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Purpose or Objective

Studies suggest that DEI (Diversity, Equity and Inclusion) in the medical workforce may improve patient care and have a positive impact in academic environments, improving science and education. The Young and National Society Committees of ESTRO has launched a survey to provide a benchmark of DEI amongst professionals in the field of Radiation Oncology in Europe. This will form the basis for future projects to develop ESTRO recommendations to promote DEI.

Materials and Methods

An anonymous DEI survey was conducted online using the platform Survey Monkey (www.surveymonkey.com). This cross-sectional study included a questionnaire adapted with permission from the Diversity Engagement Survey (Person et al., 2015). The survey was addressed to Radiation Oncology professionals and distributed via the ESTRO mailing list, social media and through the National Societies.

Results

The survey was launched on 04/02/2021. During the first month, 465 complete responses were received from 35 European countries. Table 1 summarises some demographic characteristics of the respondents, and table 2 their professional setting. All age groups and professional categories were represented; the seniority level was equally distributed between group leaders, staff & senior staff members. Most respondents are clinicians (63% are clinical, medical or radiation oncologists), while 22% are medical physicists and 9% radiation therapy technologists. Other professional categories (radiobiologists, radiotherapy nurses, biomedical engineers) are also represented. 21% (resp. 15%) of respondents are working in a country different from the one they were born (resp. trained) in.

20% of respondents consider belonging to a minority group, mainly because of their age (23%), nationality (22%) or race/ethnicity (21%), followed by their gender (16%) or sexual orientation (16%). While profession was not indicated as a minority criterion in the survey, it is interesting that 10% of respondent also mention their profession as the reason they feel they belong to a minority group.

86% respondents feel their work contributes to the mission of the workplace. However, 17% claim that their institution is not fair to all employees, and 14% that it does not manage diversity effectively. It is noticeable that 29% of the participants keep a neutral position regarding this last point, suggesting that management of DEI might be of secondary importance in most RT facilities in Europe.

Conclusion

This study provides an overview on DEI in radiation oncology professionals in Europe. Preliminary results show that lessons could be learnt from workplaces seen as diverse, inclusive and fair, for example by inviting radiation oncology professionals to share inspiring examples. A specificity of this study is its focus on diversity in the work environment. A potential bias is that those belonging to a minority group might be more inclined to complete the survey.

Related Articles

PO-1472 OnCovid!: a project to ensure continuity and adequate quality of oncological care during the COVID-19 pandemic

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Purpose or Objective

During the COVID-19 pandemic healthcare professionals are facing tremendous challenges to ensure continuity and maintain adequate quality in patient care. Fundamental choices are being made to accommodate sufficient clinical capacity to treat patients affected by COVID-19, often at the expense of most types of (semi-)elective care. Emergency and oncological care have been exempted as much as reasonably possible from this downscaling, emphasizing the need to adapt logistics and treatment protocols. To assist healthcare professionals, hospitals and networks in maintaining oncological care during COVID-19, the Dutch Federation
of Oncological Societies (SONCOS) started a project called OnCovid!

Materials and Methods
The OnCovid! project consists of 3 complementary deliverables: (1) Interactive online and open source library of general and tumor-specific measures established by the professional societies and proven to be effective in alleviating the reduced care capacity. (2) White label capacity tool that provides a biweekly updated forecast of anticipated influx of cancer patients in relation to local/regional care capacity. (3) Multidisciplinary regional communication networks that monitor the effectiveness and usefulness of both the library and capacity tool.

Results
A total of 160 measures have been added to the library, divided into the following categories: general, oncological and tumor-specific. Focusing on radiotherapy, the top 3 measures that have contributed most to maintaining sufficient treatment capacity, are: implementation of hypofractionated regimens, in particular for breast and prostate cancer, switch to upfront systemic therapy, and consider wait & see options. The capacity tool takes a number of key items into account, including estimated (ICU)admision days, operation duration, number of chemotherapy cycles, and radiotherapy fractions. A pilot study on the use of the tool is currently ongoing for colorectal cancer in 3 hospitals (academic/non-academic).

Conclusion
OnCovid! provides a method to align care supply and demand during reduced capacity due to the COVID-19 pandemic in order to ensure high-quality cancer care. If proven successful, it may be relevant for healthcare domains beyond oncology confronted with reduced capacity due to other causes.

PO-1473 Impact of lock down related to COVID 19 pandemic on travel cost to radiotherapy department
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Purpose or Objective
We aimed to assess to evaluate the impact of the lock down and the stopping of public transport decided during the COVID-19 pandemic on the travel cost for radiotherapy patients.

Materials and Methods
A survey was carried out in the radiotherapy department between April 1 and May 10, 2020 (first wave of the COVID pandemic). A three-item questionnaire was distributed to 31 patients dealing with distance between home and hospital in kilometer (km), travel cost before and during lockdown per session and per total duration of treatment and travel difficulties from 0 (no difficulty) to 3 (significant difficulty). The treatment was curative in 27 cases and palliative in 4. The radiotherapy was hypofractionated in 26 cases (84%) and normal fractionation in 5 cases (16%) with an average of 20 fractions [5-30 fractions] and 3 fractions [1-10 fractions] respectively.

Results
The response rate was 100% (31 respondents). The average distance from home to the radiation therapy center was 69 km (6-340 km). Fourteen patients (45%) encountered difficulties in reaching the department, which was severe for 10 respondents (32%). The travel cost was stable in 20 patients (65%) and increased in 11 patients (35%) reaching 4.5 times the usual cost before the lock down per session. The total cost of travel for the whole radiotherapy course increased significantly a during the lock down of the COVID pandemic (estimated at 56% [0-400%, [p = 0.03]).

Conclusion
The additional cost of travel for cancer patients to the radiotherapy center was considered high in COVID-19 time (56%). Hypofractionated radiotherapy probably made it possible to limit the expenses related to travel. Reimbursement of the travel costs should be considered to facilitate access to treatment.

PO-1474 breast cancer patient perspective on opportunities and challenges of a genetic test
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Purpose or Objective
Adjuvant Radiation Therapy (RT) plays an important role in the conservative treatment of early Breast Cancer (BC) even if it can be associated with acute and late morbidities. A genetic test would be an instrument to predict the single patient radiosensitivity before RT, thus reliably estimating the individual probability of side effects. The aim of the present study was to explore breast cancer patient’s perspective on future genetic testing for prediction of toxicity after breast RT.

Materials and Methods
The study involved female patients with a primary BC who received adjuvant RT after breast-conserving surgery, enrolled in the Italian branch of the REQUITE project conducted at the National Cancer Institute in Milan. Each patients underwent a semi-structured interview within one month from the end of RT. Semi-structured interviews are characterized by a set of pre-defined questions and were developed ad-hoc by researchers in Leicester within the REQUITE project. The interview questions investigated interest in undergoing the test if available, expectations on the test advantages and its usefulness for both patients and care providers, expectations on negative effects/disadvantages of undergoing the test. Anonymized transcripts of the interviews were analyzed and coded independently. Once independent coding was completed, the researchers compared their findings until consensus was reached on emerging themes and subthemes.

Results
18 patients were interviewed. The median age was 49 (from 35 to 76), 56% of patients experienced mild acute