PO-1069 Self-perceived health and its determinants in cancer patients: A population-based study in Albania

F. Kraja[1], A. Hoti[2], B. Kreka[1], I. Akshija[3], B. Kraja[4]

[1]University Hospital Center "Mother Teresa', Oncology, Tirana, Albania; [2]University Hospital Center "Mother Teresa', Radiology, Tirana, Albania; [3]University Hospital Center "Mother Teresa', Statistics, Tirana, Albania; [4]University Hospital Center "Mother Teresa', Gastrohepatology, Tirana, Albania

Purpose or Objective

 health is considered a subjective perception of health, quality of life and a multidimensional indicator for the overall assessr
 h mortality and morbidity. The aim of our study was to evaluate the sociodemographic and lifestyle factors determining the
 er patients in Albania.

Materials and Methods

This is a population based cross sectional study. Data from 12554 individuals aged >35 years in the framework of Albanian Living Measurement Survey (LSMS), were included in the analysis. In order for the sample estimates from the Albania LSMS to be representative of the population, the data were multiplied by a sampling weight. The study participants rated their health in five categories: very good, good, average, poor and very poor, which in the analyses were dichotomized into "not poor" and "poor health". All participants that reported the presence of cancer as the chronic disease that affects them the most, were selected. Information on socio-demographic characteristics (age, gender, education, employment status, residence) and lifestyle factors (smoking and alcohol consumption) were collected.Statistical analysis was done using SPSS version 26 (SPSS, Chicago, IL).

Results

The weighted data showed that only 1.5% of the standardized population reported cancer as a chronic disease that causes them disability. The male female rate was 1:2.7. Upon multivariable adjustment for all covariates, factor affecting self-perceived health in cancer patients were age, sex, educational level, employment status, living in urban vs rural area, and region (p< 0.0001); smoking (p=0.01) and alcohol consumption (p=0.03). Significant correlates of poor self-perceived health status in cancer were female sex, (OR=1.4, 95%CI=1.3-1.5), living in urban area (OR=1.5, 95%CI=1.1-1.3), alcohol consumption (OR=1.3, 95%CI=1.1-1.6), non smoking (OR=2.0, 95%CI=1.7-2.5).

Conclusion

Our findings represent the only report on SPH in cancer patients in Albania and indicate a significant relationship of self-perceived health in cancer patients with demographic, socioeconomic and lifestyle factors. Further population-based studies are needed to have more comparable results in order to promote an improvement in these factors and in self perceived health in cancer patients as an indicator of life quality.

PO-1070 Impact of COVID-19 in cancer patients: Analysis of the first 20 months in 13 Spanish Centers

S. Romero[1], E. Moreno[2], V. Suarez[2], D. Gonsalves[2], A. De La Torre-Luque[3], E. Lopez[2]

[1]GenesisCare, Radiation Oncology, Talavera de la Reina, Spain; [2]GenesisCare, Radiation Oncology, Madrid, Spain; [3]Center for Online Biomedical Research in Mental Health (CIBERSAM), Department of Legal Medicine, Psychiatry and Pathology, Madrid, Spain

Purpose or Objective

 o analyse incidence of COVID-19 in patients across different Spain centers.To study the impact of treatment interruptions in Colorectal, Head & Neck,Lung,Urological, Gynecological, Breast, lymphomas and metastases cancers.

Materials and Methods

A retrospective, observational and multicenter study was carried out in 13 medical centers. We recollected through the records of notification to the COVID-19 committee (suspected patients or confirmed, in treatment or about to start) from January 2020 to September 1, 2021 (20 months). Besides to the sociodemographic data collected, information related to the treatment and location of the tumor was recorded, grouped into 6 different groups: head and neck, chest (breast and lymphoma), lung, urological, abdomen (rectum, gynecological and superior abdomen) and metastasis.We compiled the temporary or definitive interruption in treatments. A univariate analysis and Cox regressions was performed between treatment interruption and sociodemographic (sex, age) and treatment-related factors (tumor site, radiotherapy intention and sequence, systemic treatment).Different waves were defined during the pandemic: 1st wave from January to March 2020; 2nd wave, from September to December 2020; 3rd wave, from January to March 2021; 4rth wave, from April to May 2021; 5th wave, from June to August 2021.

TRIMESTER	YEAR	TOTAL VISITS	CASES	INCIDENCE (IN 100000 INHABITANTS)
1	2020	681	9	13.22
2	2020	1,839	1	0.544
3	2020	2,151	10	4.649
4	2020	2,038	16	7.851
5	2021	2,293	21	9.158
6	2021	2,184	5	2.289
7	2021	1,298	1	0.77

Figure 1: incidence by trimester.

Results

12,484 first consultations were visited from January 2020 to August 2021 in 13 centers. 63 (0.005%) patients were included in the study (42.86% women, *mean* age= 66.94, *SD* = 9.67).Incidence rate was 5.05/100,000 inhabitants. As a result, the highest incidence reported, were in the first wave (13.22) and in the third wave (9.16). (figure 1). The highest incidence rate was in Madrid centers (46.03%). COVID-19 disease was confirmed by a positive PCR test in 63.46% patients.The relationship between radiotherapy sequence and interruption risk was endorsed, observing higher risk of treatment interruption in patients with concomitant treatment ($p < .05$). On the other hand, Cox regression revealed a significant relationship between age (OR = 0.94, $p < .05$). Patients with temporary suspension had a mean age of 65.12 (sd = 8.64) and those who did not have temporary suspension, mean age = 67.41 (sd = 9.93).Finally, patients with gynecological or rectal cancers showed higher risk of temporary treatment in interruption comparison to those with breast or hematological cancers (OR = 7.58, $p < .05$).

Conclusion

COVID-19 incidence has been very low across our centers, with an incidence rate of 5.05 per 100,000 inhabitants. The results showed a temporal interruption of treatment with radiotherapy and/or chemotherapy in younger patients, and both the temporary and definitive interruption of oncological treatment were more frequent in the group of patients receiving concomitant treatment. Pathologies with less hypofractionated treatment schemes (gynecological and rectum) have a higher risk of interruption.

PO-1071 Radiotherapy Quality Assurance; is volume review all that matters?

M. Keys[1], W. Croxford[1], C. Fligg[2], A. France[3], C. Howells[3], E. Smith[1], S. Pan[1]

[1]The Christie NHS Foundation Trust, Clinical Oncology, Manchester, United Kingdom; [2]Manchester University, Medicine, Manchester, United Kingdom; [3]The Christie NHS Foundation Trust, Proton Clinical Outcomes Unit, Manchester, United Kingdom

Purpose or Objective

RTQA practice is known to have significant variation amongst institutions worldwide. It is critical to maintaining patient safety, treatment effectiveness and accuracy. However there is no standard practice, with often only target volume delineation reviewed alone and performed retrospectively. Previous studies have highlighted higher rates of changes made in more complex techniques and subsites. This study aims at evaluating our prospective structured peer review process in a proton beam therapy (PBT) centre.

Materials and Methods

We reviewed the RTQA cases of all patients treated at The Christie Proton Beam Centre since its opening in November 2018 until February 2021. The RTQA process is carried out weekly, is subsite specific and every case has their target volumes and plans reviewed in detail in the presence of consultants, fellows, physicists and dosimetrists. Since the COVID-19 pandemic, the peer review meetings are now virtual. Every peer review has a standardised RTQA form filled. We classified the peer reviews as having major/minor or no change. A major change was one where the target volumes (GTV and/or CTV) were too small or big; dose fractionation was incorrect to that of the prescription treated and any plan that was changed. A minor change was one where there were minor modifications to the target volumes, OARs or non-essential suggestions in relation to the plan that didn't result in the plan being altered eg. addition of an OAR.

Results

There was a total of 1,209 peer reviews for 462 patients. 100% of cases had both volumes and plans peer reviewed prospectively. 591 were reviews of target volumes and 618 were plan reviews. In total there were 208 (17%) major changes, 194 (16%) minor and 807 (67%) with no changes. Of the major changes 137 (66%) were target volumes and 71 (34%) plans. Of the minor changes 174 (90%) were target volumes and 20 (10%) plans. There were more major and minor changes in the brain and head & neck subsites possibly due to their complexity. When diagnoses in the brain were categorised (Table 1) and reviewed against changes using a chi-squared test the resulting p-value = 0.027 suggests a significant relationship between type of diagnoses and likely need for change following peer review.