

## EDITORIAL

### Digital pathology as a solution for working from home

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COVID-19 pandemic has changed the way we work and learn. International conferences were already conducted as webinars using online platforms.<sup>1</sup> With the strict movement control order implemented by the Malaysian government, most have to work from home, with only 20% work force is allowed, except for frontline healthcare workers.<sup>2</sup> It seems the way forward would be to develop digital health and telemedicine. However, there are many hurdles that need to be overcome, before it can become a reality. In response to the need of reporting at home during the COVID-19 pandemic and in future, the Royal College of Pathologists has published a guideline for remote reporting of digital pathology slides.<sup>3</sup> They have recommended a one to two months self-directed validation process by comparing glass and digital slides. The Department of Pathology in Universiti Kebangsaan Malaysia has set up a computer capable of remote access to facilitate reporting at home. There are many other issues to be considered. The cost of digitalisation of pathology slides. For high throughput conversion of traditional glass slides to digital images requires high end whole slide imaging equipment that is cut-throat expensive. As these images are of high resolution, each image file can be up to about a few gigabytes. Hence, storage of these images may be an issue and is also expensive to maintain.

In fact, digital pathology is not new. Wilbur *et al.* (2009) described a pilot study on the effectiveness of digital pathology by comparing the concordance of reporting between digital and glass slide, and they found a fairly good concordance of 91%.<sup>4</sup> More than 10 years down the line, this has not been fully implemented yet. The possible reasons include pathologists are used to or prefer glass slide viewing, whole slide scanner is expensive, there is not enough IT support, and others. Nonetheless, the current COVID-19 pandemic has forced us to embrace the change. We still have the issue of digitalisation of histopathology slides and dissection of large tissue samples. Laboratory staff will still need to be in the laboratory to process the tissue. We may be able to get away with small biopsies but large specimens still need to be grossed by pathology trainees or pathologists.

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