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Conclusion: Our RWD reproduces the ICI effectiveness observed in clinical trials. The incidence of pneumonitis was higher than expected and could be justified by a better pharmacovigilance and knowledge of IRAEs, but requires further study. **Keywords:** advanced NSCLC, Immunotherapy, Real Word Data

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Changes in the Management of Patients Having Radical Radiotherapy in the UK During the COVID-19 Pandemic (COVID-RT Lung)



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Introduction: In response to the COVID-19 pandemic, guidelines on reduced fractionation schedules for patients with lung cancer treated with curative-intent radiotherapy were published (Faivre-Finn et al, Clin Oncol) aiming to reduce the number of hospital attendances and potential exposure of vulnerable patients to COVID-19. There is now a need to understand the changes that have taken place and their clinical impact. Here we give a descriptive analysis of the first 425 patients in the UK COVID-RT Lung database. **Methods:** COVID-RT Lung is a multicentre UK audit. Inclusion criteria are: patients with stage 1 – 3 lung cancer referred for and/or treated with radical RT after 2nd April 2020. Patients who have a change in their management during the COVID-19 pandemic and those who continue with standard management are included in the audit. Data on demographics, COVID-19 diagnosis, diagnostic work-up, RT and systemic treatment, treatment-related toxicity, disease/patient status are collected. Each participating centre obtains approval from their local Caldicott Guardian to collect data. Anonymised data is collected on a central, cloud-based Research Electronic Data Capture system. Currently, 17 of the UK's 62 radiotherapy centres are contributing patients and the audit continues to accept new sites. **Results:** There were 425 records available for analysis on 17th August 2020. Median age 72 years (42-90), 213 (50%) female. 6 patients had been diagnosed with COVID-19, 4 prior to starting RT. 43 patients (10%) had a change in their diagnostic work-up for lung cancer as a result of the COVID-19 pandemic. 183 patients (43%) had their treatment changed from the treating centre's standard

of care. 50 (12%) patients had radiotherapy instead of surgery, 89 (21%) patients had a change in their radiotherapy dose/fractionation schedule from their centre's usual practice and 70 (16%) patients had systemic treatment omitted or altered. Table 1 shows the radiotherapy delivered to patients with stage 1-3 lung cancer who had data on completed treatment at the time of initial analysis (n=411). A large proportion of the patients who had their treatment changed received hypofractionated radiotherapy or stereotactic ablative body radiotherapy in fewer fractions.

Radiotherapy schedule	All patients (n=411)	Treatment changed (n=177)	No change to treatment (n=234)
SABR			
Single fraction SABR	5 (1%)	5 (3%)	0
3 fraction SABR	48 (12%)	26 (15%)	22 (9%)
5 fraction SABR	74 (18%)	17 (10%)	57 (24%)
8 fraction SABR	24 (6%)	9 (5%)	15 (6%)
15 fractions			
15 fractions with concurrent chemotherapy	6 (1%)	4 (2%)	2 (1%)
15 fractions after chemotherapy	30 (7%)	26 (15%)	4 (2%)
15 fractions RT alone	28 (7%)	20 (11%)	8 (3%)
20 fractions			
20 fractions with concurrent chemotherapy	25 (6%)	11 (6%)	14 (6%)
20 fractions after chemotherapy	52 (13%)	19 (11%)	33 (14%)
20 fractions RT alone	88 (21%)	33 (19%)	55 (24%)
Other regimens			
Concurrent chemoRT 2Gy/fraction	8 (2%)	1	7 (3%)
CHART	7 (2%)	0	7 (3%)
Palliative RT	7 (2%)	4 (2%)	3 (2%)
Other	9 (2%)	2 (1%)	7 (3%)

Conclusion: Initial analysis of this nationwide audit shows that clinicians are changing patient management in line with the UK guidelines on reduced fractionation schedules. The main change is an increase in hypofractionated and ultra-hypofractionated radiotherapy. The data presented will be updated as more patients are entered into the database and changes in management will be linked with patients' outcome. **Keywords:** COVID-19, radiotherapy