

# Early breast cancer care largely safe and effective in pandemic

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A U.K.-wide study involving patients with early breast cancer has shown their care was no less safe and effective than before the pandemic started.

The University of Manchester led [national study](#) of 3,776 [patients](#)—treated for early [breast](#) cancer at 64 hospitals across the UK—between March and May 2020, is published in the *British Journal of Cancer*.

The team found that the majority of patients were delivered safe and [effective treatment](#) in line with normal practice, on time and to standard, in pre-operative, operative, and post-operative settings.

There were just 14 cases of patients testing positive for COVID-19 in the study, one percent of the total. None of the patients involved the study died from the disease.

The success, say the team, can be partly explained by the adoption of multidisciplinary UK guidelines, which were published early in the pandemic, advising on the safe management of patients.

In addition, there was rapid adoption of the findings from a 10-year study—known as Fast Forward. Fast Forward was published in May 2020, although guidance arising from it was issued before publication.

Fast Forward recommended shortening radiotherapy course from 15 doses over three weeks to five doses in a week, having showed that five doses was as effective as 15 doses in terms of cancer recurrence.

Though the reduced number of doses are given at a higher intensity, side effects are no different.

Of the 64 hospitals in the study, 46 rapidly introduced the Fast Forward protocol during the period of the study.

Other measures included rigorous COVID-19 testing of patients, operations carried out in COVID-19 free surgical theaters known as 'green zones' both in the NHS and [private sector](#), and rapid discharge of

patients.

However, some patients did potentially miss out on [breast reconstruction surgery](#) which is likely to have implications on the breast service in the future, in terms of needing to offer more reconstructions at a later date.

And though the study only examined existing patients, breast cancer screening has been hit by the pandemic, with reduced numbers of women attending for screening.

However, screening services are now fully open and women can be reassured that safe, COVID-protective measures are in place.

Paper co-author, surgeon Professor Cliona Kirwan, is a Clinician Scientist at The University of Manchester.

She said: "Compromises to cancer care during the COVID-19 pandemic have the potential to impact on survival, as well as quality of life, service provision, and health economics.

"But this study definitively shows that for patients with breast [cancer](#) who are in the system, the NHS is able to deliver effective, timely and safe care.

"Outcomes are as good as they were before the pandemic took hold, and that's a result of the fantastic work of everyone in multi-disciplinary teams across the UK.

"The message we want to get across is that it is perfectly safe to come to hospital if you have discovered a lump in your breast and want it checked out."

Co-author Mr Rajiv Dave, a consultant oncoplastic breast and endocrine

surgeon, said: "The Fast Forward study pre-empted the pandemic, the timing of its publication was fortuitous, allowing new treatment guidelines to be based on it.

"Fast Forward fits well into the changed environment; patients do not need to visit hospital as many times, thus reducing their risk of exposure to COVID-19.

"But what is remarkable that it took many years for hospitals to transition from a regime of 25 doses to 15 doses, this change happened in a matter of months.

"The NHS reacted quickly to the evidence and there's lots of evidence to suggest the [pandemic](#) triggered a permanent change in practice."

**More information:** undefined undefined et al. Breast cancer management pathways during the COVID-19 pandemic: outcomes from the UK 'Alert Level 4' phase of the B-MaP-C study, *British Journal of Cancer* (2021). [DOI: 10.1038/s41416-020-01234-4](https://doi.org/10.1038/s41416-020-01234-4)

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