

## **Supplemental Figure 1**

### **Surgery should proceed:**

- Lumpectomy or mastectomy after neoadjuvant chemotherapy – surgery within 2-6 weeks of last chemotherapy cycle
- Lumpectomy or mastectomy for triple negative and HER2+ breast cancers where surgery needed to determine systemic therapy
- Lumpectomy or mastectomy for T1cN0 grade 3 ER+ tumors or other tumors for which a 3-month surgery delay is expected to be significantly detrimental to outcome
- Patients on neoadjuvant therapy whose tumors are progressing or where therapy cannot be continued
- Lumpectomy or mastectomy for ER- DCIS, ER+ DCIS > 3 cm on imaging, multifocal DCIS
- Contralateral mastectomy for high risk gene mutation carriers (e.g. BRCA1/2 positive) having a mastectomy for cancer– does not change LOS or # f/u visits
- Immediate reconstruction for mastectomy patients– does not change LOS or # f/u visits

### **Initiate neoadjuvant therapy and plan surgery in 3-6 months:**

- T1/2N0 ER+HER2-: Initiate endocrine therapy.
  - Note: consider oncotype testing of core specimen if considering neoadjuvant chemotherapy rather than endocrine therapy
  - Note: consider surgery first if surgical staging essential for deciding between chemotherapy vs. endocrine therapy alone
- Patients who definitely require chemotherapy, proceed to neoadjuvant chemotherapy
  - Note: consider surgery first if surgical staging required to determine surgical regimen. Use axillary imaging and image-guided biopsy as an alternative to surgery whenever possible
- ER+ DCIS < 3 cm: pre-op endocrine therapy
- Atypia on core biopsy

### **Continue neoadjuvant therapy and delay surgery:**

- Patients currently on neoadjuvant therapy where treatment can reasonably be continued, including those on neoadjuvant endocrine therapy

### **Postpone surgery until COVID-19 crisis sufficiently resolved and previously delayed cancer surgeries have been completed:**

- Contralateral prophylactic mastectomy
- Bilateral prophylactic mastectomies for healthy mutation carriers
- Symmetry surgery after unilateral cancer treatment