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MOVING FORWARD – RECOMMENDATIONS FROM THE ASSOCIATION OF BREAST SURGERY ON DELIVERY OF BREAST SERVICES DURING THE COVID-19 PANDEMIC

Throughout the UK we are all adapting to working with the risk of Covid-19, and how we deliver cancer services safely in this 'new normal'.

Breast units in the UK continue to be extraordinarily proactive in continuing appropriate care for the benefit of our patients. Regional representatives have reported to the ABS Executive that:

- All regions are managing to deliver a one stop service for patients referred with a high suspicion of cancer
- All regions are managing to operate, although the number and level of urgency of the cases varies regionally
- Some parts of the country are continuing to do therapeutic mammoplasties and LICAP flaps
- Some are planning to restart immediate breast reconstruction in selected cases
- Many regions are using private capacity to enable on-going operating, and 'white, cold sites' are likely to be designated in the future to enable surgery to pick up again

We are all trying to deliver safely a breast cancer service in the 'new normal'.

Due to social distancing the numbers of patients able to attend clinics is going to be reduced for the foreseeable future. Many of the novel ways we have developed in managing referrals with a low index of suspicion of cancer and follow up consultations are likely to become the new standard of care.

Outpatient Services

New Patient referrals

1) Continue to contact all patients prior to attending clinic. If they have a fever, cough or shortness of breath, they should self-isolate for seven days and be sent an appointment following this time.

2) Continue to triage new patient referrals.

3) See all patients referred where there is a higher index of suspicion of cancer. This may possibly include elderly patients (>70y) who are otherwise well.

4) The exception to this is frail, elderly patients, in nursing homes or with co-morbidities who should still not be seen in clinic. These patients are at highest risk of death from coronavirus.

Consideration should be given to starting them on Letrozole empirically and be seen once the risk of developing coronavirus decreases.

5) Patients referred with a lower index of suspicion of cancer e.g. breast pain or bilateral nipple discharge in < 30y age, could be triaged with a telephone consultation and in the absence of any red flag symptoms discharged back to the GP or deferred imaging arranged.

Follow-up appointments

Continue to minimise the number of patients attending breast clinics for routine review, and consider telephone consultations for those where review is required. This is especially important for frail elderly patients on primary endocrine treatment.

Surgery

It is essential that all surgeons operate with the appropriate PPE.

As more theatre space becomes available, we now need to consider:

- The availability of theatre space, taking into account collaboration with other specialties to prioritise patients who require surgery
- The environment in which breast surgery can be currently delivered i.e. non Covid-19 treating site vs site treating acute Covid-19 patients
- Urgency of the procedure and risk to patients of attending hospital
- Co-morbidities which may impact on outcomes if Covid-19 is contracted
- Complications associated with a procedure and subsequent risks these may pose to patients and staff
- Specific requirements for performing surgery during Covid-19 (see Operating framework for urgent and planned services in hospital settings during Covid-19) including updated guidance regarding testing of patients (see Guidelines for pre-operative COVID-19 testing for elective cancer surgery)

Prioritising Patients

We would recommend prioritising patients in accordance with clinical need in the following order:

- ER- patients
- HER2+ patients
- Pre-menopausal patients & high-risk ER+ post-menopausal patients i.e. Grade 3 or node positive patients
- Large areas of high-grade DCIS
- Post-menopausal ER+ lower risk patients
- Remaining DCIS patients.

Patients requiring non-breast cancer surgery, risk reducing surgery and delayed breast reconstruction may still need to wait for their operation.

In many regions there will be significant numbers of post-menopausal ER+ patients awaiting surgery. If there is theatre capacity in non Covid-acute sites and no clinical contraindication

to surgery due to co-morbidities, then surgery should be considered for fit post-menopausal patients.

- For those patients with a strongly ER positive and grade 1 or 2 invasive cancer, if theatre capacity in a non Covid-acute site is not available consider whether the best management is to stay on neo-adjuvant endocrine therapy for 6 to 9 months (as could have been the case without Covid-19)
- For those patients with tumours with a lower level of ER or high grade (who are less likely to respond to neoadjuvant endocrine treatment) consider earlier surgery
- For units who are able to perform Ki67 we enclose a pathway, which may be useful to aid decision making. (See document here)

Breast Reconstruction

All units performing immediate breast reconstruction (both implant and free flap reconstruction) should now be working on an operations manual, which involves all stakeholders in their Trust. This should ensure that breast reconstruction can be delivered safely in their individual unit. This manual should include pathways for pre, intra and post-operative care and should include robust pathways for patients who develop complications.

We continue to advise a cautious approach in view of the significant risk of post-operative re-admission, return to theatre and infection.

Once immediate breast reconstruction re-starts there will be an inevitable limitation in the number of reconstructions that can be performed because of ongoing precautions, including increased anaesthetic and recovery time and PPE requirements. Reducing mastectomy rates and maximising breast conserving surgery should be considered by:

- Discussing all patients at an Oncoplastic MDT
- Increasing use of neoadjuvant chemotherapy and endocrine therapy in appropriate patients
- Maximising use of oncoplastic procedures and local flaps
- Some breast units still do not perform oncoplastic surgery and in these units collaboration with plastic surgeons and other breast units would be of great benefit to patients

Neoadjuvant Chemotherapy

We have continued to work with the UKBCG and have produced updated guidance on the use of neoadjuvant chemotherapy, re-introducing it in the patients who are likely to achieve the most benefit in terms of pathological response and downstaging. (See ABS & UKBCG Statement 150520)

Judicious use of neoadjuvant chemotherapy in appropriate patients will help reduce mastectomy rates in favour of breast conserving surgery.

MDTs

All patients should be discussed at the MDT with clear documentation of treatment plans and whether these have been changed due to Covid-19.

Benefits of the recommended treatment and risks associated with Covid-19 should be discussed with patients especially in those undergoing IBR.

Research

Members are encouraged to enter patients into the B-Map-C study, which is assessing the effect of the Covid-19 pandemic on breast cancer management and services in the UK. This audit will be an important record of Covid induced changes in breast cancer management and serve as an important roadmap should there be another shock to the UK healthcare system in the future.

Currently 53 units have committed to entering data onto a simple and straightforward online database. Contributions from further units would make this an even more comprehensive and valuable evidence base.

ABS Webinars

To support our members, the ABS has commenced a series of Covid 19 related webinars:

12th May – The impact on breast surgical units of Covid 19 and what we can learn from this.
19th May – Implications and practice of Covid 19 on training for breast trainees and trainers.
26th May – Breast Surgery Recovery from Covid 19 lockdown.

The initial webinars have been very successful with over 150 participants. Do join us, for an hour at 7.00pm on a Tuesday evening.

All webinars will be available to our members to view on the website in due course and we are currently planning an ongoing series of these to support our members.

Julie Doughty
ABS President
25th May 2020