G.RE.T.A.

WEBINAR

BREAST SURGERY DURING THE COVID 19 EMERGENCY: SHARING EXPERIENCE

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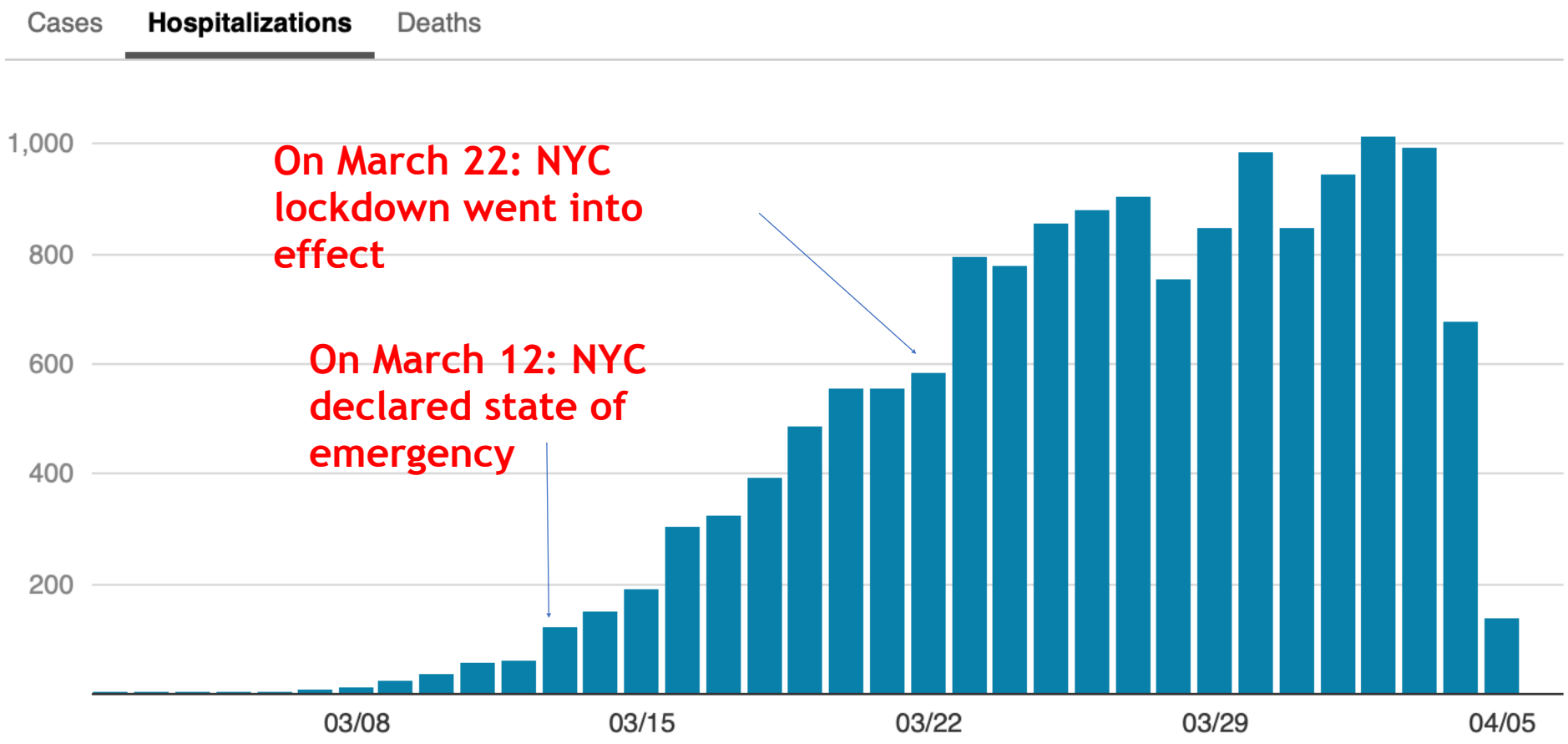
Current situation in NYC



Source: https://www1.nyc.gov. Accessed

- 1. How to define priorities in BC surgical management?
- 2. What kind of surgery
- 3. How to use primary systemic therapy?

1. How to define priorities in breast cancer surgical management?

American college of surgeons guidelines for triage of breast cancer (BC) patients:

Phase I. Semi-Urgent Setting (Preparation Phase) (NYC 3 weeks ago)

- Few COVID 19 patients,
- hospital resources not exhausted,
- institution still has ICU vent capacity,
- and COVID trajectory not in rapid escalation phase

https://www.facs.org/covid-19/clinical-guidance/elective-case/cancer-surgery

1. How to define priorities in breast cancer surgical management?

American college of surgeons guidelines for triage of breast cancer (BC) patients:

Phase II. Urgent setting (NYC now)

- Many COVID 19 patients,
- ICU and ventilator capacity limited, or
- supplies limited or
- COVID trajectory within hospital in rapidly escalating phase

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1. How to define priorities in breast cancer surgical management?

American college of surgeons guidelines for triage of breast cancer (BC) patients:

Phase III.

- Hospital resources are all routed to COVID 19 patients,
- no ventilator or ICU capacity, or
- supplies exhausted.

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1. How to define priorities in breast cancer surgical management? 2. What kind of surgery 3. How to use primary systemic therapy?

Phase I. Semi-Urgent Setting (Preparation Phase)

Cases that need to be done as soon as feasible

- Post-Neoadjuvant treatment
- T2 or N1 ER+ tumors
- Small Triple negative or HER2+
- Discordant biopsies likely to be malignant
- Local recurrences

Encourage breast conserving surgery whenever possible

defer definitive mastectomy and/or reconstruction until after the end of the pandemic provided radiation oncology services are available

Defer autologous reconstruction

Cases that should be deferred

- Benign lesions
- Prophylactic surgery
- DCIS
- Delayed SNB for cancer identified on excisional biops
- Re-excision surgery
- Delayed or second stage reconstruction

Consider preoperative systemic therapy for

- cT1N0 ER+ tumors → NET
- Some T2 or N1 ER+ tumors → NET
- Triple Negative/Her2+ → NAC
- Inflammatory/locally advanced BC → NAC

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1. How to define priorities in breast cancer surgical management? 2. What kind of surgery 3. How to use primary systemic therapy?

- Phase II. Urgent setting → *Surgery restricted to patients likely to have survivorship compromised if surgery not performed within next few days*

Cases that need to be done as soon as feasible

- Abscess
- Hematoma
- Revision of an ischemic mastectomy flap/autologous tissue flap*

***Autologous reconstruction should be deferred**

Cases that should be deferred

- All breast procedures

Consider preoperative systemic therapy for all eligible cases

Observation is safe for the remaining cases

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3. How to use primary systemic therapy?

Society of Surgical Oncology (SSO): Resource for Management Options of Breast Cancer During COVID-19

DCIS

- All core biopsies demonstrating DCIS should be tested for hormone receptor status
- ER+ DCIS → endocrine therapy
- ER- DCIS can be delayed if low volume
- ER- DCIS (large volume) can be delayed with close follow up → high priority for surgery
- DCIS with microinvasion --> treat as invasive → high priority for surgery

https://www.surgonc.org/wp-content/uploads/2020/03/Breast-Resource-during-

3. How to use primary systemic therapy?

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ER+ stage I-II BC

- Genomic testing on the biopsy specimen
- Consider NET for at least 3-5 months or NAC if indicated
- Reassessment every 4 weeks (telemedicine)
- For all advanced stages (III-IV) consider NET or NAC

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3. How to use primary systemic therapy?

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Triple negative/HER2+

- T1N0M0 →high priority for surgery.
- T2N0-3M0 or T0-4N1-3M0 → NAC

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3. How to use primary systemic therapy?

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5. Post-NAC

- ER+
  - consider converting to NET in order to delay surgery
  - If HER2+ → consider converting NET + anti-HER2 therapy in order to delay surgery
- TN/HER2+
  - Delay within a 4-8 week post-chemotherapy window, depending on response as long as possible.
  - These patients should be high priority for operation when deemed safe by the individual health system/hospital.

https://www.surgonc.org/wp-content/uploads/2020/03/Breast-Resource-during-

3. Other considerations/Organization of consultations/ follow-up visits

Society of Surgical Oncology (SSO): Resource for Management Options of Breast Cancer During COVID-19

6. Unusual Cases/surgical emergencies/special considerations

- Patients with progressive disease on systemic therapy,
- angiosarcoma and
- malignant phyllodes tumors

should be considered for urgent surgery

- All surgeries amenable to same day discharge should be performed as such.
- All postoperative visits should be considered for telemedicine
- Second opinion and Surveillance visits should be done via telemedicine

https://www.surgonc.org/wp-content/uploads/2020/03/Breast-Resource-during-