Table 1 PRT Covid-19 Summary: palliative emergencies

Emergencies						
Reference		Main Prescriptive Indication	Alternative	Additional Statement (if any)	% Consensus Vote*	
					A = Agreement (1 + 2)	
					D = Disagreement (3 + 4)	
					SA = Strong Agreement (1)	
					SD = Strong Disagreement (4)	
E1 Metastatic Epidural Spinal Cord Compression (MESCC)						
QE1a	[9]	8 Gy/1fx8Gy [Maranzano [19]]	–	• Requires multidisciplinary discussion with neurosurgery, and evaluation of factors including degree of spinal cord compression and presence or absence of spinal instability • Similar impact on OS and post-RT motor functions than multifractions • Retreatment is safe	A = 100% [SA = 100%]	D = 0% [SD = 0%]
QE1b	Curigliano [16]	–	–	• RT is urgent	A = 100% [SA = 80%]	D = 0% [SD = 0%]
QE1c	Thureau [8]	8 Gy/1fx8Gy	–	• Surgical treatment should theoretically be preferred if possible and for all pt with a life expectancy of more than few months • Adjuvant RT after surgery for MESCC can be postponed for 4 to 12 weeks • In cases where surgical treatment is contraindicated or not appropriate, RT should be arranged without delay • The simplest conformal RT techniques should be used • MESCC is likely the only instance justifying urgent management of a COVID + patient	A = 70% [SA = 30%]	D = 30% [SD = 0%]
QE1d	Simcock [14]	6-10 Gy/1fx6-10 Gy [ICORG 05–03 [20], TROG 96.05 [21]]	–	• Prefer 3D	A = 80% [SA = 10%]	D = 20% [SD = 0%]
E2 Hemostasis (including Hemoptysis)						
QE2a	Tchelebi [7]	• **Esophageal cancer bleeding:** 6–8 Gy/ 1fx 6-8 Gy • **Gastric cancer bleeding:** 6–8 Gy/ 1fx 6-8 Gy (with anti-emetic)	–	• **Gastric cancer bleeding:** RT should be strictly reserved for palliation of symptoms in pts with gastric cancer at the present time	A = 80% [SA = 20%]	D = 20% [SD = 0%]

Table 1 (continued)

Emergencies						
Reference		Main Prescriptive Indication	Alternative	Additional Statement (if any)	% Consensus Vote*	
					A = Agreement (1 + 2)	
					D = Disagreement (3 + 4)	
					SA = Strong Agreement (1)	
					SD = Strong Disagreement (4)	
QE2b	[9]	• **Pelvic malignancies bleeding:** 14.8 Gy/4fx/3.7BID • **Pelvic malignancies bleeding, pt Covid + :** 20 Gy/5fx4Gy	–	**Pelvic malignancies bleeding pt Covid + :** Avoid BID	A = 80% [SA = 20%]	D = 20% [SD = 0%]
QE2c	Wu [13]	**Hemoptysis:** 20 Gy/5fx4Gy • 17 Gy/2fx8.5 Gy§ • 10 Gy/1fx10Gy	–	Palliative lung radiation should be deferred when possible, otherwise reserved for pt with life-threatening complications such as high-volume hemoptysis	A = 80% [SA = 30%]	D = 20% [SD = 10%]
QE2d	Hahn et al. [63]	**Pelvic bleeding:** 8 Gy/1fx8Gy	–	–	A = 80% [SA = 40%]	D = 20% [SD = 0%]
QE2e	Combs [15]	**Bleeding** 8 Gy /1fx8Gy (not further specified)	–	–	A = 60% [SA = 30%]	D = 40% [SD = 0%]
QE2f	Thomson [6]	**H&N** bleeding: ○ Scenario 1- Early Pandemic—Risk mitigation • 8 Gy/1fx8Gy • 20 Gy/5fx4Gy • 44.4 Gy/12fx3,7 Gy ○ Scenario 2- Late Pandemic—Severe shortage of RT capacity • 8 Gy/1fx8Gy • 20 Gy/5fx4Gy	–	–	A = 70% [SA = 30%]	D = 30% [SD = 0%]

Table 1 (continued)

Emergencies						
Reference	Main Prescriptive Indication	Alternative	Additional Statement (if any)	% Consensus Vote*		
				A = Agreement (1 + 2)		
				D = Disagreement (3 + 4)		
				SA = Strong Agreement (1)		
				SD = Strong Disagreement (4)		
QE2g Simcock [14]	**Esophageal bleeding:** • 12 Gy/4fx3Gy BID [SHARON project [23]] • 18 Gy/3fx6Gy Day (Q) 0, 7, 21 (weekly) (Adapted from other sites) [25] **Pelvic/GI bleeding:** • 20-24 Gy/5-6fx4Gy • 18 Gy/4fx4.5 Gy BID [SHARON project [23]] • 14.8 Gy/4fx3.7 Gy BID (Repeat q2-4 wks to total 44.4 Gy in 3 courses) [QUAD SHOT- RTOG 8502 [26, 27]] • 18-24 Gy/3fx6-8 Gy Day 0, 7, 21 [25] • 18-24 Gy/3fx6-8 Gy Day 0, 7, 21 [25]	**Esophageal bleeding:** 15 Gy/3fx5Gy [SHARON project]§	**Esophageal bleeding:** • Prefer 3D **Pelvic/GI bleeding:** • Prefer 3D • Prefer 3D	A = 80% [SA = 30%]	D = 20% [SD = 0%]	
E3 Mediastinal Syndrome						
QE3a Yerramilli [9]	**SVC syndrome Airway Obstruction:** • 17 Gy/2fx8.5 Gy (each, weekly) [Sundstrom [31]] • 20 Gy/5fx4Gy	–	Multidisciplinary discussion may be recommended	A = 100% [SA = 70%]	D = 0% [SD = 0%]	
QE3b Guckenberger	○ **NSCLC-Early Phase** of the COVID-19 pandemic (risk mitigation): 2. 8–10 Gy/1fx 8–10 Gy 20 Gy/5fx 4 Gy ○ **NSCLC -Later phase** of the COVID-19 pandemic: (lack of RT resources and need for patient triage) 8-10 Gy/1fx 8-10 Gy	–	Order reported for **"NSCLC Early Phase"** follows the highest consensus reported in the paper	A = 80% [SA = 50%]	D = 30% [SD = 0%]	

Table 1 (continued)

Emergencies					
Reference	Main Prescriptive Indication	Alternative	Additional Statement (if any)	% Consensus Vote*	
				A = Agreement (1 + 2)	
				D = Disagreement (3 + 4)	
				SA = Strong Agreement (1)	
				SD = Strong Disagreement (4)	
QE3c Wu [13]	**Superior vena cava syndrome:** • 17 Gy/2fx8.5 Gy[§] **§(Authors do not specify in text/table but the reference report the schedule as "*weekly*")** [24] [Rodrigues] • 10 Gy/1fx10Gy	–	Palliative lung RT should be deferred when possible, otherwise reserved for patients with lifethreatening complications such as superior vena cava syndrome	A = 70% [SA = 40%]	D = 30% [SD = 0%]
QE3d Simcock [14]	**SCV Syndrome/Lung Cancer:** • 8–10 Gy/1fx8-10 Gy • 17 Gy/2fx8.5 Gy (weekly) [33] [MRC]	–	Prefer 3D	A = 90% [SA = 30%]	D = 10% [SD = 0%]

[§](Authors do not specify in text/table but the reference report the schedule as "*weekly*") [Rodrigues [24]]

[§] Note: the schedule reported in the paper do not corresponds to Sharon Project schedule

*Consensus Vote: 1 = Strongly Agree; 2 = Agree; 3 = Disagree; 4 = Strongly Disagree

MESCC Metastatic Epidural Spinal Cord Compression; *fx* fraction; *OS* overall Survival; *RT* Radiotherapy; *pt* patient; *BID* bis in die; *Q* schedule repetition interval; *QoL* quality of life; *SBRT* stereotactic body *RT* mets: metastases; *wks* weeks; *PEG* percutaneous endoscopic gastrostomy; *WBRT* whole brain RT; *TMZ* Temozolamide; *mth* months; *IMRT-SIB* Intensity modulated RT—Simultaneous integrated boost