How has COVID-19 changed breast cancer practice?
Surgery

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Overview.

- The Start.
- National guidance.
- Local impact.
- Looking Forward.

In the beginning.

In the beginning.

The Realisation.

What is safe for the patients and staff?

What resources do we have?

Guidelines.

- ABS, NCCBP, UKBCG, RCR issued guidelines for management of patients diagnosed with breast cancer during the pandemic;
- Safety;
  - NAC only for inoperable disease, not to downstage
  - No immediate breast reconstruction / advanced oncoplastic surgery.
- Capacity:
  - surgical priority given to ER- patients first, then HER2+ patients then premenopausal ER+ patients
  - If insufficient capacity, ER+ postmenopausal (then ER+ premenopausal patients) to be commenced on primary endocrine therapy
  - Discuss genomic testing on core Bx in G3 or node + ER+ patients
  - Omission of radiotherapy in some BCS patients (>65y, <30mm, G1-2, N0, clear margins, HER2- planning to take anti oestrogen therapy)
  - Deliver Radiotherapy in 5 fractions as per FAST and FASTFORWARD trials

Patient Stratification.

Surgery Stratification Level 2 Breast Cancer				
Priority	ER	HER2	Node status	Menopausal status
1. Highest	-	any	+	any
2.	-	any	-	any
3.	+	+	+	Pre-menopausal
4.	+	+	+	Post-menopausal
5.	+	+	-	Pre-menopausal
6. Lowest	+	+	-	Post-menopausal

Surgery Stratification Level 3 Breast Cancer				
Priority	ER	HER2	Node status	Menopausal status
7. Highest	+	-	+	Pre-menopausal
8.	+	-	-	Pre-menopausal
9.	+	-	+	Post-menopausal
10.	+	-	-	Post-menopausal
11.	DCIS			Any
12. Lowest	Excision biopsy			Any

What happened in Newcastle.

- Moved surgery to FRH (clean site)
- Followed ABS guidelines.
- Pt stratifications as per Manchester guidance.

Impact on symptomatic referrals.

New patient appointments - Breast Unit

Month	total ref.	2019 numbers
Jan-20	503	486
Feb-20	494	461
Mar-20	511	489
Apr-20	266	476
May-20	275	476
Jun-20	421	403
Jul-20	431	441
Aug-20	407	327
Sep-20	471	459
Oct-20	0	480
Nov-20	0	454
Dec-20	0	498

Impact on Newcastle patients.

- Audit of 146 pts diagnosed between 16th March and 18th May 2020
- Included some screen detected cancer.
- 18 standard care
- 125 Covid-altered care.

COVID-altered Management

- Pre-op
  - 47 standard care
  - 2 altered pre-op imaging
  - 6 omitted neo-adjuvant chemotherapy
  - 1 incomplete neoadjuvant chemotherapy
  - 71 bridging endocrine therapy
    - 13-314 days

COVID-altered management

- Peri-op
  - Standard management - 39
  - delay to surgery - 78
  - Simple mastectomy without IBR – 3
  - Contralateral RRM postponed – 2
  - No margin excision - 3
  - No completion clearance – 1
  - No SNB – 1

COVID-altered management

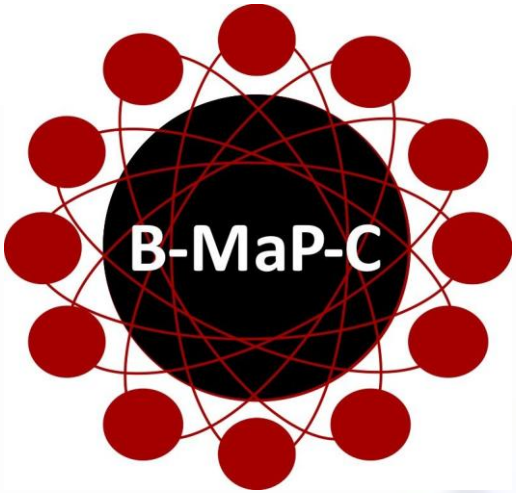
- Adjuvant;
  - Standard management - 31
  - Radiotherapy omitted – 8
  - Altered (5 fraction) radiotherapy – 72
  - Adjuvant chemo omitted – 9
  - Oncotype used outside NICE guidelines - 13

Looking Forward.

- We now know some of the unknowns.
- There are still many unknown unknowns.
- Many positives to embrace.

- The second wave?
- Staffing resources will be a huge impact.
- Less disruption to patient care.

B-MAP-C Team



- Breast cancer Management Pathways during pandemic - a national audit
- Steering Committee:
  - Rajiv V Dave – Lead investigator
  - Cliona Kirwan
  - Ashu Gandhi
  - Baek Kim
  - Ramsey Cuttress
- Audit advisory group:
  - Kieran Horgan, Stuart Macintosh, Daniel Leff, Raghavan Vidya, Shelly Potter, Chris Holcombe, Chris Cartlidge, Rachel O'Connell, Tim Rattay, Alona Courtney, Ellen Copson, Charlotte Coles, Nisha Sharma, Patricia Fairbrother

Aim of audit

- Primary
  - to document and describe breast cancer management during the COVID-19 pandemic and compare this to pre-COVID-19 management practice
- Secondary aims: Short term
  - Proportion of bridging NAE patients who require early surgery for progression
  - Proportion of patients planned for BCS having mastectomy due to altered indications for radiotherapy
  - Proportion of patients having simple mastectomy who would have been offered immediate reconstruction
  - Proportion of presumed DCIS found to have an invasive component

Aims of Audit

- Secondary aims: Long term
  - Gather a national cohort of patients with COVID-altered treatment pathways that can be interrogated for oncological outcomes including:
    - Increased risk of loco-regional recurrence and/or poorer overall survival in patients in whom radiotherapy was omitted following BCS
    - Increased risk of loco-regional recurrence and/or poorer overall survival in patients in whom neoadjuvant /adjuvant chemotherapy +/- targeted Anti HER2 therapy was omitted
    - Risk of disease progression and/or poorer overall survival in premenopausal and postmenopausal patients on ‘bridging’ primary endocrine therapy having delayed surgery

Progress so far - National

- 62 UK / RoI units contributing data
- 4902 patients registered (mean 79/unit)
- The First COVID-19 ‘Alert’ phase paper is due to be submitted (August newsletter)
- Data collected up to 31/07/20 will be used for the next collaborative paper, reporting on the recovery phase compared to international data

Thank you.