Results
Sixty per cent of radiation oncologists at initiating center used the forms. From January 2016 to May 2018, 411,134 structured data were collected with a monthly median of 15,197 (811–24,015). The forms and tables were synchronized between two MOSAIQ® systems in different institutions. Daily use was easy and produced 14,864 data between May and June 2018. Prospective evaluations were performed (dermatitis rate by physicians, by technique etc.). Post processing of data allowed development of algorithms that enabled early detection of unexpected toxicity patterns in patients populations.

Conclusion
Such massive production of data, integrated in daily care offers great opportunities for improvement of the quality of data and large scale of exploitation to produce levels of evidence from routine practice. Modeling of radiation treatment (tumor control and toxicity) and creation of more automatic alerts is ongoing. The concept and format used in MOSAIQ® OIS (Elekta) can be implemented in other software (OIS and hospital-based electronic patient charts). On October 2018, three other departments will integrate the structured medical record system.

EP-1663 REQUITE multicentre study of patients undergoing radiotherapy for breast, lung or prostate cancer
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Purpose or Objective
REQUITE aimed to establish a resource for multi-national validation of models and biomarkers that predict for risk of the late effects that most effect long-term quality-of-life. Most cancer patients gave consent to share their data and samples with external researchers, and a formal process for requesting data access for specific research questions is in operation (32 projects approved). A data discovery platform to search on numbers of patients with various attributes collected by the consortium is available at www.requite.eu.

EP-1664 Inter-fractional urinary bladder filling variation during IGRT in pelvic malignancies
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Purpose or Objective
Organ motion is an important factor that limits the precision of radiation treatment. Bladder filling variation has a significant impact on the position of target volumes in pelvic malignancies. One of the approach to reduce the bladder motion influence on the target location is by controlling the bladder volume, a protocol instructing the patient to drink a certain amount of water before starting the treatment. This study was an effort to maintain a consistent bladder volume after following a bladder protocol, which was then analyzed by in-room CBCT imaging. The bladder volumes and bladder wall dimension were image-guided comprehensively thus adding considerable understanding to the bladder wall motions.

Material and Methods
This study was conducted on patients of pelvic malignancies excluding urinary bladder carcinoma. It was a single institution, non-randomised, prospective study and the duration of the study was of 6 months. All patients of pelvic malignancies undergoing IGRT (image guided radiotherapy) with curative intent having urine holding capacity of at least half an hour were included in the study. In Bladder protocol patients were instructed to void the bladder 40 minutes prior to treatment and to drink 600 ml of water within 10 minutes. The patients were scanned after 30 minutes of taking the last glass of water. Time of