Newsletter

Federation of Asian Organizations for Radiation Oncology

Contents:

Autumn 2020

Greetings

Shyam Kishore Shrivastava MD DNBR

Director Radiation Oncology Apollo Hospitals, India

President of FARO

Dear Friends,

Greetings from FARO

Hope everyone is keeping safe and healthy in these difficult times of Covid-19 menace.

It is our pleasure to present the newsletter of FARO to you. I would like to admire the FARO council members and officers for actively participating in FARO activities in past and, I am confident of similar involvement in future.

Currently there are fourteen strong organizations of FARO, who are leading in the field of radiation oncology in their countries in Asia. I am happy to mention that the FARO is getting wider recognition in global radiation oncology circle, this has been possible only with your excellent contributions. Also, we are grateful to several organization such as IAEA, ESTRO, WHO etc. for their active support to FARO.

The newsletter will be a regular feature from FARO. This will bring us even closure in recognizing the strengths of each member organization. We need to foster collaborative research and academic activities and to further strengthen the patient care in our region therefore it is important that we all continue communicating each other on a common platform. I would urge everyone to please contribute to the newsletter and continue to provide the suggestions.

I am thankful to some of our young colleagues from the first batch Leadership Development Group (LDP) to bring-out the newsletter with the information useful to all.

Please stay safe and healthy

About FARO

FARO is a non-profit and scientific organization which is intended to function as a federation of radiation oncology societies in Asia and aims to foster the role of radiation oncology to improve the basic level of radiotherapy for the benefit of the patients in the Asian region.

Background:

Asia is the major part of the global economy, It consists of about 50 countries with its populations comprise more than 50% of the world population and it should become the strength to every organization stands in it. On the other side, Asia is also the most heterogeneous region, where we can find not only a country with a very high income but also countries with very low income. In regards to radiotherapy, the Asian region has also the widest variability access to radiation treatment.

In addition to access, wide gaps exist such as education and training, Research, Treatment protocols, Technical expertise. FARO intends to function as a federation of radiation oncology societies in Asia and aims to improve the basic level of radiotherapy for the benefit of the patients in the Asian region.

The mission of the FARO :

- To promote the co-operation and communication between Radiation Oncology Organizations in the region;
- To develop the standard of education/training and research in radiation oncology and related field in the region;
- To promote the advancement in status and standard of practice of the radiation oncology profession;
- To organize and/or sponsor international conferences, regional and other meetings or courses
- To collaborate or affiliate with other scientific or professional Organizations globally

FARO NEWSLETTER

From CSTRO

Special Report

How to manage RT community during and after COVID-19 pandemic -experiences from CSTRO-

Junlin YI[1], Mingwei Ma[2] , Li Zhang[3] , Xianshu Gao[2]

1. National Cancer Center/Cancer Institute and Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China
2. Peking University First Hospital, Beijing, China
3. Tongji hospital, Huazhong university of science and technology, Wuhan, Hubei Province, China

The worldwide pandemic of COVID-19 brings us huge disastrous consequence. As of September 4, 2020, the reported infection people were more than 26 million , and more than 800 thousand people died, while China have reached a periodical victory during this struggle, there was no new domestic case for a continuous 33 days till 18th, September, 2020.

It is true that cancer patients are more susceptible to COVID, and will have more serious symptom and poor prognosis. Cancer patients received anticancer treatment 14 days to 30 days before exposure were more vulnerable to COVID-19.

Radiotherapy (RT) is a very important treatment modality for cancer, almost all RT practice during the epidemic in FARO region have faced the same situation as China: 1. The administration was complex at multiple levels, requiring an infusion of large RT facilities with robust technical support teams; 2. RT treatment resources were available only in hospitals; 3. Long delays or interruptions in RT compromised its therapeutic efficacy; 4. Given the long course of treatment (months) involving visits to providers, the risk for infected patients with subclinical manifestations was significantly higher, which might have led to the spread of COVID-19.

How to provide RT for patients during COVID-19 outbreaks and after the easing of public restrictions? We suggest a risk-adaptive strategies to deal with this difficult situation.

Early stage of the epidemic

The crucial task was to prevent nosocomial infection of patients undergoing RT in the department. The measures include:

1. Patients provided recent travel histories and contact tracing information for the past 14 days using a special app- Health Kit (Fig. 1);

Fig. 1. Each person has an App (Health Kit) in his or her own phone, big data and face recognition technique initiated by the government could tell the information of the health status and could trace the person of the city he had gone. Patient and all the accompanying persons need to show this to us before he/she could enter the hospital. For detailed information, please find the supplementary data.

2. Patients wear face masks is mandatory;
3. Temperature checks were required of all patients upon arrival (Fig 2);
4. Patient must have underwent COVID-19 nucleic acid testing and low-dose chest CT before hospitalization within several days. (In Peking University First Hospital, patients and the accompanying ones must all have negative nucleic acid testing to enter the department)

Fig 2. Body temperature measurement in the entrance of RT center and automatic temperature measuring robot in the department

5. The clinic layout was adjusted to keep one-way pass in the hospital and RT department (Fig 3);

Fig 3. Patient must complete a series of investigations before entering and must keep away at least 1 meter during hospital activities

6. Patient flow was managed to minimize contact between patients and maintain a distance of at least one meter from others when possible. "Block management" was applied in Peking University First Hospital, patients come from high-risk regions would be gathered together to be treated in specific time, room with specific stuff, to avoid cross infection. The one whose name was on the screen which means he is about to be treated was allowed to enter the waiting hall (Fig 4).

Fig. 4 Name of the patients who were about to be treated

7. For patients with head and neck cancers, face shield must be worn during the treatment (Fig. 5). For patients who had received a tracheostomy, the stoma must also be covered by gauze to minimize aerosol infection.

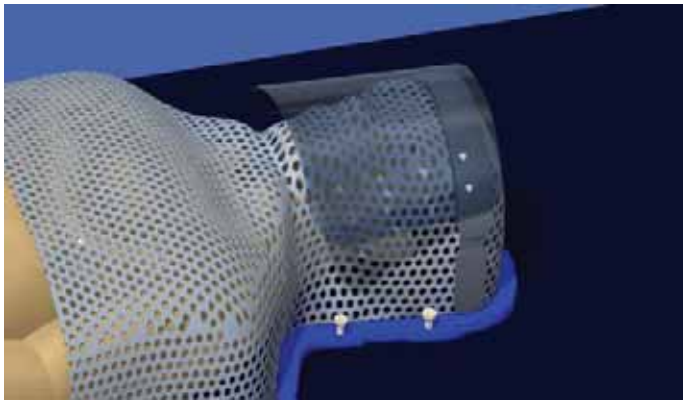


Fig. 5 Protection patients using a face shield

The main strategies for managing patients included education about the signs and symptoms of COVID-19 and minimizing patients' clinical exposure, especially hospital admissions for in-patient cancer care. Phone calls, WeChat, and online consultations replaced home visits.

RT machines were limited and allocated in a rational and ethical way to provide the best care for the greatest number of patients. Hypofractionated regimens were used when possible, and concurrent chemotherapy were omit in most situation.

Lock-down stage of the epidemic

There is still a chance of losing control of the COVID-19 epidemic after resuming routine clinical practice. Strict triaging procedures should be continued to assess COVID-19 symptoms and the urgency and necessity of hospitalization. For patients waiting to be admitted to the oncology or RT ward, symptoms associated with COVID-19 (e.g., fever and cough) were routinely recorded to ensure patients did not present with any COVID-19-compatible symptoms before admission to these wards. Mandatory routine blood tests and computed tomography (CT) scans of the lungs were performed. Patients with suspected pneumonia underwent COVID-19 virus nucleic acid tests and CT imaging. To minimize the risk of COVID-19 spread, suspected patients were first admitted to an isolation room and observed for 7-10 days before receiving treatment.

Protection of healthcare workers (HCWs)

We adopted a risk-based approach for using personal protective equipment (PPE) by oncologists, therapists, and nurses from a national guideline, to avoid overuse of limited medical supplies. For example, a surgical mask was worn during routine clinical practice, a N95 mask was worn when examining febrile patients, and full PPE, including gown, N95 mask, face shield, and gloves, was used when examining patients with suspected COVID-19. An individual's registration and epidemiological survey APP were used to monitor HCWs' risks for SARS-CoV-2 infection (Fig 6).

Fig 6. The RTT wear PPP during pandemic

Sterilization of radiotherapy equipment is needed, Ethyl alcohol (75%) or chlorine-containing disinfectant, which inactivates coronaviruses, was used to sterilize surfaces of RT machines and the treatment environment at least twice daily. Ultraviolet disinfection was used for every two hours and 30 minutes each time. During epidemics, it is most important to balance infection control and the provision of therapeutic services (Fig 7-8).

Fig 7. Sterilization RT room and working area using UV

Fig 8. Sterilization using UV and disinfector

After the easing of public restrictions

During this time, the movement of population was increased and sporadic outbreak of COVID may not be avoid. COVID-19 nucleic acid test screening should be performed for all new admitted patients. The guidance on radiotherapy workflow and protection procedures for COVID-19 still should be strictly followed.

Supplementary data on the Health Kit App:

Firstly, everyone who has a mobile phone in china would have the WeChat App installed in the phone. This is a chatting App and no one could live without it now. it is not only a chatting tool as it could nest many other mini-software so it has many functions.

Health Kit, which was established by our government is one of the mini-software. So, almost everyone has it in the cellphone.

People must tap in the phone number and verification code to lunch the App.

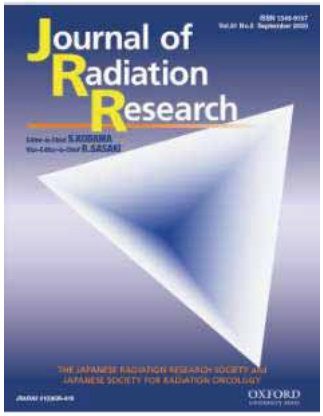
When you need to show the information of your health status, you also have to go through face recognition to ensure the one who needs to check your status may know it is truly your information.

Then it can acquire the person's following information through big data on many aspects integrated by our government:

1. The city or the area he had gone within 14 days through the signal of this phone number through cellphone tower in each area; all the areas were divided into high, intermediate, low risk by our government. Once you have gone to the high or intermediate risk area, your Health Kit would turn into red-color. Anyway, in China, there was only low risk area now;
2. The results the of COVID-19 nucleic acid of each person. In China, most of the citizen have underwent this test;
3. The probability if you have close exposure to the one infected or suspicious to infected.

The procedure is easy as you just have to scan your face and wait for few seconds to show the result. The effective time interval is only the present day, which is clearly shown on the result. All the private information would not revealed.

About JASTRO: Japanese Society for Radiation Oncology (JASTRO) was established in 1988. We have approximately 4000 members with 1281 board certificated radiation oncologists (2020/1/9). Our mission is to contribute to the development of academic and scientific technology, by engaging in collaboration and promotion of radiation oncology and any related research.

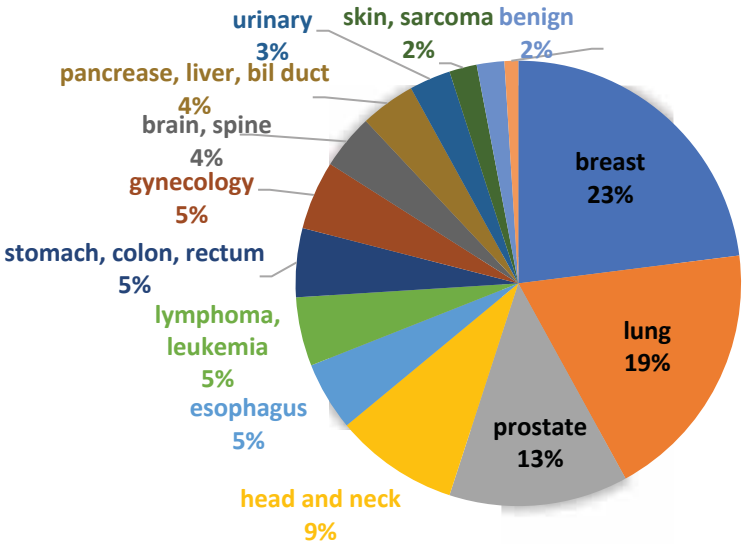


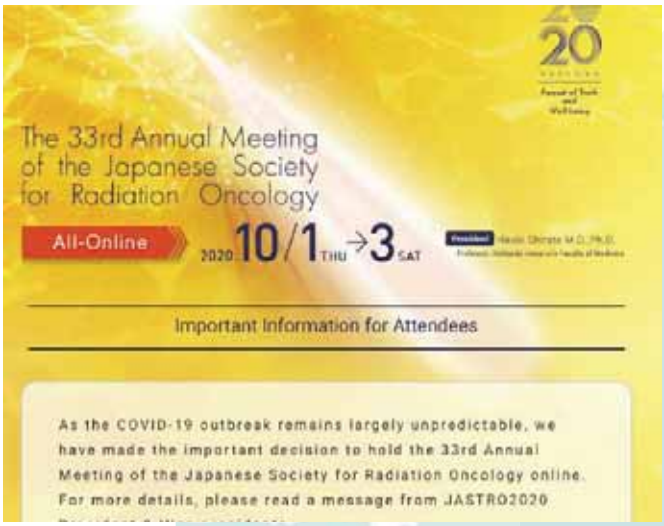
About JAPAN

Population: 125930000
#1 cause of death: Malignant tumor (30%)
% of cancer patient receiving RT≒ 25%
[Annual new cancer patients: 982100 (2015)
Estimate # of RT patients: 225000 (2015)]
# of Radiotherapy facilities: Photon(850) Particle (23)
[Proton(17) Carbon(5) Carbon and Proton (1)]

ıSTRO publication:

e publishes top-notch journals "The ırnal of Radiation Research "to bring the est radiation science in the fields of ɔlogy, chemistry, physics, epidemiology, vironmental sciences and oncology to r members quickly.
ttps://academic.oup.com/jrr)





FARO Webinar Series:

Radiation Oncology Services in Asia

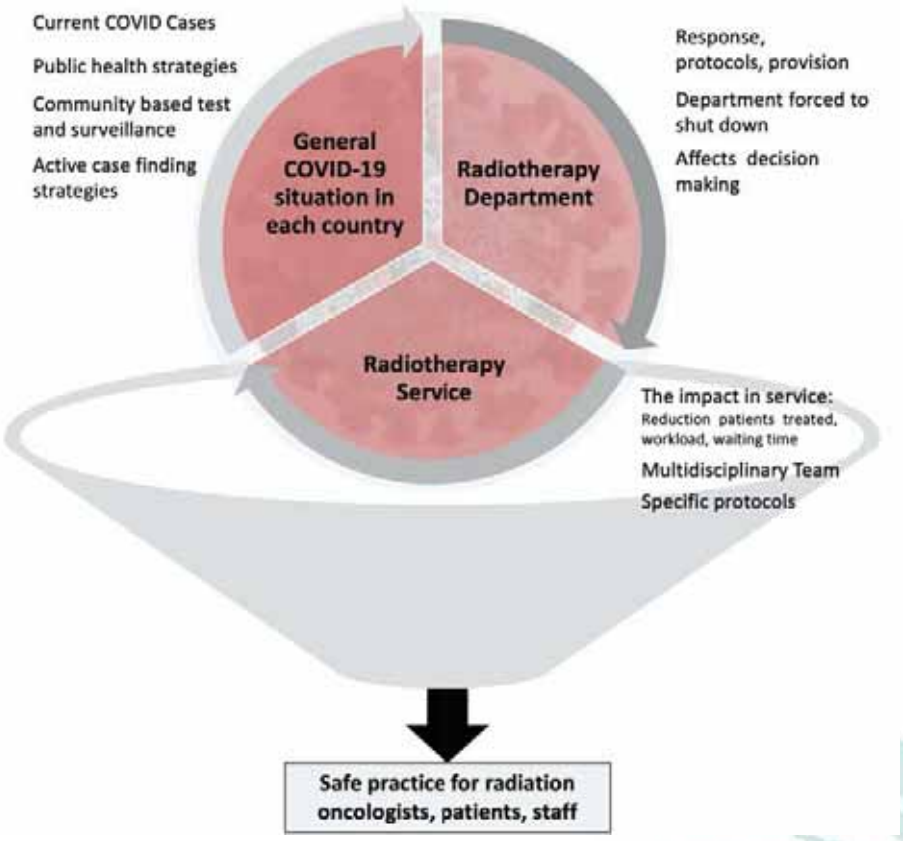
During COVID-19 Pandemic Era: "Sharing & Pooling Experiences"

Amidst this COVID-19 the pandemic situation, the world facing multiple challenges, including radiation oncology services worldwide. This unprecedented disruption affects the entire health care system, including healthcare workers and patients in radiotherapy, as cancer patients are known to be at increased risk of COVID-19 and might worsen their outcomes than those patients without cancer. Seeing the still-rising number of COVID-19 infections in many parts of Asia, The Federation of Asian Organizations for Radiation Oncology (FARO) identified an urgent need to issue safety practice recommendations among radiation oncologists also the staff and patients. Therefore, FARO will conduct Webinar Series regarding Radiation Oncology Services in Asia during COVID-19 Pandemic Era so that countries included can share their challenges and strategy in overcoming the current crisis.

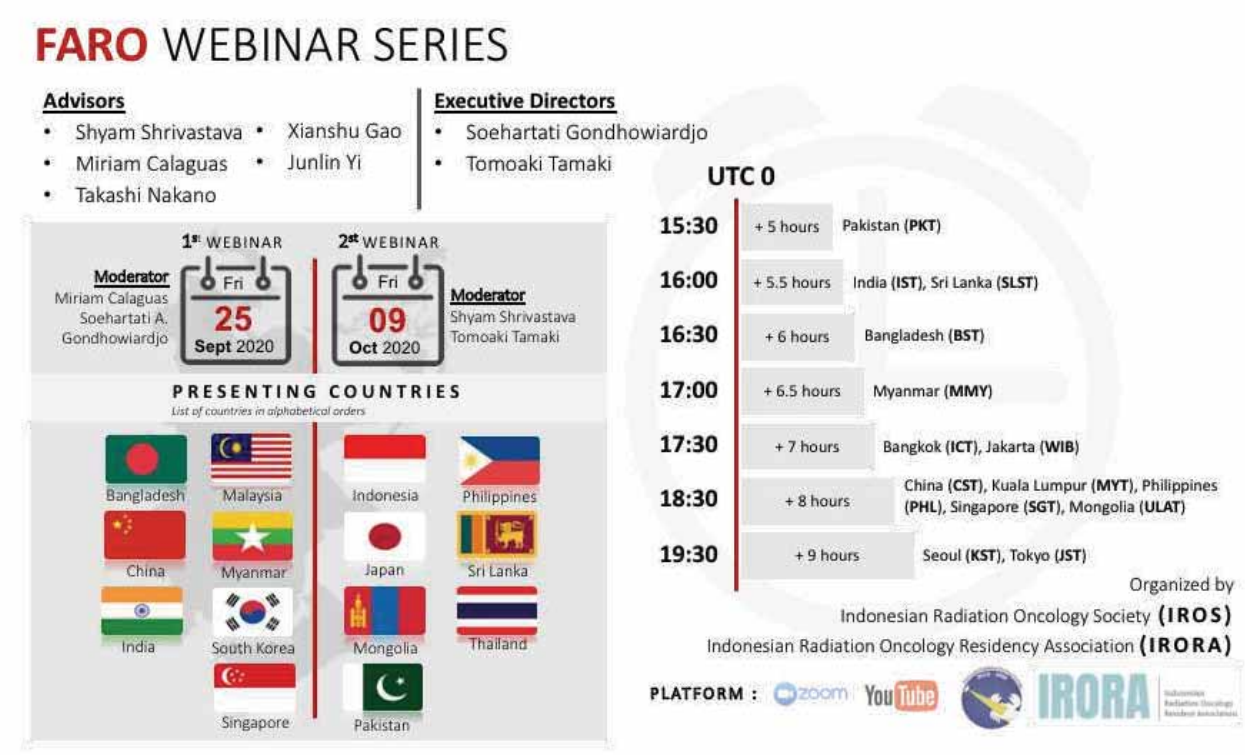
OBJECTIVES:

- To strengthen the communication amongst radiation oncology professionals throughout Asia who are facing adversity in the course of COVID-19 Pandemic
- To set platform for future collaborative studies in FARO region

Focussed of discussion includes each country's recent COVID-19 cases and strategies in general, situation adjustment in their radiotherapy department, and radiotherapy services.



This event will **summarize** the practical ways in managing the **safe practice for radiation oncologists,** including learn the effective dan safe radiation therapy options, share perspectives and protocols of each radiation therapy services, collect experiences and data of Radiotherapy Departments within the FARO Members during the COVID-19 pandemic (such as region who have shut down their radiotherapy services and how this affected their services).



FARO Webinar Series will be held through **Zoom Webinar** and **YouTube platform** for two sessions (25 September 2020 and 09 October 2020) with 14 FARO Member Countries will be presenting. This event targets all FARO council members and all radiation oncologists from each country, IAEA associates and other non-radiation oncologist colleagues. This event will be organized by Indonesian Radiation Oncology Society **(IROS)** and Indonesian Radiation Oncology Residency Association **(IRORA).**

For **Registration**:
Sept 25th: bit.ly/IROSROOM11
Oct 09th: bit.ly/IROSROOM12

The **Recording** will be available in: https://www.youtube.com/irosyoutube

Quoting from **Helen Keller**,

"We live by each other and for each other.
Alone we can do so little; together we can do so much"

with this event, our hope to overcome this crisis together as a united team may have an impactful accomplishment significantly, starting in our radiotherapy department.

List of Events

EVENTS	DATE	CONGRESS VENUE	HOMEPAGE
Faro Webinar Series	25 September 2020	Online Course	Registration: (Sept 25th) bit.ly/IROSROOM11
	9 October 2020		Registration (Oct 9th): bit.ly/IROSROOM12
The 33rd Annual Meeting of the Japanese Society for Radiation Oncology (JASTRO 2020)	1-3 October 2020	Virtual conference	https://www.congre.co.jp/jastro2020/en/index.html
Systematic Review Concept Development Workshop	27 October 2020 and 3-4 November 2020	Online Workshop	http://tinyurl.com/systematic-review-workshop
28th Annual Scientific Meeting of Hong Kong College of Radiologists (Virtual Meeting)	14 - 15 November 2020	Virtual Meeting	http://www.malaysiaoncology.org/28th-annual-scientific-meeting-of-hong-kong-college-of-radiologists-virtual-meeting/
2020 Korean Association for Lung Cancer (KALC) International Conference Virtual	19-20 November 2020	Virtual Conference	http://2020.kalcic.or.kr/
Asian Oncology Society 1st Virtual International Conference (AOS 2020)	27 November - 2 December 2020	Virtual Conference	https://www.aos2020.com.ph/
World Conference on Lung Cancer	28-31 January 2021	Virtual Event	https://www.iaslc.org/Conferences-Events/Event-Details/iaslc-2020-world-conference-on-lung-cancer
32nd Annual Scientific Congress of Malaysian Oncology Society 2020 (ASCOMOS 2020)	29 - 31 January 2021	Hilton & Le Méridien Kuala Lumpur, Malaysia	https://www.ascomos.com/home/
The 5th FARO Meeting	Summer 2021 (date to be confirmed)	Davao City, Philippines	http://faro.asia/

FARO Member Organizations

Bangladesh Society of Radiation Oncologists (BSRO)
http://www.bsro.info

Chinese Society of Therapeutic Radiation Oncology (CSTRO)
http://www.csro.org/

Association of Radiation Oncologists of India (AROI)
https://www.aroiwb.org

Indonesian Radiation Oncology Society (IROS)
http://www.pori.or.id

Japanese society for Radiation Oncology (JASTRO)
https://www.jastro.or.jp/en/

Korean Society for Radiation Oncology (KOSRO)
http://eng.kosro.or.kr

Malaysian Oncological Society (MOS)
https://www.malaysiaoncology.org

Mongolian society for Radiation Oncology (MOSTRO)

Myanmar society for Radiation Oncology (MSTRO)
https://www.mmacentral.org/societies/myanmar-society-for-radiotherapy-oncology/

Pakistan Society of Clinical Oncology (PSCO)
http://psco.com.pk/

Philippines Radiation Oncology Society (PROS)
https://pros.org.ph

Singapore Radiological Society (SRS)
https://srs.org.sg

Sri Lanka College of Oncologists (SLCO)
http://www.slco.lk

Thai Society of Therapeutic Radiology and Oncology (THASTRO)
https://www.thastro.org/en/

Corporate Member:

Elekta

varian

Editorial team:
Angela Giselvania (IROS), Mariko Kawamura (JASTRO),
Ji Hyun Chang (KOSRO)
The 1st class of FARO Leadership Development Program