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mechanisms of FT and design interventions to improve FT and avoid hospitalizations.

105 CHARACTERISTICS ASSESSMENT OF ONLINE YOUTUBE VIDEOS ON RADIOTHERAPY FOR LUNG CANCER
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Purpose: The internet has become a mainstay source of health information for cancer patients. Online patient education videos are common, however, there has been no studies examining the quality of publicly available videos on radiotherapy for lung cancer (one of the most common forms of cancer). To fill this gap in knowledge, we aim to systematically map and objectively assess videos discussing radiotherapy for lung cancer on YouTube.

Materials and Methods: The terms “radiotherapy for lung cancer,” “radiation for lung cancer,” “radiation therapy for lung cancer,” and “radiation treatment for lung cancer” were searched on YouTube using a clear-cache browser. Results were sorted by “Relevance” and the top 50 English-language results for each search were recorded. After removing duplicates, each video was assessed for length, Video Power Index (VPI, which is the product of a video’s average daily views and like: dislike ratio), source, content, comment moderation, and misinformation. Two raters were used to ensure consistency. Results were evaluated using descriptive and inferential statistics.

Results: Eighty-eight unique videos resulted from the search. The median video length was four minutes and five seconds. The average VPI was 10.9 (95% CI: 1.5-20.4) and the median number of views was 954.5. All videos were published between July 8, 2009 and November 18, 2020. Forty-four percent were published within the past two years. The majority (61%) of the videos were from the USA. Most of the videos were published by healthcare facilities (39%) and non-profit organizations (31%). Content-wise, 95% of videos contain information specific for lung cancer. Forty-six videos (52%) were targeted towards patient education. Of which, 37 covered radiotherapy for lung cancer, 12 covered side effects for radiotherapy, and 11 covered both. The other 42 videos (48%) were designed for a professional audience. SBRT/SABR was the most commonly described radiotherapy modality (42%), and the physician interview was the most common format, being used in 59% of videos. Out of the 38 videos with at least one comment, only two (5%) were moderated by the host channel. None of the videos featured misleading information.

Conclusions: This study comprehensively surveyed YouTube videos pertaining to radiotherapy for lung cancer to provide a high-level overview of the information that patients may find online. Although nearly half of the videos describe lung cancer radiotherapy for patients, only a small proportion comprehensively cover both radiotherapy and its side effects. The results of our study can help guide development of patient education tools and encourage healthcare providers to recognize limitations of online health information and proactively address patient questions regarding radiotherapy. Future research could examine videos on other lung cancer treatment options or radiotherapy for other cancers.

106 A QUALITATIVE STUDY OF FACTORS TO CONSIDER IN THE INTEGRATION OF CAREGIVER-REPORTED OUTCOMES INTO PATIENT-CENTRED MODELS OF CARE
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Purpose: Eliciting patient reported outcomes (PROs) may improve quality of life and overall quality of care. Primary caregivers play important roles in the care of cancer patients and can suffer from significant burden, to the detriment of the patient. Caregiver-reported outcomes (CROs) refer to a caregiver’s assessment of their own health status related to supporting a patient with cancer. Screening for caregiver burden by eliciting CROs might result in meaningful improvements similar to those associated with PROs. However, across the cancer trajectory, from diagnosis through end of life care, it is unknown how and when CRO screening should be done. Our purpose was to describe how CROs might be integrated into cancer care in a manner that best meets the needs of caregivers and patients.

Materials and Methods: Because colorectal cancer (CRC) may have a long trajectory, with caregiving being particularly demanding, we focused on caregiving of patients with CRC. Using a patient-oriented approach, we engaged patients and caregivers as research partners. Guided by a qualitative Interpretive Description approach, our team of researchers, clinicians, and patient and caregiver partners conducted and analyzed semi-structured interviews with 25 caregivers, 37 patients with CRC and 16 healthcare providers (HCPs) using inductive coding and constant comparative techniques.

Results: Patients and caregivers emphasized that HCP acknowledgement of the caregiver role and identification of supports and resources to accompany CROs are important. However, themes emerged which highlighted complexity in the consideration of how CROs might be integrated into care. Interviews revealed that caregiver roles, responsibilities and emotions change over time, driven by context and the point in the CRC trajectory. In addition, patient and caregiver participants shared contrasting perspectives about the assessment and sharing of CROs with patients. For some, transparency in the sharing of CROs with patients was considered to be essential for understanding and appreciating caregiver challenges. However, others preferred that the assessment and discussion of CROs remain private; for caregivers, this arose out of concern about burdening the patient, and, for patients, this arose out of feeling unable to bear, appreciate or attend to caregiver needs. HCPs were aware of variation in caregiver and patient preferences and described strategies for informally assessing CROs that were sensitive to these preferences.

Conclusions: For patients and caregivers, it is important for HCPs to acknowledge and support the caregiver role. The formal integration of CROs into cancer care should depend on careful consideration of factors that impact the caregiver role, including context and point in the disease trajectory, as well as caregiver and patient preferences regarding the transparency or privacy of CRO assessment and sharing of results to prevent additional burdens on caregivers and patients.
COVID-19 pandemic with those received during the same calendar period during 2019.

Materials and Methods: Our radiotherapy information system was searched for palliative-intent treatment courses prescribed during the six-month period beginning March 14, 2020, the day that COVID-19 measures were operationalized at our institution. The same period during 2019 was similarly searched. Bone metastases cases were identified by reviewing stored images of radiotherapy plans for all treatment courses returned in the search. Descriptive statistics were used to analyze the cohorts.

Results: From 1399 courses returned in the search, 1242 were confirmed as bone metastases cases. From 2019 to 2020 the number of patients treated for bone metastases fell from 398 to 377 (5% decline) and the number of courses they received fell from 633 to 609 (4% decline). Of all courses received in 2019 and 2020 respectively, the proportion of 1-fraction courses rose from 51% (234 of 633) to 59% (359 of 609) and the proportion of 2-fraction courses rose from 3% (18 of 633) to 11% (65 of 609). The proportion of 5-fraction courses fell from 42% (266 of 633) to 28% (172 of 609) and the proportion of 6 or more fraction courses fell from 2% (10 of 633) to 0.2% (1 of 609). The three most common dose fractionation schedules received in 2019 were 8Gy/1 (49% [309 of 633]), 20Gy/5 (31% [197 of 633]) and 15Gy/5 (6% [37 of 633]), and those received in 2020 were 8Gy/1 (54% [329 of 609]), 20Gy/5 (20% [122 of 609]) and 16Gy/2 (9% [56 of 609]).

Conclusions: Compared to the same calendar period in 2019, during the first six months of the 2020 COVID-19 pandemic the number of patients treated with bone metastases and the total number of radiotherapy courses they received decreased modestly. The proportions of 1-fraction and 2-fraction courses increased noticeably, while the proportions of 5-fraction and 6 or more fraction courses decreased. An in-depth radiographic analysis is ongoing that will describe the morphologic characteristics of all treated bone metastases; data will be presented.