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pathway time point. Clinicians are guided towards tailored questions, improving clinical assessment quality and completeness. Input data generates individualised outputs, e.g. letters, summaries, surveillance plans. Periodic audits of recorded data quality identify errors and outliers and provide user feedback. Patient reported outcomes are collected and outcomes data are correlated with dosimetric DICOM data to support radiation dose modelling.

The outcomes dataset and associated outcomes analysis supports long-term follow-up and evaluation of treatment approaches for tumour control and toxicity. It ensures safety, enables comparison internationally, assists patient selection criteria and supports hypothesis generation for future clinical trials.

Conclusion

The NHS outcomes tracking through the PCOU is a novel approach at the international level. It can be used as an exemplar for others, not only in PBT, but potentially scaled for other areas of practice beyond radiation oncology.

PO-1476 Covid-19 era and radiotherapy: psychological changes in oncological patients

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Purpose or Objective

To evaluate the emotional state of oncological patients undergoing radiotherapy (RT) during the COVID-19 Lockdown.

Materials and Methods

To evaluate patients' anxiety, depression and distress, the Hospital Anxiety Depression Scale (HADS) and Distress Thermometer (DT) were used. Patients were divided into 3 groups: those who underwent radiotherapy before COVID-19 emergency (July-December 2019) (Group 1), in early stage of COVID-19 emergency (January-February 2020) (Group 2) and one week (wk) before the Lockdown (Group 3). For Group 3 the evaluations of anxiety, depression and distress were conducted at 3 different time points: at the RT beginning (1-wk before Lockdown, T0), during RT (1-wk after the start of Lockdown, T1) and at the RT ending (during Lockdown, T2).

Results

From July 2019 to 8th March 2020, on 452 treated patients, 223 (49.3%) accepted to participate in psycho-oncological support program: 80 (35.9%) were in Group 1, 121 (54.2%) in Group 2 and 22 (9.9%) in Group 3. Anxiety was higher in Groups 1 and 2 and distress was higher in Group 3 (p 0.01; p 0.0001) while no differences were noted for depression (p 0.1). Regarding Group 3, respect to baseline (T0), all considered emotional states increased at T1 and decreased at T2: anxiety and depression increased considerably from T0 to T1 and decreased from T1 to T2 (p 0.00001, p 0.001 respectively); distress also showed the same trend, but the differences was not statistically significant (p 0.1). All patients completed their planned RT without delays.

Conclusion

The study revealed optimal compliance to RT despite the increase of anxiety and distress COVID19-related. The appropriate supportive care in term of psychologic support must be prioritized for all oncological patients, even more during pandemic.

PO-1477 Improving communication and accessibility of the oncological patient through e-health tools.

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Purpose or Objective

The *Web Dialogue* is a communication tool between doctors and patients online since 2018 in our hospital. Since the SARS CoV 2 pandemic, implementation has increased. The objective of the present was to know the assessment of patients and relatives, of the e-health tool, *Web Dialogue*, in cancer care, through a telephone survey.

Materials and Methods

Web Dialogue is an online tool that can be accessed by both the health professionals involved in the care process through the electronic medical record, and the patient through the "Patient Portal". In 2019, we only opened 5 chats. In 2020, 441 conversations from all medical specialties were done, representing an increase of 8,720%. Currently 408 conversations are active, 116 of them (28,43%) performed by the Radiation Oncology Department (TABLE 1), 14 by nurses and the majority, 102 by medical doctors.