

## **2. Statement of the DEGRO/ARO/BVDST on the subject of radiation oncology during the COVID-19 pandemic 25.3.2020**

(By Wilfried Budach; Rainer Fietkau; Mechthild Krause; Ursula Nestle, Cordula Petersen; Normann Willich, listed in alphabetic order)

Dear colleagues,

Adding upon the previous statement by the DEGRO, ARO and BVDST on the subject of radiation oncology during the COVID-19 pandemic, we would now like to inform you of the recent expansion of materials available to aid in the management of an installation for radiation oncology under the current pandemic-related circumstances.

- Specifically, this concerns the statements of the Robert-Koch-Institute (RKI), which are available under the following web-address:  
[https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/HCW.html](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/HCW.html)

These detail, that under appropriately urgent conditions, contact individuals may continue to work as medical personnel.

- Multiple university hospitals have changed the handling of category 1 contact individuals amongst medical personnel (Categorisation of the RKI) to adapt to staff shortages (after consultation with the respective local hygiene commission) in the meantime. For instance, this allows a premature return out of quarantine (usually 14 days) after 4 days (if no symptoms present) under continuous testing of originally COVID-19 negative employees. If there are severe staff shortages, some facilities have begun allowing negative tested symptom free employees to continue working if they continuously wear a face mask (waiving of quarantine). The RKI has further specified, that even COVID-19 positive tested employees have the option of resuming work (including the care/treatment of non-COVID-19 patients) if they are symptom free for at least 48 hours and have 2 negative test over a span of 24 hours. It is necessary to adapt the proceedings to the respective facility with the responsible hygiene officer.
- Further options to prevent staff shortages due to coronavirus could be the redistribution of MTRAs from other departments (i.e. Diagnostic radiology, Nuclear medicine) or Collaborators into radiation oncology.
- Especially in university radiation oncology departments, or even in other institutes of radiation oncology, the deployment of students with MTRA training could be considered.

- Research staff (i.e. MTRAs, Doctors, Physicists) could also be deployed in radiation oncology departments, as well as MTRA trainees.
- Support staff could be deployed to the accelerators under the supervision of MTRAs (see the following segment).

It has also been discussed whether the mandated number of trained personnel (i.e. MTRAs) working at the accelerators could be lowered during a time of crisis. These mandates are, without exception, subordinate regulations (i.e. operating license based on reference numbers of the StrScg-RL), whose implementation can be examined by the medical offices defined by StrSchG. The respective responsibilities lie with the state oversight committees that do possess the legal authority to change legislation, merely take certain license with its interpretation. The BMU is currently in discussions with the federal oversight committees and a statement addressing this issue can be expected soon. We are currently also in discussions with the responsible state offices and will inform of any news regarding this.

At this point, we would like to reiterate and underscore that radiation oncology and its specialists are responsible for the survival of cancer patients. Should, during the course of this pandemic, any department of radiation oncology become dysfunctional, the lives of those patients will become threatened and we will have to expect an increased number of deaths due to cancer. The risk of death due to COVID-19 infection cannot be used as a counter equation to this reality.

Should demands be made of radiation oncology departments (by, for instance, clinical management) that could impair its functionality, this issue must be made unequivocally clear.

We think, that from all sides, the necessary and most rational measures thinkable must, or already are being made in the respective departments (see our statement from the 16.03.20). More extensive measures than the ones described in this statement (i.e. Separation of patient paths, home office of physicists, the creation of organisational teams among personnel) need to be discussed in detail with your colleagues from other fields, your clinical management and, if necessary, your respective oversight committee.

Please find attached several published hypo fractioning therapy regimes that have sufficient evidence to be used alternatively to conventional fractioning.

We ask that you keep us informed of unusual events, that we might continue to support you.

Kind regards,

Wilfried Budach; Rainer Fietkau; Mechthild Krause; Ursula Nestle, Cordula Petersen; Normann Willich