

Newsletter

Federation of Asian Organization for Radiation Oncology



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Winter 2020



GREETING

Dear Colleagues and Friends,

We bring you greetings from FARO.



We pray that everyone is safe, healthy, and strong as we continue to provide the radiation oncologic services needed by our patients throughout the Asian region.

Following the successful launching of the 1st edition of the FARO newsletter (Autumn edition), we are now moving into our "Winter edition" as some Asian countries are now experiencing the cold, winter months.

Since the last period that our Newsletter was launched, there have been some activities by FARO. We are happy to announce that the 1st FARO Webinar Series with the topic of "Radiation Oncology Services in Asia during the COVID-19 Pandemic Era" held in two parts, last Sept 25, 2020 and Oct 9,2020, was successfully completed and attended by no less than 500 participants. Each of the different country representatives presented their countries' present status of treating cancer patients during this very challenging COVID19 Pandemic setting.

This is a very encouraging development in the life of FARO. There are plans to put up subsequent regular Webinars very soon. We are looking forward to the active participation of the individual member countries in pursuing these educational activities.

Let us continue to support the FARO newsletter by contributing news articles that are informative and relevant to our daily practice. FARO is the best platform to cooperate and collaborate. Sharing ideas and information among ourselves and gaining insights and newer approaches to our treatments strategies can help us, most especially our patients, in bringing quality radiotherapy services in the Asian region because,

"Together we are stronger!"

Miriam Joy C. Calaguas, MD Vice President, Federation of Asian Organizations in Radiation Oncology



FARO ACTIVITY

FARO Webinar Series 2020: REPORT Radiation Oncology Services in Asia During COVID-19 Pandemic Era: "Sharing & Pooling Experiences"



During this COVID-19 Pandemic, FARO has launched an initiative to develop a regional virtual platform in webinar series. Despite the continuously rising number of COVID-19 infection in many parts of Asia, FARO needs to strengthen strategies by learning from each other's experiences during this pandemic to keep moving forward, including to help summarize practical ways to manage safe practice for radiation oncologists.

The two webinar series were the first meeting event of FARO in 2020 that has successfully brought together FARO members to communicate and share to each other amongst radiation oncology professionals who face adversity in the COVID-19 pandemic and provides the FARO Members with strength and knowledge to overcome the current crisis. With more than 500 hundred colleagues attending (333 participants in the 1st webinar and 264 participants in the 2nd webinar), the webinar also successfully drew many colleagues' attention from other than the 14 countries FARO members, who were from Asia (Cambodia, Papua New Guinea), Europe (Austria, German, UK, Denmark), America (US, Peru), Middle East (Turkey, Saudi Arabia, Bahrain, Kuwait, Oman), and Africa (Tanzania). This webinar series was organized by the Indonesia Radiation Oncology Society (IROS) and its residents' association (IRORA). The webinars broadcasted live through Zoom Webinars and YouTube platforms, which later the recordings can be accessed at:

https://www.youtube.com/irosyoutube

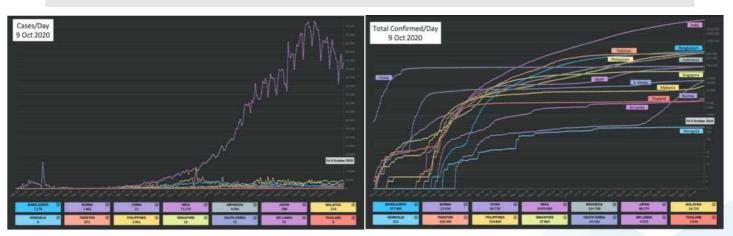


Figure 1. Comparison FARO Member Countries for cases/day (left) and total confirmed cases/day (right) – 9 Oct 2020. Source: Coronavirus Country Comparator (https://boogheta.github.io/coronavirus-countries/); Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

Based on the current data (9th October 2020), among the FARO member countries, India has been the leading country for having the most confirmed COVID-19 cases with a total amount that reached 6.9 million people. Furthermore, India was also being recognized for its large number of cases/day (73.270) that

cases/day). However, as one of the successful countries surviving the pandemic, China has reported how they survived the COVID-19, which their stories concluded in the Autumn 2020 issue, along with India reporting on how they were fighting against the COVID-19 in this issue. Within this webinar, 14 FARO member countries also reported on the current status of COVID-19 in their countries. The information was shared by reporting in detail on their efforts as countries, hospitals, and radiotherapy departments.

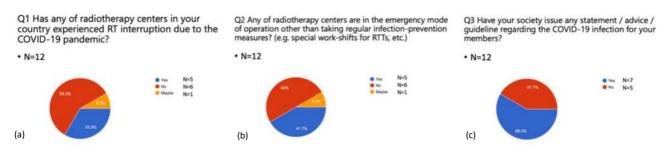


Figure 2. Percentage of 12 FARO member countries situation during pandemic: (a) 58.3% experienced RT interuption and 33.3% are not; (b) 50% are not in emergency mode and 41.7% are in emergency mode operation; (c) 58.3% published statement/guideline for pandemic.

Considering the inability to delay radiotherapy service to patients, most practitioners within FARO countries decided to continue giving the optimum service while having the patients and staff health safety be the top of consideration, following the updated pandemic guidelines. Although majorities have taken measures such as requiring the PPE for staff protection and applying social distancing, the situation varies from country to country. As the COVID-19 continues evolving, healthcare providers are faced with many unforeseen challenges requiring adjustment of the protocols. Thus, sharing the information within each country and their responses to COVID-19 can be beneficial to overcome the unpredictable situation together. Although having the first FARO meeting in 2020 virtually has left a sorrowful yet hopeful atmosphere, it is expected through the webinar series, FARO members could continue learning and giving each other support to bring solutions to combat upcoming shortages.



"This has become the healthcare challenges of our generation, one that modern cancer therapy has never had to face. We will prevail, and when the pandemic ends, we will all be proud of what we did for our patients and each other in this critical moment of humanity."

Masumi Ueda, MD, of Fred Hutchinson Cancer Research Center in Seattle



SPECIAL REPORT



Strategic changes and adaptation of radiation oncology services amidst COVID-19 pandemic: Indian Perspective

Ajeet Kumar Gandhi¹, Manoj Gupta², G V Giri³, Rajesh Vashistha^{4,} Satyajit Pradhan⁵, Venkatesan Srinivasan⁶, S K Srivastava⁷

- 1. Department of Radiation Oncology, Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow, India
- 2. Department of Radiation Oncology, All India Institute of Medical Sciences, Rishikesh, India
- 3. Department of Radiation Oncology, Sri Shankara Cancer Hospital and Research Centre, Bengaluru, India
- 4. Medical Advisor, Max Superspeciality Hospital, Bhatinda, Punjab, India
- 5. Director, Mahamana Pandit Madan Mohan Malaviya Cancer Centre & Homi Bhabha Cancer Hospital, Varanasi, India
- 6. Department of Radiation Oncology, MIOT International Institute of Cancer Cure, Chennai, India
- 7. Director, Apollo Cancer Hospitals, India

COVID-19 pandemic has affected the entire humankind worldwide and currently there are approximately 0.5 million with active cases, 8.7 million having recovered and 0.1 million have succumbed to this disease in India [1]. Following a rapid spread of disease, the government of India (GOI) imposed a nationwide lockdown on 25th March 2020, and this was one of the strictest among all countries. There was ban on people from stepping out of their homes and all services and shops were closed except pharmacies, hospitals, banks and groceries. All educational, training and research activities were suspended along with closure of places of worship. The lockdown continued till 31st May 2020 and following which the country is currently in the phase 6.0 of the unlock.

The MOHFW (ministry of health and family welfare, GOI) as well as the ICMR (Indian Council of Medical Research, the apex research institution of India) has been issuing guidelines to the general public as well as the health care professionals regarding travel advisories, management of COVID-19, management of other diseases during the pandemic time, COVID-19 testing and reporting strategies [1-2]. The GOI also launched a mobile application based digital service of "Aarogya setu" for contact tracing, syndromic mapping and self-assessment [Figure 1]. This is a tracking app which

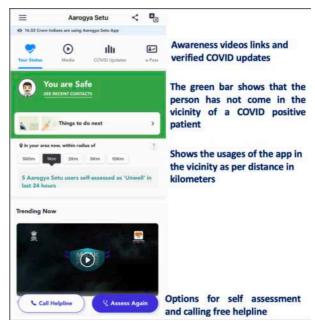


Figure 1: Aarogya setu Mobile application

uses the mobile GPS and Bluetooth features to track the COVID infection [3]

As like other spheres of medicines, Radiation oncology was affected from the beginning of the COVID pandemic. Oncology services were kept as an essential service by the GOI, and most oncology centers continued to function during the pandemic albeit with several adaptation and strategic

changes and the purpose of this special report is to highlight on the same. The Association of Radiation Oncology of India (AROI) issued an advisory for patients and staffs [2] and a focused guideline on radiotherapy precautions and preparedness [2]. The radiation oncology practices and patterns varied across different centers in the country and is also determined by the type of institution (Government supported/private) and local state guidelines during the pandemic. We collected the data from 256 institutions in the form of a questionnaire to understand the challenges and adaptation faced by different centers and the following section summarizes the most important of these (the percentage mentioned in the brackets are number of centers out of 256).

The median number of patients on external beam radiotherapy declined by around 33% and the centers resorted to increase in the use of hypofractionation regimens (70% centers), delay or deferral of radiotherapy (35%), omission of concurrent chemotherapy in patients with borderline indications (25%) and no change in practice (28%). The impact on brachytherapy was more substantial with median decline in weekly patient numbers by around 50% and 10 centers had to stop brachytherapy services due to lack of source/temporary suspension of operation theaters etc. While 47% centers continued the same practice, 25% resorted to lesser number of fractions for carcinoma cervix cases and 12% resorted to other treatment modalities in lieu of brachytherapy. More than 90% of centers also had made changes in the prescription of systemic agents. Of these, 41% used oral chemotherapy in lieu of intravenous, 40% shifted to chemotherapy regimens with longer duration of cycles, 40% increased the usages of hormone therapy in suitable cases, 27% increased the usage of granulocyte colony stimulating factor support, 35% preferred to use less intensive chemotherapy regimens and 13% used molecular/biomarkers to personalize or omit therapy.

Following the AROI as well as GOI guidelines, several safety recommendations have been incorporated for the outpatient management. Mandatory use of N-95 masks/face shields by physicians as well as patients (90%), screening of patients with thermal scanners and questionnaire based proforma (83%), installation of additional shielding to ensure physical distancing for

outpatient area (75%), using rotatory work schedule (42%) and patient educative sessions (36%) to increase compliance are some of these. The telemedicine facility has also come very effective during this pandemic time and 55% of centers use it for follow up of patients who have completed their treatment, 44% use it for ontreatment follow up, 32% have online multidisciplinary tumor board meetings and 28% use this facility to triage/guide and categorize patients for new consultations to minimize the contact time with patients.

For patients on treatment at the radiotherapy machines, safety guidelines have been followed and this includes periodic sanitization of machine/entry gates and handles (85%), sanitization and spacing of immobilization casts [Figure 2] (62%), change of linens/sheets after each



Figure 2: Spacing of the immobilization casts to prevent contamination

patient treatment (57%), mandatory COVID testing for patients before initiation of radiotherapy (56%), reduced number of patients (38%) etc. Specific steps have also been taken by the institution to safeguard the health care workers like free and periodic supply of personal protective equipment (87%), COVID testing for symptomatic/high risk contacts (66%), free care including paid leaves (51%), periodic COVID testing (13%). For patients who have been reported positive for COVID-19, most centers (81%) would defer radiotherapy and call the patient after a negative report of 10-14 days for initiation/resumption of treatment, 24% centers have facilities to deliver radiotherapy with safety precautions and 5 centers are delivering radiotherapy for COVID pneumonia.

The pandemic time has been a challenging and distressing situation for both the patient and health care workers equally. While the patients reported difficulty in reaching the treatment facility (98%), fear of contracting COVID-19 (89%),

financial constraints due to job loss/economic breakdown (74%)and no diagnostic/other allied department facilities (50%); the radiation oncologists reported increased working hours at hospital (21%), negative impact on training and carrier opportunities (24%), increased weekend shifts/night duties (13%) and change in job profile/fear of losing the job (8%). The research activities have taken a back seat with 40% centers reporting no initiation of new research projects, decreased recruitment to ongoing projects (40%) and negative impact on research activities taken up by radiation oncology residents (35%) and 12% reporting stoppage of the recruitment to ongoing research projects.

COVID-19 has not deterred the enthusiastic academicians and one of the good things that has emerged is the increased access to education platforms like webinars and online academic activities which has gone beyond the confines of departments, institutions and even countries. 74% centers reported increase attendance webinar/online activities. Several academic groups in the countries have collaborated with each other for excellent web-based academic ventures which has been really a delight for the residents as well as practicing radiation oncologists. National cancer grid online learning website also has taken an initiative to collaborate with these academic groups to make these educational videos freely available at one platform for quicker access [6]. In summary, several of the strategic changes and adaptation has been taken by departments/institutions across different parts of the country as highlighted above and these could be valuable learning points for centers across the Asia with similar issues as faced by us. Each FARO member country has been facing challenges of their own kind and in this context, the FARO webinar series on "Radiation Oncology Services in Asia during COVID-19 pandemic era" has been an excellent initiative by the FARO council. The webinar on 25th September [Figure 3] and 9th October highlighted the specific issues faced by each country and this exchange of information have surely helped us in learning safe and effective radiotherapy options amidst COVID-19 pandemic from each other for the benefit of our patients as well as radiation oncology community.

Acknowledgment: We thank all the participants of the web-based questionnaire survey

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Figure 3: AROI presentation at the 1st FARO webinar series



GREETINGS: KOSRO

The Korean Society for Radiation Oncology (KOSRO)

Brief introduction of KOSRO

In the Republic of Korea, radiotherapy began with the radium treatment of uterine cancer in the 1930s.

Thanks to the excellent leadership of former executives, this society has made remarkable progress in the number of members, research achievements, and academic interactions.

Number of population (2020): 51,252,074

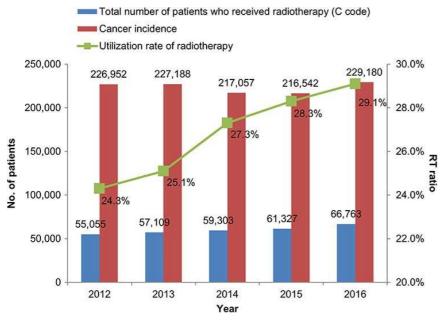
Number of radiotherapy centers (2020): 97

Number of radiation oncologists (2020): 281

Number of radiation oncology residents (2020): 36

Number of LINACs (2020): 173

Number of Particle beam therapy machines (2020): 2 (installation of 2 carbon ion treatment facilities in progress)



Radiation Oncology Journal (ROJ)

pISSN: 2234-1900 eISSN: 2234-3156

- Official journal of the Korean Society for Radiation Oncology
- Launched in 1983
- Published quarterly: March, June, September, and December, one volume per year.
- Free open access journal!

Websites



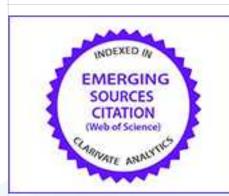
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Contact

Address: (16247) 93, Jungbu daero, Paldal-gu, Suwon-si,

Gyeonggi-do

Tel: +82-31-881-8566 Fax: +82-31-257-3734 E-mail: kosro@kosro.or.kr



UPCOMING EVENTS

EVENTS	DATE	CONGRESS VENUE	HOMEPAGE
36 th SUN ICRO PG Webinar on "Plan Evaluation"	6-8 January 2021	Webinar	https://webstream.streamcart.com/live/36sunicro
The 3 rd FARO Webinar Hypofractionated Radiotherapy in Head and Neck Cancer	16 January 2021	Webinar	http://faro.asia/ or register directly here: https://bit.ly/IROSROOM17
World Conference on Lung Cancer	28-31 January 2021	Virtual Event	https://wclc2020.iaslc.org
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)	Virtual Event (hosted by PROS)	http://faro.asia/





FARO MEMBERS ORGANIZATIONS

	Bangladesh Bangladesh Society of Radiation Oncologists (BSRO) http://www.bsro.info/	TO THE SECOND SE	Mongolia Mongolian Society for Radiation Oncology (MOSTRO)			
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	India Association of Radiation Oncologists of India (AROI) https://aroiwb.org	PSCO	Pakistan Pakistan Society of Clinical Oncology (PSCO) https://psco.com.pk			
Induces a Marketo Country Scienty	Indonesia Indonesian Radiation Oncology Society (IROS) http://www.pori.or.id/	MA TON ONCORO	Philippines Philippines Radiation Oncology Society (PROS) www.pros.org.ph			
JASTRO	Japan Japanese Society for Radiation Oncology (JASTRO) https://www.jastro.or.jp/en		Singapore Singapore Radiological Society (SRS) http://srs.org.sg/			
THE CONTRACT OF RADIUM	Korea Korean Society for Radiation Oncology (KOSRO) https://eng.kosro.or.kr		Sri Lanka The Sri Lanka College of Oncologists (SLCO) http://slco.lk/			
	Malaysia Malaysian Oncological Society (MOS) https://mymos.my/	The second secon	Thailand Thai Association of Radiation Oncology (THASTRO) https://www.thastro.org/en/			
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Angela Giselvania (IROS), Mariko Kawamura (JASTRO), Ji Hyun Chang (KOSRO)

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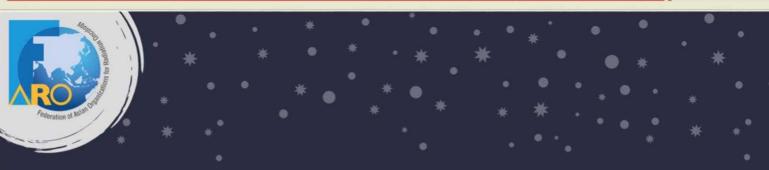


Merry Christmas

Christmas will always be as long as we stand heart to heart and hand in hand – Dr. Seuss

MAY YOU HAVE A MEANINGFUL CHRISTMAS WITH YOUR LOVED ONES





HAPPY NEW YEAR 2021!!

May each and every day of yours be blessed with lots of healthiness and happiness

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