Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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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.

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
patient feedback on pandemic-based practices in our radiotherapy department to improve quality of patient care and amend policies as needed.

**Materials and Methods:** We developed a piloted questionnaire which quantitatively and qualitatively assessed patients’ pandemic-related concerns and satisfaction with specific elements of their care. Adult patients who were treated at our centre between March 23rd and May 31st, 2020, had their initial consultation via telemedicine, and received at least 5 outpatient fractions of radiotherapy were invited to complete the survey by telephone or online. Relative frequencies of categorical and ordinal responses were then calculated.

**Results:** One hundred ten eligible patients were identified, of which 53 (48%) responded: 32 patients by phone and 21 patients online. Eighteen participants (34%) admitted to feeling anxious about hospital appointments, and only five (9%) reported treatment delays. Forty-eight patients (91%) reported satisfaction with their initial telemedicine appointment. The majority of patients responded positively to specific pandemic practices and admitted that healthcare workers took appropriate precautions, making them feel safe. Patients who were initially anxious about coming to hospital reported experiencing less anxiety after several visits. Overall, all 53 patients (100%) reported being satisfied with their treatment experience during the pandemic.

**Conclusions:** Patients have responded positively to the pandemic-related policies in our radiotherapy department. Patient feedback is needed to provide the highest quality of patient care as we adapt to the current reality.

**151 PROSTATE SBRT BOOST RADIOTHERAPY (PBS TRIAL): A RANDOMIZED PHASE II TRIAL OF SBRT VERSUS CONVENTIONALLY-FRACTIONATED RADIOTHERAPY BOOST FOLLOWING PELVIC RADIOTHERAPY IN HIGH-RIISK PROSTATE CANCER**

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**Purpose:** Curative therapy for high-risk prostate cancer (HR-PrCa) includes androgen deprivation therapy (ADT) and a long course of pelvic and prostate boost radiotherapy (RT), which adds a significant burden on patients. Several non-randomized studies in the past 10 years suggested that 3-fraction Stereotactic body radiotherapy (SBRT) regimens provide promising rates of disease control and may be able to replace the conventionally fractionated (CF) External Beam RT (EBRT) boost, improving significantly the convenience of RT treatment. To address the deficit in randomized data, we opened a regional Prostate Boost irradiation with SBRT (PBS) randomized controlled trial at Juravinski and Walker Family Cancer Centres, in 2019.

**Materials and Methods:** Men with localized HR-PrCa receive ADT for a total duration of three years, pelvic CF-EBRT (45-46Gy in 23-25 fractions) and are randomized to either CF-SBRT boost (32-33Gy in 15-16 fractions) or SBRT boost (19.5-21Gy in 3 fractions) to prostate and seminal vesicles. All patients receive fiducial (gold seed) implants and planning margins compatible with SBRT, regardless of treatment arm. SBRT boost is delivered with a Cyberknife unit at the Juravinski Cancer Centre or with LINAC-based Volumetric Arc Therapy (VMAT) at the Walker Family Cancer Centre and, therefore, cases are stratified per treatment centre.

Primary endpoint is quality of life (based on EPIC), and secondary endpoints include treatment-related toxicity and biochemical control. Biospecimens are collected for future analysis. Salient methodological differences between our study and a 2-fraction randomized phase II trial reported very recently (HYPO-PROST, Nov.2020) include fiducial-guided SBRT-based boost treatment and higher dose weekly fractions of boost RT.

**Results:** We have completed nearly 50% of our target accrual of 100 patients. The mean age at enrollment was 73 (IQR 71-78) with a mean PSA of 12.7, IPSS score of 8.4 (IQR 4-13). 62.5% of the accrued patients had Gleason scores of 8 or higher, 23% had a PSA of 20 or higher, and 10% had findings consistent with cT3a or higher on DRE. Interim safety analysis of this trial will be completed in August 2021 and presented. To date, no Grade 3 or higher toxicity has been reported in either treatment arm. No biochemical failure has been noted.

**Conclusions:** Despite interruption due to the COVID-19 pandemic, accrual on this study is progressing well with no unexpected toxicity or treatment failures detected. This study provides a formal evaluation of SBRT as a boost RT technique in HR-PrCa in a randomized setting. It is an important endeavour given the potential to develop a safe and convenient treatment for HR-PrCa.

**152 ORGAN AT RISK DOSE CONSTRAINTS IN STEREOTACTIC ABLATIVE RADIOTHERAPY: A SYSTEMATIC REVIEW OF ACTIVE CLINICAL TRIALS**

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**Purpose:** Organs-at-risk (OAR) dose constraints are a critical aspect of stereotactic ablative radiotherapy (SABR) treatment planning. As clinicians must balance tumour control and potential toxicities, knowledge and application of optimal dose constraints are essential to the safe and effective delivery of SABR. While standardized dose constraints have been studied and reported upon for conventionally fractionated radiotherapy, SABR dose constraints have not been as extensively studied, with limited evidence supporting preferred dose constraints for most OARs. Our objective was to report on OAR dose constraints used in ongoing clinical trials involving SABR for oligometastatic disease to help inform institutional practices.

**Materials and Methods:** Clinicaltrials.gov was searched from inception to February 2020 to capture actively accruing clinical trials using SABR in oligometastatic disease. Full protocols (or at minimum, a list of dose constraints utilized) were obtained by contacting principal investigators or from publicly available sources. OAR constraints were abstracted by two authors and synthesized to report in a standardized manner. Variability of OAR constraints was assessed by comparing the width of the interquartile range and the difference between the maximum and minimum dose to a volume.

**Results:** Fifty-three of 85 eligible clinical trials contributed OAR constraints used in analysis. Dose constraints for 1-8 fractions of SABR were collected for 33 OARs. Variability was found in the absolute allowable OAR doses, use of planning OAR volumes (PRV), and whether constraints were optional versus mandatory. For many OARs, the most common dose constraints (i.e. the mode) often matched a pre-existing publication, but no single