the book are made in order to fit a country’s own cancer treatment program.

EP-2106
Structuring a database to evaluate haematological toxicity in post-prostatectomy IMRT patients

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Purpose or Objective: Haematological toxicity (HT) in post-prostatectomy patients (WPRT) treated with whole pelvis radiotherapy represents a problem due to the irradiation of a large fraction of the bone marrow (BM). HT is under evaluation in our Institute according to an observational prospective study aiming to explore a dose-effect correlation. Therefore, clinical and dosimetric data have to be collected. This study reports (quantify) the complexity and workload of the clinical data collection were to evaluate its feasibility in the routine clinical practice.

Material and Methods: A database for the enrolled WPRT patients (pts) was created, collecting the following data: clinical features (age, surgery, diabetes, hormonal therapy, results from blood samples at several time points); intent (adjuvant, salvage); technique (step and stop IMRT, Rapid Arc, Helical Tomotherapy); dose-volume histogram (DVH) of BM structures; The time required to fill in database was also evaluated.

Results: To date 238 pts were included in the database. The average age is 66 years (range 48 - 84). Conventionally fractionated (1.8 - 2 Gy/fraction, 139 pts) and moderately hypofractionated (2.35-2.65 Gy/fraction, 99 pts), step-and-shoot IMRT (SS-IMRT, n=18), Volumetric Arc (RA IMRT, n=111) or helical tomotherapy (HTT, n=99) EBRT. Adjuvant n = 159 pts, salvage n = 79 pts. The workload to fill in the database was 40 min/pt.

Conclusion: The availability of clinical/dosimetric data was crucial for the dose effect analysis, being HT not negligible. In our experience, the implementation of the database in the routine setting is feasible provided a dedicated operator, such as a radiotherapy technologist (RT), after a simple learning curve to lead the RT to reach the proper expertise.

EP-2107
Work satisfaction and motivation of radiation therapists. A qualitative study

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Purpose or Objective: For more than 120 years radiation therapists (RTT) treat oncology patients in radiation oncology facilities. However, influencing factors on motivation, work performance and work satisfaction of RTTs is still not studied. The aim of this trial was to detect factors influencing work satisfaction and motivation of MTRAs in radiation oncology. Leadership solution approaches will be presented.

Material and Methods: In a qualitative interview study with seven RTTs at a university clinic we investigated determinants influencing motivation, work and work satisfaction based on the individual experiences of our participants. An inductive thematic content analysis framework was applied to the transcripts.

Results: The interviews were conducted with seven RTTs in our radiation oncology unit. The interview lasted between 40-60 minutes (mean 52 minutes). All participants were of female sex. Mean age was 46 years (range 30-59 years). Mean work experience in radiation oncology was 19 years (range 3-37 years). All but 2 RTTs were employed fulltime. Three participants have professional experience in diagnostic radiology. All participants declared an interdisciplinary lack of communication between physicians, physicists and RTTs as one of the influencing factors on their work motivation. Furthermore, RTTs receive negative feedback about treatment failures and death of the patients more frequently than results of therapy success. This fact has considerable impact on the motivation of the majority of interviewed RTTs. Additionally, the lack of positive feedback influences the willingness of further education, self-improvement and motivation to recommend the employment as RTTs.

Conclusion: Frequent negative feedback weakens RTTs motivation and work satisfaction. Improved communication about therapy results, especially therapy success, may increase RTTs work motivation. Stabilized motivation may have positive effects on trainee recruitment in radiation oncology.

EP-2108
Gaps in Radiotherapy: What can we do to improve it?

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Purpose or Objective: We want to determine if having a liberated late shift of patients and incorporating hypofractionation protocols in different pathologies makes decreasing of the number of lost sessions caused by breakdown and scheduled reviews of treatment units in a 30%, because we can only act on them.

Material and Methods: We compare the data obtained in a management program of treatments (GestRdt) with Excel 2010 software, between the first nine months of 2013 and 2015, because during 2014, hypofractionation new protocols were implemented and a late shift unit treatment was closed. We analyzed the total number of sessions, the total number of patients, the number of sessions per patient, sessions missed by stop-treatment unit and sessions missed by patients in absolute numbers and percentages.

Results: In the year 2013, 1104 sessions (10.11%) were lost and in 2015 were 547 (6.68%). Missed sessions related with the patient and their environment (toxicity, patient-derived and other) was 6.1% in 2013 and 4.79% in 2015, which means a decrease of 22.35%. The percentage of sessions missed by failures and planned outages was 3.94% in 2013 and 1.88% in 2015, representing a decrease of 52.13%. Decreasing of one session per patient in 2015 has generated 768 sessions or free holes in treatment units.

Conclusion: Hypofractionation new techniques and the provision of a free shift of patients have allowed that the reduction of missed sessions related to the treatment units is greater than 50%.

Electronic Poster: RTT track: Position verification

EP-2109
Novel verification technique for craniospinal irradiation with an image plate in the supine position

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Purpose or Objective: It has not yet been possible to confirm the junction of the treated fields for craniospinal irradiation treated in the supine position; the intention of this study was to improve the accuracy of radiation therapy through a technique using an image plate.

Material and Methods: The subjects of this study were 20 medulloblastoma patients who were treated in the supine position in three parts from the brain to the sacrum spinal canal. A half beam was used for the cranial field, and the