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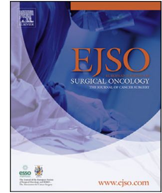

COVID-19 and breast cancer: Impact on patients and breast care centers

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The unexpected arrival of the coronavirus disease 2019 (COVID-19) has broadly altered our daily life.

Not only has it modified our current approach to life, but also it has obliged us to re-define the way by which patients with cancer are treated.

Nowadays the most common worldwide cancer is breast cancer in women.

Almost two million newly diagnosed female breast cancer cases were reported in 2018, accounting for almost one in four cancer cases among women [1].

Currently, worldwide breast cancer centers are facing this dramatic pandemic and there is a need to re-think the approach to patients suffering from breast cancer.

A large number of patients with COVID-19 required to be hospitalized and a consistent percentage of this group needed mechanical ventilation, resulting in a rapid decrease in the number of available intensive care units (ICU) and an overloading of hospital wards [2].

Therefore, it is highly required to produce appropriate protocols and guidelines to prevent the spread of the COVID-19 infection and guarantee the best healthcare system for all patients with breast cancer.

Some experts have already designed general guidelines to define the best approach for breast cancer patients in this period.

As reported by A. Soran and M. Gimbel [3], patients with breast cancer cannot be postponed for months because of the high risk of complications related to the neoplasia's clinical progression.

Several protective procedures have been instituted by some hospitals to decrease the transmission of the SARS-CoV2 virus.

It has been introduced a mandatory use of personal protective equipment for medical and surgical procedures.

Furthermore, the application of smart working has been implemented and only one visitor per patient has been allowed to access the hospital ward.

Thus, the risk/benefit ratio should be considered according to each breast cancer patient and every step in the diagnosis, treatment and follow-up of these patients should be properly calibrated.

Surely, some urgent changes in the management of patients suffering from breast cancer should be considered.

First, all diagnostic procedures should be divided into urgent and not-urgent.

In addition, a defined diagnostic plan should be properly established.

Second, all surgical procedures and chemotherapy regimens should be reasonably programmed without compromising outcomes according to the global patient treatment process. A well-constructed therapeutic path should be taken into account, categorizing the breast cancer patients into four categories: urgent priority, surgery within two weeks, high priority, surgery within four weeks, medium priority, surgery within eight weeks, low priority, surgery after eight weeks allowed [4].

Third, a well-established radiotherapy program should be outlined.

Breast care centers should take under consideration the possibility to delay radiotherapy treatment according to patients' condition and their systemic therapy pathway.

Diversely, plastic surgical procedures could be the only area of the breast cancer patient treatment path safely delayed because they are not time dependent and subsequent outcomes are very similar even if surgical operations are performed months later [3].

Another priority for inpatient breast unit patients has been the growing shortages of medical resources and beds due to the dramatic increase in the COVID-19 patients requiring ICU beds.

Some hospitals with breast care centers have had the possibility to add beds and facilities to cancer care, but other hospitals have required the reallocation of units and systems to care for patients during this health emergency.

Therefore, well-designed worldwide guidelines in the diagnosis, therapy, follow-up of breast cancer patients during this pandemic period are needed to be uniformly carried out in order to provide the best care for these patients.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

[1] Bray F, Ferlay J, Soerjomataram I, et al. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. Ca - Cancer J Clin 2018;68(6):394–424.
[2] Saini KS, de las Heras B, de Castro J, et al. Effect of the COVID-19 pandemic on cancer treatment and research. Lancet Haematol 2020;2019(20):2019–21.
[3] Soran A, Gimbel M, Diego E. Breast cancer diagnosis, treatment and follow-up during COVID-19 pandemic. Eur J Breast Heal 2020;16(2):86–8.

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[4] Curigliano G, Cardoso MJ, Poortmans P, et al. Recommendations for triage, prioritization and treatment of breast cancer patients during the COVID-19 pandemic. Breast 2020;52:8–16. https://doi.org/10.1016/j.breast.2020.04.006.

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