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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To reduce total treatment visits, hypofractionation regimes were introduced: Accelerated partial breast irradiation (APBI) 27Gy in 5 fractions; 40Gy in 15 fractions; Fast forward regime, 26Gy in 5 fractions. The latter was adopted as a standard of care option in June 2020.

Conclusions: The total number of patients that had a deviation from standard practice was minimal. Only breast cancer patient group showed a significant change, facilitated by existing expertise in APBI and hypofractionation.

142 VIRTUAL CARE UPTAKE IN RADIATION MEDICINE: LESSONS LEARNED FROM THE COVID-19 PANDEMIC
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Purpose: The COVID-19 pandemic precipitated operational changes to how care is delivered within radiation medicine. Prevention measures accelerated an uptake of virtual care over in-person contacts. Here we propose to describe the adoption of this visit mode in a large academic cancer program.

Materials and Methods: Four time periods of interest were used for comparison between October 2019 and December 2020; pre-COVID-19, first COVID-19 wave, in-between waves, and second COVID-19 wave. Scheduling data was extracted out of the electronic medical record. Visit types (RO consult, RO on treatment visits (OTV), RO follow-up, nursing visits), visit modes (in-person, virtual), the patient’s primary cancer diagnosis, and provider-specific data were compared across these periods. Descriptive statistics were used to analyze the information extracted.

Results: On average, the monthly number of RO follow up visits increased during the pandemic months (2077 versus 1681) and decreased for RO consults (445 versus 459) and RO on-treatment visits (966 versus 1085). The virtual visit mode was used the most during the first wave (65% of all RO visits), and at its lowest between the two waves defined (55%). Virtual mode was used the most for RO follow-ups (76%), followed by RO consults (42%). RO OTVs had the least virtual mode uptake (25%). Patients with a genitourinary cancer had the most virtual visits reported during the pandemic (86%) whereas patients with a head and neck primary had the least (36%). There was a wide range of per-provider virtual care adoption (36% to 86%). The average number of monthly in-person nursing interventions for patients decreased during the pandemic (731 versus 795).

Conclusions: The COVID-19 pandemic has forced rapid adoption of virtual care along the cancer care continuum. From our review, the visit type and the patient’s primary diagnosis seemed to influence the uptake of virtual care the most. This should be taken into consideration when renewing models of care in radiation medicine.

143 VIRTUAL HEALTH IN CANCER CARE: RESULTS FROM A SEMI-STRUCTURED INTERVIEW – SURVEY OF ONCOLOGY HEALTH CARE PROVIDERS
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Purpose: The COVID-19 pandemic has compelled an increased use of virtual care delivery models in oncology. This study sought to examine the views of oncology health care providers (HCP) on the value and impact of virtual care models in clinical practice.

Materials and Methods: A semi-structured interview-survey was developed to compare provider practice patterns between May 2019 and May 2020. Questions were designed to determine provider-perceived value and impact of virtual visits on clinical interactions with patients. HCP (including physicians, dentists, and nurse practitioners) at a provincial oncology institution were invited to participate. Responses to the interview questions were de-identified and HCP names were replaced with a study code. Quantitative questions were interpreted with descriptive statistics. Qualitative results were analyzed and iteratively coded by multiple reviewers for emerging themes.

Results: Among 531 invited participants, 61 completed the interview-survey and 60 were included in the final analysis. Of those interviewed, 47% were radiation oncologists and 33% were medical oncologists. The remainder of HCP interviewed (n=12) included functional imaging physicians, general practitioners in oncology, hereditary cancer physicians, nurse practitioners, palliative care physicians, psychiatrists, and surgical oncologists. Most oncology providers (87%) desired the continuation of virtual visits as part of their clinical practice so long as barriers to integration were addressed. Barriers identified included limited access to physical resources, such as hardware (70% responses) and quiet spaces (54% responses), insufficient logistic support such as information technology services (84% responses) and operational workflows (46% responses), the absence of guidelines to select patients for this delivery model (38% responses), and concerns regarding HCP liability, security and privacy (30% responses).

Conclusions: Oncology HCP value delivering patient care through virtual means, however, barriers to implementation must be better understood. These data may inform continued use and implementation of virtual care at other Canadian oncology centres.

144 RADIOTHERAPY FOR MANAGEMENT OF SIALORRHEA
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Purpose: To evaluate the role of radiotherapy in management of sialorrhoea and to establish an appropriate target volume and an effective dose.

Materials and Methods: From January 2020 to February 2021, three males and three females, median age 11 years (range 4-44 years), with severe sialorrhoea associated with congenital syndromes or neurologic disorders including amyotrophic lateral sclerosis and HIV encephalitis were treated with radiotherapy. All had previously received pharmacological treatment (all had received intraglandular injection of botulinum toxin, one anticholinergic medication and one scopolamine) and one had undergone salivary gland ligation, all with unsatisfactory response. All patients were treated with intensity modulated radiotherapy using 6MV photons. Five received 5Gy in single fraction and one 20Gy in 5 fractions. The treatment volume included bilateral parotid and submandibular glands in 5 patients and bilateral parotids alone in one patient. Response was evaluated using the Teacher drooling scale. The median follow-up was five months (range 3-12 months).

Results: Five patients (83%) had a positive response to treatment. One had a complete response and four had a partial response. Four of the five had received 5Gy in a single fraction and one 20Gy in 5 fractions. Three patients were re-treated after two, four, and 12 months from the initial treatment, one of them the only patient whose initial treatment was to parotid glands only. One patient who did not respond to the initial treatment 5Gy in single fraction had a positive response after re-treatment with a second dose of...