Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter

Adjuvant Systemic Anti-cancer Therapy in Early Breast Cancer During the COVID-19 Pandemic: Differences between Clinicians and Patients in Perception of Treatment Risks and Benefits

Madam — Patients with a cancer diagnosis carry a higher risk of contracting severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), partly due to the need for multiple hospital visits. Patients with cancer affected by SARS-CoV-2 also have worse outcomes and a higher risk of death or serious complications compared with the general population, especially if they have received anti-cancer therapies within 14 days of presentation [1]. The National Institute for Health and Care Excellence (NICE) recently issued interim systemic anti-cancer treatment recommendations, to allow flexibility in cancer management during the novel coronavirus disease 2019 (COVID-19) pandemic [2]. All recommendations relating to breast cancer management are aimed at reducing hospital visits by stopping, suspending or altering treatments, thereby limiting patient exposure to SARS-CoV-2. For early breast cancer, these include suspending adjuvant therapies for low-risk patients and reducing the course of adjuvant trastuzumab from 12 to 6 months as per the results of the PERSEPHONE trial [3]. We therefore reassessed all 62 patients receiving neoadjuvant or adjuvant systemic anti-cancer therapies for early breast cancer in our department (18 neoadjuvant, 44 adjuvant; median age 57.5 years, age range 31–75 years) with shared decision-making, including in-depth discussions of the benefits and potential risks of treatment continuation. Of the 16 patients who met the above criteria for treatment suspension, nine (56%) decided to continue treatment (five on maintenance trastuzumab). All nine patients had low-risk disease with predicted anti-cancer therapy benefit of $<5\%$ at 10 years. Of the 46 patients with intermediate- or high-risk disease, three (6.5%) decided to suspend treatment due to concerns over COVID-19. Overall, the decisions made by 19.4% of patients were disconcordant with interim NICE recommendations, highlighting significant differences between clinicians' and patients' perception of treatment risks and benefits. A significant proportion of patients were reluctant to accept a therapeutic pause for fear of cancer relapse over that of contracting SARS-CoV-2 infection.

Conflict of interest

The authors declare no conflicts of interest.

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