



Breast Care and Cancer Treatment in the COVID World

Hilary Shapiro-Wright, DO FACOS

Christine E. Lynn Women's Health and Wellness Institute

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What's Been Effected



- **Screening**
 - Is it safe to come to the imaging center?
 - Do I postpone getting my imaging?
 - Screening centers closed
- **Diagnosis**
 - Going through this alone
 - No family at appointments, Facetime visits
 - Telehealth visits
- **Treatment**
 - Do you postpone?
 - Treatment changes
 - Elective surgeries
 - Delayed care
- **Follow up care/Survivorship**



March, 2020



- Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and local and state governments recommended that healthcare systems **delay elective care**
- Surgery, screenings and treatments that are not considered urgent or emergencies be delayed
- Surgeries cancelled to allow for additional resources to be used to care for seriously ill COVID-19 patients: such as hospital beds, personal protective equipment (PPE), blood supply, and staff
- Limiting other services such as **screening** breast imaging to protect people from being exposed to COVID-19.

COVID-19 Pandemic Breast Cancer Consortium



- Members from
 - American College of Surgeons
 - American Society of Breast Surgeons
 - American Society of Clinical Oncology
 - American Society of Plastic Surgeons
 - American Society for Radiation Oncology
 - American College of Radiology
 - National Comprehensive Cancer Network
 - Society of Breast Imaging
- Made **recommendations** to assist healthcare providers caring for breast cancer patient's during the pandemic.
 - make decisions
 - assist in managing care
 - assist in prioritizing care
- Ultimately treatment decisions still were made by the physicians caring for the patient

Screening Breast Imaging Changes



- Screening centers closed from March/April 2020- May/June 2020 and then intermittently with spikes.
- Delay in patient's screening greater than 1 year
- Diagnostic imaging continued
- Now, October 2021
 - Patient's can feel safe and comfortable coming for breast imaging
 - COVID screening prior to visit
 - Mask wearing
 - Social distancing when available
 - As always, hand washing and sanitizing all equipment



Diagnosis/Diagnosis Discussion Changes



- Meeting with patient's virtually/telehealth



- Patients are seen without family/friends/support person at their visit



- Families are present by phone/FaceTime

Treatment Changes



- **Pre-operative COVID testing for all surgical patients**
 - + test → delayed surgery, even if asymptomatic
- **Delay/No Elective Surgery**
 - *Most facilities returned to full surgical care June/July 2020, however this continues to change as COVID changes*
 - no reconstruction, delayed reconstruction
 - Prioritize based on urgency/aggressiveness of cancer
 - Triple Negative , Her2neu + , Later Stage
 - Risk Stratification: High, Intermediate, Low
 - Patients receiving neoadjuvant chemotherapy highest priority, early stage ER+ cancers and DCIS intermediate priority and atypical and benign lesions lowest priority for surgery when OR resources are limited
 - Massachusetts General Hospital Surgical Priority Tool: uses a mathematical model to prioritize delayed breast cancer patients for surgery. It uses the patient, tumor and delay factors described above to assign a numerical priority score to each delayed patient, with higher scores indicating a higher priority for surgery
 - *Change in treatment plan of care for breast cancer patients*
 - Neo-adjuvant therapies before surgery: hormonal therapy/chemotherapy
 - For patient's with positive margins: radiation/systemic therapy without additional surgery or delayed surgery may be considered. Re-excision may be considered after chemotherapy.
 - During COVID-19 resource restrictions, surgeons should make every effort to avoid positive margins by taking reasonable gross specimen margins and performing careful specimen imaging. Sentinel node biopsy can be performed for large DCIS lesions.

Treatment Changes



- No Prophylactic Surgeries for high risk patients
 - BRCA
- Shorter Hospital Stays Post Operative
 - Patient's going home same day after mastectomy
 - Nerve blocks at the time of surgery for post operative pain control
- Hospital Panels Created to Review Surgeries for Approval

BREAST CANCER TREATMENT



- Surgery, Medical Oncology, Radiation Oncology, Ancillary Services
 - All aspects of care were effected
- Surgical
 - Neo-adjuvant therapies: Therapies before surgery
 - Hormonal therapy, chemotherapy, or targeted therapy
 - Can prevent the cancer from growing and in many instances shrink tumors
 - Changed the order in which we do things to accommodate the pandemic **WITHOUT COMPROMISING PATIENT CARE**
 - Delay in Second Stage Reconstruction, Symmetry Procedures, Reduction Procedures resulted in some patients requiring more surgeries overall. Some patients needed a second procedure because they weren't able to get the surgery they wanted at the beginning of the pandemic.
 - Examples: Flap reconstruction, Reduction Surgery with Lumpectomy
 - Access to new treatments through clinical trials was limited, and fertility-preserving procedures were not available in some places.

COVID-19 Patient Perspective

Online Survey: Breastcancer.org



- April 28-June 7, 2020
- > 600 people responded
- 83% of whom live in the United States, and 42% of whom were in active treatment
- There were delays in many aspects of breast cancer care, including routine clinical visits (32%), surveillance imaging (14%), routine mammograms (11%), reconstruction (10%), radiation therapy (5%), hormonal therapy (5%), mastectomy (5%), and chemotherapy (4%)
- Only about 30% reported no delays
- About 30% said they chose or considered delaying or changing their treatment plans due to concerns about contracting COVID-19
- About 11% reported that COVID-19 affected their desire or ability to get a second opinion
- About 80% reported feeling some level of anxiety about their care being affected by the pandemic
- 58% of patients used telemedicine, and about 45% found virtual appointments to be helpful and effective
- About 67% reported being satisfied or very satisfied with the quality of care they were receiving

American Cancer Society Survey

Not specific to breast cancer



- > than 1,200 people diagnosed with a variety of cancer types
- 87% reported their healthcare was affected in some manner
- The most common changes for people in active treatment
 - in-person cancer provider appointments (57%)
 - imaging services (25%)
 - surgery (15%).
- 1 in 5 people said they were worried about their cancer growing or coming back due to interruptions in their care.
- Financial problems affecting their ability to pay for care was reported by 46%
- 23% were worried about losing their health insurance.

What now?



- Don't put off getting breast imaging or treatment because of a fear of getting COVID-19
- Have family/friends/support people join virtually when they can't be with you
- Know that there is no compromising care!
- Understand that this is an ever changing dynamic situation and we are as frustrated as you. But, we are working hard to care for patients
- Patients with breast cancer can get the COVID-19 Vaccine



THANK YOU



Questions?