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Figure 2 Referral patterns in 2019, 2020 and the Fractionation protocols

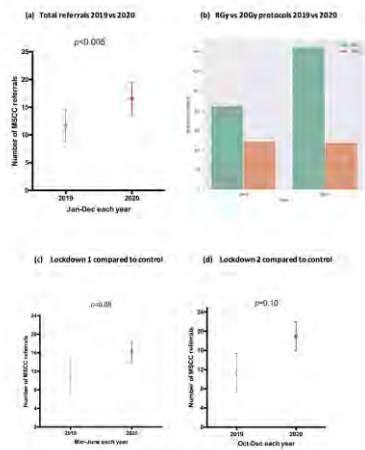


Fig 2a shows significant increase in referrals in 2020 compared to 2019 $p < 0.005$. There was a similar increase in lockdowns 1 (c) and 2 (d) but did not reach significance. Fig (b) shows a significant increase in number of patients treated with 8Gy single fraction versus 20Gy in 5, in 2020 compared to 2019.

Conclusion

There was an increase in the total number of MSCC in 2020 and in the average cases per month during lockdowns. This was expected given recent data showing delay in cancer diagnoses with an increase in late presentations. Though the number of MSCC was higher in L2 vs L1, there was a downward trend towards the end of L2. This may signify the positive impact of the national cancer campaign. Unfortunately, Kent region was badly hit with the new Covid 19 strain (B117) and most of the services were affected due to staff redeployment, sickness and isolation. Many patients with existing comorbidities are still anxious utilising hospital services due to perceived infection risk. Further work will be needed to reverse health-seeking behaviours to pre-pandemic levels. Focused cancer public health campaign may be required to allay patient fears and ensure safety, during use of vital health services. More single 8Gy fractions were delivered in 2020 compared to any previous years, indicating MSCC patients may now be scanned, planned and treated in one visit.

PO-1463 Is irradiation of SARS-CoV-2-positive cancer patients safe and feasible in clinical practice?

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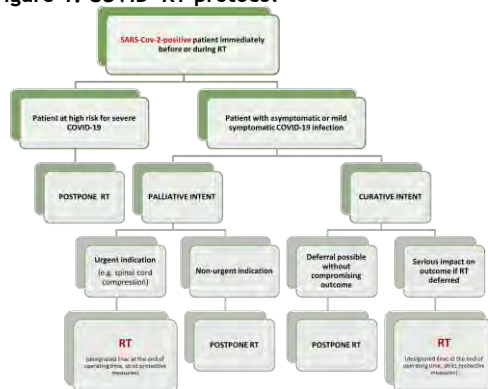
Purpose or Objective

COVID-19 pandemic has disrupted radiation oncology practices at many treatment sites. However, in line with ESTRO and ESMO statements efforts are needed to prevent delays or interruptions in RT for patients who would risk significantly worse outcome in survival or quality of life (e.g. metastatic spinal cord compression, head&neck cancer patients during definitive chemoradiation, etc.). At the same time risks of complications due to SARS-CoV2 infection had to be carefully considered in order to not causing additional harm to the patient as well as to the staff.

Materials and Methods

Protocol for RT was developed and implemented at our department to ensure timely treatment of high priority SARS-CoV2-positive patients (Figure 1). Under strict safety measures, asymptomatic and mild symptomatic patients were eligible to continue with the already started or planned treatment on two designated linacs after normal working hours. Patients were cautiously monitored for early recognition of covid-related complications.

Figure 1. COVID+RT protocol



Results

In total 2,350 patients were treated at our department during the 2nd pandemic wave (October 1 2020-February 28 2021), out of which 15 SARS-CoV2-positive cancer patients underwent RT in active phase of infection (Table 1). Three patients developed covid-related complications that needed longer interruption of RT, one of them was admitted to the ICU and later died from covid pneumonia. In 11 patients that were tested covid positive before the initiation of RT treatment was postponed (in average 12 days, range 7-28 days). No transmission of virus from infected patients to staff members were observed.

Table 1. Characteristics of SARS-CoV2-positive cancer patients that were irradiated in active phase of infection

Gender & Age	Diagnosis	PS WHO before RT	Irradiated site	RT intent	Fractionation	No. of fx before COVID+ test	Days of interruption due to COVID-19	of RT complete to d (yes/no)
M, 68	RCC, metastatic	3	Th8-9	palliative, urgent	1x3Gy 4x5Gy (instead of 10x3Gy)	+	12	Y
M, 66	vocal carcinoma	0	larynx	curative	29x2.25Gy	9	7	Y
M, 51	B-cell lymphoma	1	mediastinum	palliative, urgent	10x3Gy	3	0	N
F, 46	cervical cancer	1	pelvis	curative	25x1.8Gy	8	7	Y
F, 72	cervical cancer	1	pelvis	curative	25x1.8Gy	17	15	Y
M, 78	NSCLC	1	mediastinum	curative	32x2Gy	15	4	Y
M, 77	prostate cancer	2	pelvis	curative	38x2Gy	31	4	Y
M, 48	tongue cancer	0	oral cavity	postop.	30x2Gy	22	0	Y
M, 68	prostate cancer	1	pelvis	curative	38x2Gy	21	4	Y
M, 51	ureteral cancer, metastatic	3	L3-4	palliative, urgent	2x3Gy 4x5Gy	+	2	Y
M, 46	glioblastoma	3	CNS	postop.	30x2Gy	before 1st fx	0	Y
M, 64	SCLC, metastatic	1-2	CNS	palliative, urgent	5x4Gy	2	0	Y
F, 62	leiomyosarcoma, metastatic	2	Th9,11; L1-3; sternum	palliative, urgent	2x4Gy 1x6Gy	+	7	Y
M, 86	colon cancer, metastatic	1	lung	palliative, urgent	25x2Gy	10	18	Y
M, 30	diffuse astrocytoma	0	CNS	postop.	30x1.8Gy	5	2	ongoing

Conclusion

In our experience, with significant organisational effort, irradiation of a limited number of well selected SARS-CoV2-positive cancer patients is safe and manageable. Nevertheless, due to possible complications overall treatment time can be prolonged.

PO-1464 Impact of COVID-19 on Radiation Oncology, an Austrian Experience

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Purpose or Objective

The COVID-19 pandemic has an unprecedented impact on health care systems worldwide, with cancer patients representing a particularly vulnerable population. For these patients, timely diagnosis and immediate initiation of treatment is of utmost importance to ensure optimal outcome. We aimed to evaluate the effects