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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3 months before the date of search. 68% of websites enabled questions to be sent to the author or webmaster regarding COVID-19 risk queries. 54% 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%).

Conclusion: 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.

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COVID-19 Testing Trends: Pre-Radiation and Throughout Cancer Care

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Purpose/Objective(s): Timely care is critical for individuals diagnosed with cancer—despite the ongoing COVID-19 pandemic—as delays adversely affect cancer outcomes. Patients presenting for radiotherapy (RT) at a single institution who underwent COVID-19 screening procedures prior to RT were analyzed regarding treatment delays and disparities.

Materials/Methods: Our institution is an urban multidisciplinary cancer center. In April 2020, our Radiation Oncology department implemented universal COVID-19 screening protocols prior to RT initiation (with possible patient opt-out) to ensure patient/staff safety. Patients did not start RT until testing negative. We collected patient demographics and COVID-19 testing information on patients planned for RT from April to October 2020. We studied trends of other lifetime COVID-19 testing that these patients received to evaluate for overall delays. Summary statistics were analyzed within a data collection web application.

Results: 177 consecutive patients with cancer were scheduled to begin RT. 15 (8.5%) declined pre-RT COVID-19 testing and proceeded to RT. Of patients who consented to pre-RT testing, 99 (61.1%) were female; mean age was 60.6 (range 24-94). Most patients were Black (n = 98, 60.5%). 61 (37.7%) and 41 (25.3%) were insured through Medicare and Medicaid, respectively. Common primary cancer sites were breast (n = 52, 32.1%), prostate (n = 27, 16.7%), and lung (n = 23, 14.2%). 58 (35.8%) patients presented with metastatic disease; the most common metastatic sites were bone (n = 26, 44.8%) and brain (n = 12, 20.7%). Most patients received external RT (n = 152, 93.8%), primarily adjuvant (n = 66, 40.7%) and palliative (n = 59, 36.4%) RT. One (0.6%) asymptomatic patient tested "presumptive positive" for COVID-19 pre-RT. The patient was COVID-19 negative on immediate repeat testing and proceeded to RT. Overall, the 162 patients who consented to pre-RT testing received 549 total lifetime COVID-19 tests. Most of these patients received palliative RT (n = 219, 39.9%), followed by adjuvant (n = 199, 36.2%) and definitive RT (n = 101, 18.4%). Mean number of total COVID-19 tests per patient was 3.4 (range 1-14). Only 32 patients (19.8%) were administered a solitary pre-RT COVID-19 screening test. 24 (14.8%) patients had at least one positive COVID-19 test over the study period. In total, 32 (5.8%) positive COVID-19 test results were documented; 11 patients (6.8%) experienced a mean RT delay of 4.0 (range 3-8) weeks until testing negative. Other care delays

included surgical/diagnostic procedure delays (n = 4), delayed presentation due to COVID-19 fears (n = 2), and travel restrictions (n = 1).

Conclusion: The majority of patients with cancer planned for RT tested negative for COVID-19 and proceeded to RT without delay. However, delays prior to radiation oncology consultation due to diagnostic workup, imaging, or biopsies, as well as testing positive for COVID-19, could intensify underlying disparities affecting our urban patient population.

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Enhancing Follow Up Capacity and Quality at a High-Volume Academic Satellite Practice Through Integration of an Advanced Practice Provider

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Purpose/Objective(s): Routine follow-up appointments have been limited at one of our academic facility's satellite clinics due to physician staffing limitations and high consultation volumes. We hypothesized adding an advanced practice provider (APP) on a limited schedule would permit meaningful follow up visits and improve care, while maintaining or increasing patient satisfaction.

Materials/Methods: Beginning in June 2020, an APP was embedded in our academic center satellite clinic one half-day per week to provide routine follow up care after radiation therapy (RT). Patients were provided an anonymized, voluntary satisfaction survey after each initial APP visit from June 2020-Jan 2021. Demographic information and unmet care needs at time of follow up visit were recorded. We compared characteristics of patients seen in the same clinic from June 2019-Jan 2020 and of those seen from June 2020-Jan 2021, prior to APP integration. All patients who completed definitive RT from March 2019-Oct 2019 and from March 2020-Oct 2020 were included for follow up rate comparison.

Results: In one half-day of clinic per week, an APP staffed 27.2% (44/118) of all follow up visits at the satellite clinic from June 2020-January 2021, compared to 5.2% of all follow ups seen by an APP from June 2019-Jan 2020. Over comparable timeframes, overall follow up > 90 days from definitive RT completion increased from 33.1% to 46.6% after APP addition. The greatest gains were in patients with cancers of the breast (from 28.6% to 45.7%), prostate (from 37.0% to 47.8%), head and neck (from 68.8% to 88.9%), and lung (from 15.4% to 28.6%). 20.5% of visits with the APP versus 0% with a physician incorporated formalized survivorship care. The APP saw a higher proportion of patients with female gender (64.1 vs 50.5%), age < 65 (59.0% vs 46.4%), and higher estimated median income (EMI) (83.4% vs 76.3%, EMI > \$50,000). Importantly, the APP identified and addressed an average of 2.3 unmet care needs per patient at time of follow up, which notably resulted in a new diagnosis of early-stage lung cancer in one patient. Patient satisfaction with APP-based follow up was > 95%, with 95% of patients surveyed indicating they were likely to continue follow up in the clinic.

Conclusion: Utilizing an APP at a high-volume radiation oncology satellite clinic improved follow up care by addressing unmet care needs and incorporating survivorship care. Follow up with the APP resulted in high patient satisfaction. These findings emphasize the unique value of radiation oncology-specific follow up, even among those receiving follow up with other oncology sub-specialists, and have important implications for increasing quality of care in high-volume satellite clinics. Based on this interim analysis, APP staffing will be increased to one full day per week to further increase follow up capacity. Data collection is ongoing with final analysis to be completed by July 2021.

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