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Breast Surgery during the COVID 19 emergency: Sharing experience

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Defining priorities in BC surgery

- Timing of surgeries
 - BC surgery is not an emergency
 - No definition for standard interval
 - Median time in 2005 is 32 days
 - >98% patients received surgery in less than 90 days in the US
- Only priority: Surgical procedures that can not be postponed
 - Patients finishing preop systemic treatment



Choosing the type of surgery

- Type of surgery: The same we would perform in “normal life”
- Minimally invasive: Except for oncoplastic procedures, only the excision of the tumor with clear margins is needed
- Reducing the risk of complications
 - Intraoperative ultrasound to reduce the rate of second surgeries
 - Expander vs direct implant
- Risk Reducing surgery: Not an emergency. Postponed.



Use of systemic treatments

- If a patient will benefit from CT we prefer to administrate it prior to surgery in order to minimize breast tissue removal, to enable breast conserving surgery, reduce axillary surgery and to evaluate in vivo response to CT
 - HER2+/TN tumors
 - Selected N+ Luminal tumors
 - If time needed to decide surgical options
- We administate preop HT usually for postmenopausal women with ER+HER2- tumors in order to enable breast conserving surgery. Nevertheless this treatment has been adopted for younger patients with early stage ER+HER2- BC

Organization

- Hospital
 - Restrictions in the Access to the hospital (Temperature/symptoms control)
 - Limitation in the number of people - Social distancing
 - Same day discharge
- Consultations
 - Limitations at the waiting room
 - Visits mainly for preop / postop patients.
 - No screening/follow up.
 - Huge restriction for radiology tests
 - **Telematic consultation whenever possible**
- Operating theater
 - Only surgeries that cannot be postponed (NAC)



IDEAS AND OPINIONS | 27 MARCH 2020

A War on Two Fronts: Cancer Care in the Time of COVID-19 FREE

Alexander Kutikov, MD; David S. Weinberg, MD, MSc; Martin J. Edelman, MD; Eric M. Horwitz, MD; Robert G. Uzzo, MD, MBA; Richard I. Fisher, MD

[Article, Author, and Disclosure Information](#)

- Balance a delay in cancer diagnosis or treatment against the risk for a potential COVID-19 exposure
- Mitigate the risks for significant care disruptions
- Manage the appropriate allocation of limited health care resources

Decision Regarding Immediate Cancer Treatment During COVID-19 Crisis

Risk for Significant Morbidity From COVID-19 (comorbidities need to be considered)

Low (<50 y/o)	Medium (50-70 y/o)	High (>70 y/o)
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Risk of Progression With Cancer Care Delay	Low (safe to delay >3 mo)	Low (<50 y/o)	Medium (50-70 y/o)	High (>70 y/o)	
	<p>Surgery: Nonmelanoma skin cancer HR+, HER2-, postmenopausal non-locally advanced breast cancer (needs neoadjuvant endocrine therapy on board) Low- or intermediate-risk prostate cancer Type 1 endometrial cancer Low-grade urothelial cancer Most thyroid cancers <3-cm renal mass Stage IA1 cervical cancer</p>	<p>Hematology/Oncology: Chronic hematologic cancer</p> <p>Radiation Oncology: Nonmelanoma skin cancer HR+, HER2-, postmenopausal non-locally advanced breast cancer (needs neoadjuvant endocrine therapy on board) Low- or intermediate-risk prostate cancer Low-grade lymphoma</p>			
	<p>Intermediate (delay of ~3 mo acceptable)</p> <p>Surgery: High-risk prostate cancer (consider starting androgen deprivation if significant delay) Colon cancer with low risk for imminent obstruction Stage IA2 cervical cancer Low-risk melanoma</p>	<p>Hematology/Oncology: Chemotherapy for advanced breast, colon, lung cancer</p> <p>Radiation Oncology: Postresection endometrial cancer High-risk prostate cancer (start androgen deprivation)</p>			
<p>High (ideally, no delay)</p> <p>Surgery: ≥2-cm lung mass Colon cancer with imminent obstruction Type 2 endometrial cancer Pancreatic mass suspicious for malignancy Ovarian masses suspicious for malignancy Liver mass suspicious for malignancy High-risk non-muscle invasive or muscle-invasive urothelial cancer >T1b localized kidney cancer Stage IB cervical cancer Non-low-grade sarcomas</p>	<p>Hematology/Oncology: Chemotherapy for testicular, rectal, all non-low-grade hematologic cancers Non-low grade sarcomas Small cell lung cancer Most head and neck cancers, except thyroid</p> <p>Radiation Oncology: Lung cancer Rectal cancer Head and neck cancers Gynecologic cancers Non-low-grade sarcomas</p>				



Proceed with immediate treatment



Balanced risks and benefits of immediate treatment



Delay immediate treatment

Thank you very much

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