



Association of Breast Surgery
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Association of Breast Surgery Statement, 27th April 2020

Although in many parts of the UK it would appear that we have now reached the peak of Covid 19, we still face the uncertainty as to the future course of the pandemic.

It appears that Covid 19 will be with us for many months, and attention locally and nationally is turning to how we deliver cancer services safely in this 'new normal'.

Breast units in the UK have been 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
- Many regions are using private capacity to enable on-going operating, and 'cold sites' are likely to be designated in the future to enable surgery to pick up again.

Going forward in the 'new normal' – Recommendations from the Association of Breast Surgery

GP referrals

- Continue to contact all patients prior to attending clinic. If they have a fever, cough or shortness of breath, they should self-isolate as per government guidance and be sent an appointment following this time
- Continue to triage new patient referrals.
- 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.
- 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. They should be started on Letrozole empirically and be seen once the risk of developing coronavirus decreases.
- Write to or telephone patients referred with a lower index of suspicion of cancer e.g. breast pain

Follow-up appointments

- Continue to minimise the number of patients attending breast clinics for routine review.
- 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 prioritize patients who require surgery
- 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

As more theatre space becomes available, we would recommend prioritising patients as follows:

- 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

Benign breast surgery, prophylactic surgery and delayed reconstruction should still be on hold.

Surgeons should think very carefully before embarking on immediate breast reconstruction, in particular implant reconstruction with its relatively higher levels of post operative infection and readmission rates. At present immediate breast reconstruction should still not be offered to the majority of patients.

Complication rates and readmission rates are lower with selected local perforator flaps or oncoplastic techniques to facilitate breast conserving surgery. Some breast services are continuing to perform therapeutic mastoplasties and LICAP flaps.

We should continue to work in collaboration with our Oncology colleagues in selecting patients for neoadjuvant chemotherapy or endocrine therapy.

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.

A handwritten signature in cursive script that reads "Julie C. Doughty". The signature is written in dark ink on a white background.

Julie Doughty
President
Association of Breast Surgery