**SUPPLEMENTARY MATERIALS**

Institutional measurements adopted during the emergency are based on the recommendations from the World Health Organization (WHO), the Italian Government and the Lombardy Region Administration and European Institute of Oncology recommendation. Additionally, the Italian Association of Radiation Oncology (Associazione Italiana Radioterapia Oncologica, AIRO) promptly released dedicated guidelines in the early phases of COVID-19 outbreak1.

The present supplementary materials provide a general overview on our general management, whose primary aim was to balance the need of providing high-quality RT and the necessity of protecting healthcare professionals working at our Department from COVID-19 infection.

**1 Patients management**

**1.1 Treatment schedule.** All treatments classified as deferrable were postponed, in agreement with every patient. Due to the severity of the outbreak, patients whose domicile was outside Lombardy received a phone call by one of our Radiation Oncologists, who invited them to seek for a Radiation Oncology consultation close to their domicile, in order not to expose them to a higher risk of contagion. For all other patients, the standard procedure for waiting list scheduling were applied

**1.2** **COVID-19 Triage** Prior to every consultation, all patients received an e-mail with the request to declare any COVID-19 relatable signs or symptom (including, but not limited to: fever, anosmia, dysgeusia, cough) and/or any contact with a suspected or diagnosed case of COVID-19.

For those who needed a consultation and/or any procedure in the Radiation Oncology Department, a four-level screening procedure was adopted, and structured as follows: 1) First-level: Triage phone-call the day before accessing the Department. Patients were required to provide information on any COVID-19 relatable signs or symptom and/or any contact with any positive person during the previous days/weeks, 2) Second-level: body temperature measurement was performed at the hospital entrance, 3) Third-level: body temperature was double-checked prior to accessing our Radiation Oncology Department, the presence of any suspected signs or symptoms was verified again, 4) Forth-level: a written document with contact information was provided to every patient to provide an easy-to-use communication tool in case of symptom onset (a dedicated phone number was created as well). In case a patient presented any suspected symptoms at the second-level triage, he/she was isolated in a dedicated consultation room, where he/she was evaluated by one of the Radiation Oncologists participating to the emergency task-force. Nasal swabs was indicated if needed.

**1.3 Personal protection devices**. Patients accessing our center were provided with surgical masks and required to wear them for the whole duration of their stay, unless specifically invited to remove them by the healthcare providers. Additionally, patients were asked to wash their hands at the entrance of the Radiation Oncology Department; the presence of one or more accompanying person(s) was discouraged unless it was strictly needed (i.e. patients with impaired mobility or communication problems because of comorbidities or language barriers). Waiting rooms were re-organized to comply with inter-personal distance measurements.

**1.4 Outpatient visit before and after radiation treatment**. First consultations were scheduled without any delay. Follow-ups were organized as telehealth surveillances. Regardless of follow-up consultation modality, radiological examinations were evaluated for every patient and indications for subsequent follow-up were provided according to clinical status and imaging results.

**1.5 Patients suspected for COVID-19 infection**. While nasal swabs were not routinely executed, the procedure was performed in case of any suggestive symptom of infection. In case of positivity, our policy was to interrupt RT: the patient was quarantined and checked-up regularly by phone calls. Re-admission to our Department was allowed as soon as two consecutive nasal swabs were proved to be negative (results were routinely available in 24-48 hours). According to best-clinical practice procedures, patients who had undergone prolonged treatment interruptions were candidate to either an alternative therapeutic approach (i.e.: salvage surgery) or to compensatory prescription dose modifications, as needed.

**2 Staff organization:**

**2.1** **Work from home**. In order to minimize overcrowding of the working environment, working from home solutions were encouraged, especially for those who are not directly involved in clinical practice (namely, engineers, data managers, non-medical PhD students).

**2.2 Resident organization.** Radiation Oncology residents in the first phases of the outbreak were not allowed to access consultation rooms. However, residents could continue their working activities as usual, and maintained their involvement in patients’ management as usual. Only two out of fifteen residents worked from home (namely, a resident in her seventh month of pregnancy and a resident with a COVID-19 positive wife and a six-months old son).

**2.3 Healthcare providers duties organization**. Other than the four Senior Radiation Oncologists assigned to the COVID-19 task force, who coordinated the whole clinical activity and management measurements, all Medical Doctors (Residents included) were involved in the third-level triage, which was planned as a three-our shift every day from Monday to Friday, from 8 a.m. until the end of RT treatments in the evening. Additionally, three Medical Doctors and two Nurses volunteered for second-level triage, while Radiation Therpists and Medical Physicists were involved in body temperature measurements for the personnel accessing the Department. Finally, a Nurse was temporarily relocated to work in the COVID-19-dedicated operating room. As the overall activity in our Department was maintained, with a maximum reduction of only 20%, it was not feasible to apply working from home and/or shifts modification strategies for the other staff members.

**3. Departmental and extra-departmental meetings.** Weekly staff meetings, which are usually held at the presence of Radiation Oncologists, Medical Residents, Nurses, Medical Physicists and invited internal or external speakers, were suspended. Only short gatherings were organized and opened to a limited number of participants, with the aim of providing management updates in the evolving pandemic scenario.

All Radiation Oncologists working at our Department could access multidisciplinary meetings with Colleagues from other Department; meetings did not undergo any reduction or delay. Multidisciplinary meetings were re-organized according to participants’ preferences according three possible strategies: 1) Live meetings with reduced number of participants (i.e. only one professional from each medical specialty), 2) Online meeting, 3) Mixed meeting, with some participants being present in the room and some participating via web connection.

Personal protective equipment was provided to every Department member according to their assigned risk-class, as detailed within the text. Special waste disposal procedures were applied.

The working environment (e.g. medical offices, treatment rooms and consoles, waiting rooms and other common areas) was cleaned and secured with alcohol-based sanitizers to reduce the risk of cross-contamination.

Healthcare providers received indication to oropharyngeal and nasal swabs in case of either unprotected contact with a proven COVID-19 positive case or development of COVID-19 relatable signs or symptoms. A psychological support for the staff was available.

Overall, all health care professionals (Medical Doctors, Radiation Therapists, Medical Physicist and Nurses) have been fully involved in the re-organization process of our Department, providing their active contribution to put into action all proposed strategies.