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and ethnicity (2 Hispanic and 3 non-Hispanic). The median Charlson comorbidity score among positive patients was 5. All 5 patients were treated for different primary tumor sites, the large majority had advanced disease (80%), and all were treated for curative intent. The majority of positive patients were being treated with either sequential or concurrent immunosuppressive systemic therapy (80%). Initiation of treatment was delayed for 14 days with the addition of re-testing for 4 patients, while one patient was treated without delay but with additional infectious-disease precautions.

Conclusion: In the era of universal respiratory and contact precautions, broad-based pre-treatment asymptomatic testing of radiation oncology patients for SARS-CoV-2 is of limited value, even in a high-incidence region. Future strategies may include focused asymptomatic testing for higher-risk patients according to demographics, comorbidities, disease stage and combination of treatment with cytotoxic chemotherapy.

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Evaluating the Impact of COVID-19 on Clinical Decision Making During the Initial Outbreak in a High-prevalence Environment



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Purpose/Objective(s): Being at the epicenter of the initial outbreak of COVID-19 in the US, we sought to characterize the impact of the pandemic on oncologic care at the two largest radiation oncology departments within the Rutgers-Barnabas health system in New Jersey (NJ). We hypothesized that management was modified for a significant percentage of patients due to a combination of patients' fears, physician's efforts to minimize patient exposure to the healthcare setting and the reallocation of hospital resources.

Materials/Methods: A multi-institutional retrospective review was performed on all patients seen at two radiation oncology departments in NJ between 3/9/20-6/15/20, corresponding to peak of the pandemic in the state. Patients who were seen in consultation either via telemedicine or in person, undergoing treatment planning or on active treatment during this period were included. Patients whose care had been modified due to the pandemic were identified, and the details of how care had been altered were documented. Care changes were classified into several categories including RT delay, RT fractionation change, RT omission, RT modality change, disruption of RT course and change in sequencing of treatment.

Results: All 482 patients seen at the two radiation oncology departments during the period of interest were identified. 103 patients (21.3%) experienced at least one COVID related care change. Of the 103 patients who experienced care changes, the most common change was a delay in RT (53.3%), followed by RT omission (10.6%), change in the sequencing of treatment (7.8%) and RT fractionation change (6.8%). RT delays were attributed to the reallocation of hospital resources for 43.6% of patients, physician's independent clinical judgement for 31% of patients, patient's own fears of presenting to clinic for 20% patients and positive COVID tests for 5.5% patients. Among the patients for whom RT was omitted, the decision to avoid RT as part of the treatment course was physician driven for 6 (54.5%). Patients with the following tumor types were most likely to experience care changes: rectal (75%), endometrial (44%), breast (36.5%), H&N (23.3%) and prostate (12.9%).

Conclusion: Over a fifth of the patient cohort experienced changes in care including RT delays, omission, or changes in the sequencing of treatment and fractionation. The likelihood of care changes also varied noticeably across different tumor types. This study, set at the heart of the initial outbreak, may provide a valuable perspective for the oncology community throughout the rest of the nation on how cancer care may be affected in

balancing the need for protecting patients from COVID-19 and optimizing cancer outcomes.

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Initial Impact and Operational Response of Radiation Oncology Practices to the COVID-19 Pandemic in the United States, Europe, and Latin America



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Purpose/Objective(s): The COVID-19 pandemic has profoundly changed practice patterns in medicine around the world. The full impact on radiation oncology in the United States (US), Europe, and Latin America remains unknown. We surveyed radiation oncology practice leaders from each region to gauge initial impact and immediate operational responses to the pandemic.

Materials/Methods: From April 16 - May 30, 2020, the American Society for Radiation Oncology (ASTRO), European Society for Radiation Oncology (ESTRO), and Rayos Contra Cancer in Latin America surveyed radiation oncology practices by email to gauge initial impact and immediate operational responses to the COVID-19 pandemic.

Results: In total, 474 of 1,246 practice leaders responded across 45 nations [222/517 (43%) in the US, 139/500 (28%) from 29 nations in Europe, 115/229 (50%) from 15 nations in Latin America]. All practices in the US and Europe and 97% of practices in Latin America reported uninterrupted operation. Average treatment volumes were reduced to 68%, 75%, and 59% of baseline in the US, Europe, and Latin America, respectively. Postponement of radiation therapy for low-risk patients was widely adopted (92%, 65%, 60%). Estimated reductions in revenue greater than 20% were reported by 71%, 25%, and 53% of US, European and Latin American practices, respectively. Nearly all practices (98%, 95%, 97%) implemented formal safety procedures to protect patients and staff from infections. Staffing (70%, 57%, 52%) and PPE shortages (69%, 48%, 51%) impacted all regions; first-time adoption of telemedicine programs was widespread (89%, 76%, 64%).

Conclusion: Surveyed impact of the early COVID-19 pandemic on radiation oncology practices across the US, Europe, and Latin America was substantial. Treatment access policies reflected rapidly published