Background
The authors developed a reporting tool using maximum intensity projections (MIP) to enable the rapid review of suggestive COVID-19 changes on CBCT by therapeutic radiographers. This work aims to assess if the reporting tool required fewer departmental resources than standard CBCT review process for COVID-19 related changes.

Methods
- 2 experienced observers independently reviewed CBCTs and MIP reports from 22 patients
- CBCT images were reviewed from a single day and all MIPs were reviewed for all fractions available up to and including this day.
- Observers reported time taken to review CBCTs and MIPs in seconds (s), and confirmed image assessments using patient notes

Results
- Mean time taken for observers to review one CBCT; 55s (range 35-86s, SD 12.8s) and for all MIPs together was 12s (range 9-16s, SD 1.8s).
- The MIP review included a mean of 9 fractions worth of images (range 2-25).
- Neither observer reported COVID-19 lung changes using either method.
- Observers reviewed different patient, their mean review times for CBCT and MIP’s were similar at 56 and 61s per CBCT and 13 and 12s for MIP’s.

Conclusion
The use of MIPs facilitates more rapid assessment of potential COVID-19 related lung density changes than CBCT resulting in less impact on clinical resource; providing minimal burden for screening of infections in radiotherapy departments if clinically implemented.