Breast Surgery during COVID19 Emergency: Sharing Experience

G.Re.T.A Webinar
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UK Experience

- NHS has followed Italy steps in maintaining cancer care during CODVID 19.
- Most Breast diseases care providers are following ABS recommendations.

Clinical guide on maintaining cancer treatment during the COVID-19

- Essential and urgent cancer treatments must continue.
- Cancer specialists should discuss with their patients whether it is riskier for them to undergo or to delay treatment at this time.

Clinics

- Triage all referrals.
- Telephone consultation.
- Face- to –Face clinic ; 5-6 patients per clinic -30 minutes slot each.
- > 70 yo; if suspected cancer –start empirical HT. No clinic visit
- Keep clear documentation.
- Screening stopped.

Remember

- Plastic apron , gloves and eye protection.
- Clean clinic between patients.
- Tracking lists for patients to be re- evaluated.

Clinics

- Breaking bad news.
- Urgent/emergent post operative with possible complications.
- Otherwise phone reviews.

Confirmed Cancer

- Clip all cancers when biopsy performed.
- ER positive : Start HT- Add to tracking list.
- Surgical priority given to ER negative patients first. Then HER2+ patients.
- Post NACT.
- HGDCIS.
- Aim for day case surgery. Do minimum.
- No reconstruction (ABS statement).

MDT meetings.

- Reduce number of attendees.
- Consider remote meetings.
- Documentation.
- Clear tracking list for elderly and ER positive patients on HT.

Theatres

- Consolidation of cancer surgery on 'clean' ,COVID-19-free site ; private hospitals.
- Pre-op preparations:

✓COVID 19 testing (Not available in most trusts)

✓HX & PE.

✓Recent CT chest (last 24h) or failing that CXR.

Do scan /x ray before wiring. (? Not doen in every unit).

Theatres

- If highly suspicious COVID 19 infection or positive test, postpone surgery 2/52 then re –evaluate.
- Minimum number of staff in theatre
- Appropriate PPE for all staff.
- Smoke evacuation for diathermy / other energy sources
- Team changes will be needed for prolonged procedures in full PPE
- Higher risk patients are intubated and ex-tubated in theatre.
- Incise tumour and mark it – To reduce specimen manipulation by pathologists (Protect pathologists).
- Specimens should be fixed overnight –Formalin.

PPE

- PPE : (availability varies from one trust to another)

✓ FFP3,

✓ Double gloves ,

✓ Long sleeves,

✓ Eye protection,

✓ Over shoes or wash foot wear.

Chemotherapy

- Neoadjuvant chemotherapy only for inoperable disease (ABS statement).
- Categorise patients into priority groups 1-6. If services are disrupted, patients can be prioritised for treatment accordingly.

RT

- Omit RT for patients 65 years and over (or younger with relevant co-morbidities) with invasive breast cancer that are up to 30mm with clear margins, grade 1-2, oestrogen receptor (ER) positive, human epidermal growth factor receptor 2 (HER2) negative and node negative who are planned for treatment with endocrine therapy.

RT

- Omit Boost RT to reduce fractions and/or complexity in the vast majority of patients unless they 40 years old and under, or over 40 years with significant risk factors for local relapse.

Thank You

"…and there are no more surgeons, urologists, orthopaedists, we are only doctors who

suddenly become part of a single team to face this tsunami that has overwhelmed us…"

Dr Daniele Macchine, Bergamo, Italy. 9 March 2020