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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The COVID pandemic reduced the overall number of new RT episodes. This was not related to social deprivation. Changes in RTEs varied by cancer site and some activity is increasing back to pre-pandemic levels. However, activity is still generally lower than pre-pandemic and the backlog of patients is increasing.

**Table 1. Changes in radiotherapy episode activity during COVID compared to pre-COVID. The greatest decrease is observed in pre-operative episodes and greatest increase observed in radical rectum episodes.**

| Data Item                       | Pre-COVID | During COVID | Percentage change during COVID |
|--------------------------------|-----------|--------------|-------------------------------|
| Number of episodes             | 1675      | 6790         | -69%                          |
| Average age                    | 66        | 65           | -                          |
| Percentage aged 70 and above   | 43%       | 42%          | -2%                          |
| All radical episodes           | 4596      | 4559         | -0.8%                        |
| All palliative episodes        | 2506      | 1550         | -35%                         |
| All pre-operative episodes     | 152       | 90           | -40.0%                       |
| Breast radical                 | 2167      | 1198         | -44.3%                       |
| Breast palliative              | 1005      | 253          | -76.9%                       |
| Prostate radical               | 783       | 751          | -4.1%                        |
| Prostate palliative            | 325       | 352          | -8.1%                        |
| Lung radical                   | 666       | 625          | -6.1%                        |
| Lung palliative                | 451       | 455          | -1.7%                        |
| Head & neck radical            | 409       | 335          | -17.9%                       |
| Head & neck palliative         | 67        | 52           | +20.0%                       |
| Bladder radical                | 100       | 85           | -15.6%                       |
| Bladder palliative             | 106       | 73           | +43.9%                       |
| Rectum radical                 | 82        | 114          | +37.8%                       |
| Rectum palliative              | 73        | 63           | +12.7%                       |
| Rectum pre-operative           | 73        | 78           | -6.8%                        |

**Conclusion**

The COVID pandemic reduced the overall number of new RT episodes. This was not related to social deprivation. Changes in RTEs varied by cancer site and some activity is increasing back to pre-pandemic levels. However, activity is still generally lower than pre-pandemic and the backlog of patients is increasing.

**PO-1455 Influence of the pandemic COVID-19 on medical physics practice: A flash survey in Spain**

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**Purpose or Objective**

The outbreak of the COVID-19 pandemic affected the Spanish health system globally. We conducted a structured online survey among the Medical Physics departments in Spain. The primary objective of the work was to assess the impact that the COVID-19 pandemic had on our medical physics (MP) departments and evaluate how this situation affected their professional practices.

**Materials and Methods**

We conducted a survey during the first half of July 2020. The survey was distributed to all members of the Spanish Society of Medical Physics. Although we built an anonymous survey, it was possible to aggregate the results by region, type of centre (public or private), and professional category. The questionnaire consisted of a total of 27 questions.

We analysed changes in working conditions, the preventive measures adopted, and the extent to which the clinical and non-clinical tasks of the Spanish departments were affected during this period.

**Results**

Seventy-five hospitals responded to the survey (17 private, 53 public, five unidentified). According to the data provided by the Spanish Society of Radiation Oncology, 38% of the private centres and 78% of the public centres existing in our country responded. 83% of the respondents considered that their MP departments had adapted adequately to the new situation (88% of the departments distinguished between essential and secondary tasks). Figure 1 shows the respondents’ perception about the degree of availability of both the personal protective equipment (PPE) and the PCR test, aggregated by region (the five with the most responses), and the distribution of surgical masks differentiating by public or private hospital. More than a third (37%) of the Spanish MP departments had at least one professional infected with COVID-19. Before the start of the pandemic, 95% of the MP departments did not telework. During the pandemic, 82% of the departments offered the option of working from home. As indicated in Figure 2, the quality of the tasks performed while working from home was not affected during this stage. Similarly, teleworking facilitated a better conciliation with private life (90%).

Figure 1:
Conclusion
Most Spanish MP departments were able to offer a high-quality healthcare service during the pandemic. To do this, they adapted their quality protocols and prioritized the essential tasks. Clinical tasks related to treatments were maintained throughout all Spanish MP departments. Although most professionals perceived that their centres provided enough PPE such as gloves, hydroalcoholic gel, and clothing, they considered there was a failure in providing surgical masks. The telework options minimized the detriment caused by the COVID-19 pandemic in medical physics services. In a socially complicated situation, working from home facilitated conciliation with private life.

PO-1456 Impact of COVID-19 pandemic to radiotherapy activities: a monoinstitutional evaluation
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