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Acclimation to Telehealth in Radiation Oncology During COVID-10 Response: Demographic Trends and Challenges

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Purpose/Objective(s): The 2019 coronavirus pandemic (COVID-19) had a broad impact on the care of cancer patients, including the rapid adoption of telehealth video visits. On March 15, 2020, our institutional leadership recommended transition to video visits, which posed a risk of altering patients' access to care. We assessed the impact of this rapid transition on demographic patterns in an urban academic radiation oncology department.

Materials/Methods: Consultation and follow-up visits from the pre-COVID-19 period (January 1, 2019 to March 14, 2020) and COVID-19 period (March 15, 2020 to August 31, 2020) in a single radiation oncology department were identified. Demographics and appointment data were abstracted from the institutional electronic health record. Time trends and patient and visit characteristics were compared across the pre-COVID-19 and COVID-19 periods.

Results: During the study period, 9,450 consult and follow-up visits were performed pre-COVID-19 and 3,298 visits in the COVID-19 period. The proportion of video visits increased markedly in the transition period, from 0.6% of all visits in the week of March 2, 2020, to 87% in the week of March 23, 2020. In-person visits decreased from 98% to 3%. Among all visits (in-person and telehealth), those during the COVID-19 period were less likely to be new consultations (43.1% from 60.1%; $P < 0.001$). There was a small and significant increase in the proportion of visits with patients who: identified as white (61.8% from 58.4%, $P = 0.019$), spoke English as their primary language (91.3% from 89.4%, $P = 0.002$), and had commercial insurance (34.1% from 32.0%; $P = 0.009$).

Conclusion: The overall COVID-19 clinic population retained demographic features similar to the pre-COVID-19 population despite a very rapid near-complete transition to telehealth. Nonetheless, the telehealth-predominant COVID-19 period had slightly increased visits with patients who were white or primarily English speaking or had commercial insurance. Strategies for ensuring telehealth is accessible to diverse populations should be a priority as telemedicine is integrated into long-term clinical operations.

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A Sexual and Gender Minority Inclusive Tool to Identify and Reduce Psychological Distress Related to Vaginal Brachytherapy Treatment

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Purpose/Objective(s): Evidence has shown treatments for gynecologic cancers can pose a significant impact to quality of life (QoL) and psychosocial functioning for cancer patients and cancer survivors, with very limited understanding of the impact of such treatments on the lesbian, gay, bisexual, transgender and queer/questioning community, also referred to as sexual and gender minorities (SGM), a diverse and medically underserved population. Specifically, intracavitary vaginal brachytherapy (ICVBT) for endometrial cancers can cause a negative impact on QoL and can even result in PTSD after treatment. Thus, better understanding a patient's unique identity and chosen sexual preferences, as well as assessing underlying anxiety, psychosocial issues, and/or prior non-consensual sexual encounter(s) can potentially alleviate distress during and after this sensitive treatment. Here, we present an innovative, SGM-inclusive assessment tool to identify potential risk factors for physical and/or psychosocial distress that may occur in patients undergoing ICVBT.

Materials/Methods: We combined two previously published, validated tools to assess for urinary, bowel, and sexual symptoms in patients undergoing ICVBT. Next, as part of the ongoing LGBTQ initiative at our academic comprehensive cancer center, our department's LGBTQ Task Force, which is composed of volunteer patients, physicians, nurses, physicists, dosimetrists, and support staff reviewed the questionnaire and provided critical feedback for inclusivity. We subsequently had the questionnaire reviewed for health literacy by our Patient Education Liaisons.

Results: The task force recommended inclusion of sexual orientation and gender identity (SOGI) demographic questions to the survey, and adjustment of previous questions for improved inclusivity of SGM-identifying patients, especially those who identify as transgender, gender non-binary, and/or who choose to not engage in penetrative vaginal intercourse. Additionally, it was recommended to include a question that screens for a history of non-consensual sexual encounters to reduce triggering past trauma. The task force felt these items were important for the practitioner to discuss with their patient prior to the procedure, with the goal to reduce acute anxiety and possibly prevent acute and long-term negative physical and/or emotional outcomes.

Conclusion: Our ICVBT survey tool is designed to screen for "at-risk" patients, and provide a pathway for open dialogue between patients and physicians to potentially reduce undue harm during this important, yet sensitive treatment. To the best of our knowledge, this is the first such ICVBT survey tool to assess for a history of sexual trauma, and include SOGI and gender-inclusive questions. This adaptation has allowed our team to approach patients in a sensitive manner inclusive of their identity and prior experiences. Preliminary data is being collected and will be presented at the conference.

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