely topic (personalized medicine and multidisciplinary teams in cancer management) with many recent articles published, so they need updating. Here are some recent articles on multidisciplinary teams: • Taberna M, Gil Moncayo F, Jané-Salas E, et al. The Multidisciplinary Team (MDT) Approach and Quality of Care. *Front Oncol.* 2020;10:85. Published 2020 Mar 20. doi:10.3389/fonc.2020.00085 • Casadio M, Cardinale V, Klümpen HJ, et al. Setup of multidisciplinary team discussions for patients with cholangiocarcinoma: current practice and recommendations from the European Network for the Study of Cholangiocarcinoma (ENS-CCA) [published online ahead of print, 2022 Jan 27]. *ESMO Open.* 2022;7(1):100377. doi:10.1016/j.esmoop.2021.100377

RESPONSE: Thanks for this proper observation. We have added and updated more recent references.

- 10- It would be more beneficial to the reader if the authors could provide tables or figures with the data for their ECHO project, not just presented in the text.

RESPONSE: Following the reviewer's suggestion, we added a table with all the cases that were included in the ECHO project. Additionally, we have changed Figure 1 since we think it represents more properly the ECHO project model.

ROUND 2

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors:

1. I would like to thank the authors for their detailed replies and modifications. Please add the information in your reply to question number 8 to the manuscript after modifications. "RESPONSE: Our heal system is heterogeneous, including the private and public sub-systems. In this context, some patients have to be referred to tertiary or local centers for coverage of treatment and studies to become effective. In these cases, we thought that the discussion of the clinical case in a context such as ECHO represents one of the better chances for high-quality cancer care, and in our experience, the referral does not cause a significant delay in the treatment. In our health system context, we believe that an approach like ECHO is more accessible, accurate, affordable, and properly developable than an extent more sub-specialized oncologists and high-quality treatment modalities in urban areas."

RESPONSE: Thanks to reviewer for reading and being interested in this topic for publication. Now we add the information of response 8 to the manuscript. Page 4, lines 126-133: "Our heal system is heterogeneous, including the private and public sub-systems. Under this circumstance, some patients have to be referred to tertiary or local centers for coverage of treatment and studies to become effective. We believe that the discussion of the clinical cases in a context such as the ECHO initiative represents one of the better chances for high-quality cancer care considering that the referral does not cause a significant delay in the treatment. In our health system context, the virtual ECHO initiative would be more accessible, accurate, affordable, and properly developable than the strategy of extending more sub-specialized oncologists in urban and suburban areas."

2. There are some problems in the text "(+ADw-i+AD4-n+ADw-/i+AD4- +AD0- 43, 53.75+ACU-), I don't know if they appear on the downloaded version only or from the reference manager? please revise.

RESPONSE: Thank you for this observation. Regarding some problems in the text, we have no problem with this, but now We attach the manuscript with new modifications. Additionally, we have modified the order of a word in the title. Page 1, line 1-2: "Implementation of a Virtual Multicenter Gastrointestinal Tumor Board to Reduce Cancer Disparities in Argentina"