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Supplemental Tables for:
The impact of the COVID-19 pandemic on surgical management of breast cancer: global trends and future perspectives.
Nicola Rocco et al.

Table S1. American College of Surgeons: COVID-19 Elective case triage guidelines for surgical care of breast cancer (7).

ICU Intensive Care Unit

Phase	Description
Phase I. Semi-Urgent Setting (Preparation Phase)	• Few COVID 19 patients • hospital resources not exhausted • institution still has ICU vent capacity • and COVID trajectory not in rapid escalation phase
Phase II. Urgent setting	• Many COVID 19 patients • ICU and ventilator capacity limited, or • supplies limited or • COVID trajectory within hospital in rapidly escalating phase
Phase III	• Hospital resources are all routed to COVID 19 patients, • no ventilator or ICU capacity, or • supplies exhausted.

Table S2. Web-based poll questions

	Question	Possible answers
1	**Geographical area**	1. North America 2. Central America 3. South America 4. USA 5. Middle East 6. Iran 7. Italy 8. Spain- France-UK 9. Oceania 10. Other
2	**Position**	1. Fully accredited surgeons 2. Trainees
3	**Pandemic phase**	1. Phase 1 2. Phase 2 3. Phase 3
4	**Surgical Priorities**	1. Neoadjuvant patients finishing treatment; T2 or N1 HR+/HER2 neg; Triple negative or HER2 positive ; Discordant biopsies likely to be malignant Excision of malignant recurrence 2. Like the previous but no Discordant biopsies likely to be malignant 3. Neoadjuvant patients finishing treatment; Triple negative or HER2 positive patients 4. Neoadjuvant patients finishing treatment
5	**Cases that can be deferred**	1. I'm not changing my practice 2. I'm deferring bilateral procedures and autologous reconstructions and benign cases 3. Like the previous but also ER+ DCIS 4. Like the previous but also Re-excision surgery

6	**Alternative treatment approaches to be considered including use primary systemic therapies (chemo and hormonal)**	1.I'm not changing indications for primary systemic therapies 2. T1N0 HR+/Her2 neg; tumors can receive hormonal therapy; Triple negative and HER2 positive tumors can undergo neoadjuvant therapy prior to surgery; some T2 or N1 HR+/HER2 negative tumors can receive hormonal therapy; N1 irrespective of subtype can undergo neoadjuvant therapy 3. Triple negative and HER2 positive tumors can undergo neoadjuvant therapy prior to surgery; N1 irrespective of subtype can undergo neoadjuvant therapy prior to surgery 4. Triple negative and HER2 positive tumors can undergo neoadjuvant therapy prior to surgery. I use endocrine treatment in elderly patients with comorbidities
7	**Organization of consultations/ long term follow-up visits**	1.I' haven't changed the organization of follow-up visits 2. Long term follow-up suspended 3.long term follow-up suspended but urgent referral accepted (limited number) and distanced in waiting room 3.Long term follow-up suspended but urgent referral accepted no special measures in waiting room
	Theater List	1. Unchanged 2. Reduced sessions 3. Emergency only

Table 3. Web-based poll variables. Grouping of variables for statistical analysis

Pandemic Phase According to "Covid 19 Elective CaseTriage Guidelines for Surgical Care Breast Cancer Surgery" (https://www.facs.org/covid-19/clinical-guidance/elective-case/breast-cancer).: Phase 1 – Standard **(1)**; Phase 2 + 3 – Restrictions **(2)**;
Priorities (cases to be done as soon as possible): Neoadjuvant patients finishing treatment; T2 or N1 HR+/HER2 neg; Triple negative or HER2 positive ; Discordant biopsies likely to be malignant Excision of malignant recurrence – Standard **(1)**; Like the previous but no Discordant biopsies likely to be malignant + Neoadjuvant patients finishing treatment; Triple negative or HER2 positive patients + Neoadjuvant patients finishing treatment – Restictions **(2)**;
Cases that can be deferred: I'm not changing my practice – Standard **(1)**; I'm deferring bilateral procedures and autologous reconstructions and benigncases + Like the previous but also ER positive DCIS + Like the previous but also Re-excision surgery – Restrictions **(2)**;

Alternative treatment approaches to be considered including use primary systemic therapies (chemo and hormonal): I'm not changing indications for primary systemic therapies – Standard **(1)**; T1N0 HR+/Her2 neg; tumors can receive hormonal therapy; Triple negative and HER2 positive tumors can undergo neoadjuvant therapy prior to surgery; some T2 or N1 HR+/HER2 negative tumors can receive hormonal therapy; N1 irrespective of subtype can undergo neoadjuvant therapy + Triple negative and HER2 positive tumors can undergo neoadjuvant therapy prior to surgery; N1 irrespective of subtype can undergo neoadjuvant therapy prior to surgery + Triple negative and HER2 positive tumors can undergo neoadjuvant therapy prior to surgery. I use endocrine treatment in elderly patients with comorbidities – Restrictions **(2)**;

Organization of consultations/ long term follow-up visits: I' haven't changed the organization of follow-up visits – Standard **(1)**; long term follow-up suspended + long term follow-up suspended but urgent referral accepted (limited number) and distanced in waiting room + long term follow-up suspended but urgent referral accepted no special measures in waiting room – Restrictions **(2)**;

Theater List: Unchanged – Standard **(1)**; Reduced sessions + Emergency Only – Restrictions **(2)**