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to ensure the sustainability of teleconsultation in radio-oncology.

Materials and Methods: A case study was carried out in the radio-oncology department. A total of 15 semi-structured interviews were conducted in the fall of 2020, 13 with doctors, one with the head of service and one with the administrative coordinator. The length of the interviews ranged from 30 to 40 minutes, and all but one interview were recorded and then transcribed. In addition, reports presenting usage statistics for each modality (face-to-face, telephone and Reacts videoconferencing) were also analyzed.

Results: The relevance of teleconsultation in radiation oncology was found to depend on three main factors. First, the patient care phase (pre-treatment, treatment or post-treatment). Secondly, the need to conduct a physical examination (yes or no). And finally, patient constraints (limited mobility, poor health, living far from the cancer centre, etc.) associated with their travelling to the hospital (high or low).

Conclusions: Ultimately, in order to ensure the sustainability of teleconsultation in radiation oncology, there are main factors to consider. First, it is essential to define clear guidelines for the use of teleconsultation to guide medical practice. It is also important to use “success stories” to legitimize the change in practice with the medical profession and administrative staff. Also, an effective change management strategy has to be elaborated (project team, internal champions, training, support, communication, involvement, etc.) to maximize adoption and use with radiation oncologists, employee and patient. Finally, the careful selection of the video-consultation application and the offer of technological support (for doctors and patients) is essential to ensure sustainability of teleconsultation in the department.

148 PROGNOSTIC FACTORS INFLUENCING ONCOLOGIC OUTCOMES IN MERKEL CELL CARCINOMA: A RETROSPECTIVE POPULATION-BASED COHORT STUDY
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Purpose: Merkel cell carcinoma (MCC) is a rare, aggressive neuroendocrine skin cancer with a poorly understood etiology and a paucity of high-level evidence to guide its management. The objective of this study was to examine the presentation and outcomes related to MCC treatment at a Canadian centre.

Materials and Methods: The electronic and paper records of a population-based cohort of 75 cases of MCC identified from the Manitoba Cancer Registry between 2000 and 2019 were retrospectively reviewed. Age, gender, stage of disease at initial presentation, treatment intent and modalities used, and their oncological outcomes were recorded and analyzed using SPSS 27.0. Two-sided Pearson test was used for intergroup comparisons. Disease-specific survival (DSS) and disease-free survival (DFS) were estimated by the Kaplan-Meier product limit method and the effect of individual prognostic factors on survival was assessed by using the log rank test. Cox-proportional hazard model was used to assess the independent influence of prognostic factors on DFS and DSS.

Results: Mean age at diagnosis was 76 (SD 12), 54% were female, 35% had a history of non-melanoma skin cancer, 4% had history of melanoma, and 12% had history of immunosuppression. Most patients were treated with curative intent (83%). Five-year DSS and DFS were 57.2% and 45.7%, respectively. Head and neck was the most common site involved (59%), however, the site of MCC did not influence DSS. Forty percent of patients had pathologic Stage III/IV disease. For the patients treated with curative intent, gender or treatment modality did not impact the DSS. DSS was independently influenced by the stage of disease at presentation (HR=1.04 (95% CI=1.00-1.08; p<0.001) and the age at diagnosis (HR=1.04 (95% CI=1.00-1.08; p=0.046).

Conclusions: Stage at presentation and age at diagnosis, but not the site of MCC or radical treatment modality, were identified as independent predictors of DSS.

149 DO VIRTUAL RO CONSULTS EXPEDITE TREATMENT? ANOTHER TALE FROM THE COVID-19 PANDEMIC
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Purpose: The rapid adoption of virtual care during the COVID-19 pandemic has disrupted the traditional radiation treatment planning pathways. Decisions to treat made over the phone often required additional scheduling coordination for the radiation oncologist to assess the patient at time of CT-simulation. This had the potential to delay treatment start. Here we propose to review the impact of virtual care on radiation treatment wait times.

Materials and Methods: CT-sim appointments for external beam treatment planning were retrieved from the scheduling system between October 2019 and January 2021. Visit dates were used to link initial consult and treatment start data, and to calculate wait intervals. The initial dataset was reviewed for data quality and records with missing consult or treatment start data were removed from the analysis. Excessive wait intervals were also excluded. 3116 linked CT-sim records were retained for analysis. Descriptive statistics were used to compare wait times and rates of in-person RO visits post consult.

Results: The rate of CT appointments initiated from virtual consults varied during the pandemic (mean = 32%, max = 67.2% in May 2020). This consult mode was inexistent in the 5.5 months leading to the pandemic. Average wait intervals (Consult to CT; CT to Start; Consult to Start) for patients who had a virtual consult appeared reduced (12.9 days; 8.6 days; 22.3 days) compared to in-person consults (14.0 days; 9.9 days; 26.6 days). Twenty-nine percent of CT appointments required a same day in-person RO follow-up during COVID-19 versus 7% pre-COVID-19. For those requiring a same-day in-person RO visit during COVID-19, their mean wait intervals from Consult to CT and Consult to Start increased (15.9 versus 12.1 days; 26.8 versus 24.0 days), whereas their CT to Start decreased (8.8 versus 9.7 days).

Conclusions: The introduction of virtual consults during the CV19 pandemic appeared to expedite radiation treatments. However, increased coordination for in-person RO follow-up to finalize the treatment decision contributed to an increase in radiation treatment wait times, and likely introduced additional pressures on the treatment planning team to make up for the upfront coordination delays.

150 SATISFACTION AMONG CANCER PATIENTS UNDERGOING RADIOTHERAPY DURING THE COVID-19 PANDEMIC
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Purpose: The COVID-19 pandemic has shifted practices in oncology to prioritize the safety of this vulnerable group of patients while maintaining necessary treatment delivery. We sought to obtain