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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
capacity within each training program and across programs, providing mentorship training to faculty as well as residents, and identification of sustainable funding.

Conclusions: CRMP motivated the desire to: a) pursue clinical research as a career path; and b) serve as mentors themselves in the participants. Suggestions for improvement focus on creating teams of learners both within and across training programs, and providing mentorship training as an additional strategy towards capacity building. The latter is being evaluated in the ongoing cohort.

125 A PRIORITIZATION FRAMEWORK FOR THE ANALYSIS OF NEAR MISSES IN RADIATION ONCOLOGY
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Purpose: The term near miss implies the aversion of a harm event but often there is a lack of evidence when establishing a link between a failure in process and potential harm. The focus of this study was to use reported incident data to inform a prioritization framework for the triage of near miss events in a radiation therapy program.

Materials and Methods: Actual and near miss events during the study period were categorized using thematic analysis based on incident types. Near miss were characterized based upon their potential to result in harm to the patient using the concepts of failure modes and Analytic Hierarchy Process (AHP) theory. Near miss events were assessed for occurrence, detection and the potential impact and then assigned a summative normalized score reflecting prioritization recommendations, the normalized 10-point score (NTPS).

Results: One hundred seven events were reported within the study timeframe. Sixty-five percent of event type categories (n=20) were attributed to near misses. One hundred seven total events we analyzed using the framework with a maximum NTPS of four achieved across all event types. Of the 47 actual events 100% received a NTPS of three or greater. Of the 60 near miss events, 47% received an NTPS less than or equal to one. Finally, 15% of near miss events received a NTPS of three or greater.

Conclusions: Near miss events provide a unique opportunity for learning however, can yield a great deal of data potentially limiting the resources for effective incident learning. A FMEA and AHP based prioritization framework for the triage of near miss events, including the likelihood of occurrence, probability of the event to go undetected and the potential impact if the incident did occur, allows for the optimal focus of programmatic resources in the analysis of these events.

126 SPREAD OF MISINFORMATION? QUALITY OF COVID-19 RESOURCES FOR CANCER PATIENTS
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Purpose: Cancer patients are increasingly using the Internet to educate themselves about COVID-19. Recent studies have shown that cancer patients are at risk of more serious outcomes of COVID-19 compared to the general population. Some cancer treatments such as chemotherapy can impact the immune system, which may make COVID-19 infection more dangerous. This study looks to systematically examine the quality of web resources available for cancer patients about COVID-19.

Materials and Methods: The term “COVID-19 Risk and Cancer” was searched in Google and metasearch engines Yippy and Dogpile. URLs were recorded from each search and inclusion and exclusion criteria were applied. The results from the three lists were combined to come up with a final list based on overall average rank order. This list was analyzed using a previously validated structured rating tool with respect to accountability, currency, interactivity, readability, and content coverage and accuracy.

Results: Three hundred ninety-eight websites were identified (this includes overlap between the three search sites used), 37 websites were included for analysis. Out of 37 websites, only 43% disclosed authorship and 24% cited sources. Most websites (76%) revealed date of creation, and 32% were updated less than three months before the date of search. Sixty-eight percent of websites enabled questions to be sent to the author or webmaster regarding COVID-19 risk queries. Fifty-four percent of websites had high school readability (8.0-12.0), 43% were at university level or above, and only one website demonstrated the recommended reading level for general public (below 8.0). Topics most commonly discussed were special consideration for cancer patients in COVID-19 (84%), COVID-19 risk factors (73%), and infection prevention (62%), while topics least covered were COVID-19 incidence/prevalence (5%), prognosis (8%), and treatment (16%).

Conclusions: There is some COVID-19 in cancer risk information available online, but quality is variable. The total number of sites with relevant information related to COVID-19 and cancer was relatively low and many sites lacked markers for accountability. Some information may not be up to date and content may be difficult to comprehend. Healthcare professionals may direct cancer patients to the most reliable online resources about COVID-19 and cancer shown in this study. In addition, this may be helpful to consider when designing comprehensive web resources regarding COVID-19.

127 USING PROFESSIONAL VIDEO INTERPRETATION TO ENHANCE PATIENT EDUCATION FOR RADIATION THERAPY PATIENTS WITH LIMITED ENGLISH PROFICIENCY
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Purpose: The purpose of patient education is to maintain or improve health throughout the cancer care journey, from diagnosis to treatment and beyond. COVID-19 has undeniably created a shift in the delivery of cancer care education with the transition to virtual care and enforcement of visitor restrictions. This has hindered equity and inclusion for patients with limited English proficiency (LEP) as they rely heavily on family members to be ad hoc interpreters. Language barriers are linked to less health education, lower interpersonal care and lower patient satisfaction. At the time of the project, professional over-the-phone interpreters were used infrequently. The purpose of this project was to investigate alternate methods to enhance patient education for patients with LEP.

Materials and Methods: A needs assessment was completed by surveying staff about their perspectives on current LEP education and interpreter use in the department, and patients to determine their comfort in communicating with radiation therapists and their preferred interpretation methods. After assessing the results of the needs assessment and examining interpretation options, professional video interpretation was implemented in February 2020. Interpreter usage has been tracked and post-implementation evaluation conducted with staff and patients.