PRIMARY OBJECTIVE: To keep patients and team members as safe as possible during the COVID pandemic without compromising high quality breast cancer care.

Overall Strategy: Limit in person contact to the absolute minimum needed to provide care. We will adhere to all institutional and local guidelines.

Guidelines cited: American College of Surgeons; American Society of Breast Surgeons; Society of Surgical Oncology

OR Strategy

In a concerted effort to conserve supplies and limit exposure risk, we will limit breast cancer surgery to patients where delay to surgery would have an adverse impact on cancer outcomes (survival or local control). We recognize the fluidity of the situation and that adjustments to the guidelines may be needed.

Guidelines for offering breast cancer surgery:

- Immediate reconstruction is extremely limited at this time. For any patient needing or wanting mastectomy, we will discuss delaying reconstruction and will only send them for plastic surgery for consultation after a discussion with our plastic surgery colleagues.

- Schedule neoadjuvant patients as usual (4-8 weeks after completion of chemo)

- Delay all low risk DCIS (defined as low to intermediate grade, hormone receptor positive) for 3-5 months

-Multidisciplinary discussion for high risk, ER/PR negative DCIS with preference for surgical treatment within 3 months

- For high grade, hormone receptor positive DCIS, we will recommend neoadjuvant endocrine therapy as a bridge to surgery. Schedule surgery for 2-3 months out.

- For low risk invasive cancer (Stage I, hormone receptor positive) we will also recommend neoadjuvant endocrine therapy until surgery, schedule surgery 2-3 months out.

- For Stage II, hormone receptor positive, there will need to be a multidisciplinary discussion with the adjuvant therapists about bridging with endocrine therapy vs.

Oncotype on biopsy vs. surgery now understanding that if mastectomy is needed, reconstruction will be delayed.

- For Stage III, triple negative, or HER2+, these patients generally get neoadjuvant chemo, but there are some exceptions and we will need to have multidisciplinary discussions as for Stage II.

- We will be minimizing ports in the OR until further notice. Permission will be need to obtained for any OR port.

Guidelines for scheduling surgery:

- All breast cancer surgery should be done at HCH until further notice

- Who we schedule is at our discretion (following the previously noted guidelines), but Courtney Scaife may be contacted if we need to add on a case that might be questioned. Ports should be approved before scheduling.

- Frozen sections may be done off-site. Please note on the OR schedule if frozen sections will be needed.

- Consolidate cases to the fewest days possible.

Guidelines for COVID testing of surgery patients

For ambulatory patients, the workflow for preoperative testing is as follows:

1. Call patient to inform of upcoming test and reason for test
2. Place order for COVID testing in EPIC. YOUR DO NOT NEED TO TEST FOR OTHER VIRUSES UNLESS INDICATED BASED ON SYMPTOMS. If a patient has active URI symptoms, you should strongly reconsider whether the surgery needs to be done.
3. Inform the patient of sites for testing. We recommend using our drive-through sites at the community clinics (Sugarhouse, Redwood, Farmington, South Jordan, Park City) unless the patient needs to come for a clinic visit specifically.
4. Place a note in the patient's record indicating the need for preoperative testing. The following dot phrase was created to facilitate documentation: ".surcovidpretest"
5. Notes for testing:
    1. Should be done within 48 hours of surgery. This will evolve as turnaround shortens.
    2. Test results have taken as long as 36 hours from the time of testing to the time the result is released.

For inpatients, the workflow for preoperative testing is as follows:

1. Place order for COVID testing in EPIC. YOUR DO NOT NEED TO TEST FOR OTHER VIRUSES UNLESS INDICATED BASED ON SYMPTOMS. If a patient has active URI symptoms, you should strongly reconsider whether the surgery needs to be done.
2. Place a note in the patient's record indicating the need for preoperative testing. The following dot phrase was created to facilitate documentation: ".surcovidpretest"
3. Notes for testing:

a. Rapid, same day testing is available on a limited basis and should be reserved for inpatients who are to undergo urgent or emergent operations.
b. Consult the ID consultant carrying the COVID pager to enter the order

Guidelines for resident OR coverage:

- If a resident is available as a first assistant, this will be at the discretion of the attending physician recognizing that most breast cases do not require assistance and the need to conserve supplies, but balancing this with our educational commitment.

Clinic Strategy

We will switch all patient visits possible to telephone or video. Nursing coverage will be changing daily and Emily Mitchell will continue to send out staffing e-mails.

Note: No screening imaging is being done at this time, diagnostic imaging is still available.

- We will use the following color designations in Epic for clinic visits:

Green= in person visit
White= telephone or video visit, schedule in person visit in 2-3 months
Black= reschedule to 2-3 months
Yellow= exception, talk to provider

- New cancer patient visits will be done preferentially by video or telephone. If the provider feels that an in person physical exam is vital to care, this can be done or will be scheduled after the virtual visit.

- New benign patient visits will be scheduled for 3 months out. If a patient has a growing mass that has not had a work-up, they will be seen at the discretion of the group.

Education Strategy

We continue to remain committed to our educational mission on the breast surgery service.

-Resident Education conference will be held from 7-7:30 AM the first and third Thursdays of the month. We would like all residents who are at home (off service residents) to attend this conference virtually. Medical students currently on their surgery clerkship will also be invited to participate. We will circulate a ZOOM or WebEx invite. The format of this conference will be a combination of case review w/ Q&A, breast topic presentations by the attendings, and journal club discussions.

-Interested residents may also observe our weekly Breast Tumor Board (Thursday morning from 7:30-8:30AM). We will circulate a ZOOM or WebEx invite to the residents.

-Residents covering Huntsman may continue to scrub with breast surgery attendings in the OR at this time. We do not need assistance for most of our cases. We will not request resident help/call a resident in unless help is needed. We will remain sensitive to and cognizant of potential exposure risks to our residents and will continue to re-evaluate the balance between education and service. Residents will not join us in clinic.

-We will continue to provide residents scrubbing with us in cases feedback about their performance via email.

-We have been preparing breast surgery related content to present to the residents virtually during their weekly education conferences (Wednesday).

Clinical Trials Strategy

We will continue to enroll patients in appropriate clinical trials as long as they remain open. We will adhere to Clinical Trials Office guidelines to minimize in person contact.