

PATIENT EDUCATION

## Breast Care in the Time of Coronavirus (COVID-19)

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As anyone with a breast cancer diagnosis will tell you, the anxiety that comes with it is one of the worst parts. The COVID-19 crisis has now added yet another layer to this anxiety. But know this: You (and your loved ones) *can* protect yourself from coronavirus infection without compromising your cancer screening and/or treatment.

Like most things in life, it is simply a matter of balance, along with a few changes to how we do things.

First, it is important to understand that your cancer care team will continue to use every tool at their disposal to help keep you safe, healthy and informed. This has not changed. However, to minimize your chances of being exposed to the virus, there *are* a number of things that may change, depending on your individual circumstance:

#### \* **How you interact with your cancer care team may change.**

In keeping with directives to shelter in place, whenever possible, we will conduct visits by telehealth using phone and/or video. In-hospital appointments will be kept to a minimum, as directed by your care team. This will reduce your potential for exposure by keeping you out of the hospital as much as possible.

#### \* **Your treatment/screening schedule may change.**

It is important to understand that, in the vast majority of cases, breast cancer is not an urgent care situation. While it certainly feels like an emergency, there is a lot of wiggle room in terms of when treatment should be administered. Your care team will only reschedule or delay treatment when it is absolutely safe to do so, without compromising the effectiveness of your treatment.

Below are some additional guidelines and suggestions about screening and treatment during this time that may be helpful. Please bear in mind that your care team will know best about your particular situation.

#### **If you are newly diagnosed with invasive cancer**

understand that neoadjuvant therapy (starting with systemic therapy before surgery) is a great approach to treating any stage of cancer. It is especially important in high-risk, high-grade disease. Getting information about how your tumor responds to the therapies (either chemotherapy or endocrine therapy – whichever is most appropriate for you) is extremely helpful in determining the best treatments for you. And it may help you avoid more aggressive surgical procedures or radiation when there is a good response. Switching the order of therapy helps you to right-size your treatments. Many, many clinical trials have shown this. During the COVID-19 crisis, it can help us plan your surgery for a time when it is safer for you and safer for our medical facilities.

#### **If you are newly diagnosed with ductal carcinoma in situ (DCIS)**

you can safely take hormonal therapy for at least three months prior to going to the operating room. And this approach may determine that you can consider a longer-term active-surveillance approach. DCIS is *not* invasive cancer. Your life is not threatened, and if we can treat someone with hormone-positive breast cancer with endocrine therapy for three months, we certainly can do the same for DCIS. Several studies have shown this is a safe approach.

#### **If you have completed surgery and are waiting to start radiation**

you can most likely safely wait 12 weeks before starting your radiation. Talk to your radiation oncologist, and make sure that radiation is right for you and will make a difference in survival. There are some situations where radiation may make either very little or only a very small difference. If you are older and have a hormone-positive tumor, you can consider taking hormone therapy only. Find out if there are shorter courses of treatment that are appropriate and just as safe. Every person's situation is different, so be sure to discuss your options with your radiation oncologist.

#### **If you are worried about getting cancer or are due for a mammogram**

*don't go in now* to get screened. There is no problem with delaying screening for three months. And think about joining the [WISDOM Study](#). This is a big national study asking if perhaps one size does *not* fit all for breast cancer screening. Be one of the 100,000 women helping to ask if a personalized approach to screening, based on your individual risk, compared to a mammogram every year starting at age 40 is as safe, has fewer recalls and biopsies, is preferred and increases use of prevention in those who have the most to gain.

#### **If you have recently learned that you are at very high risk for breast cancer**

or that you have inherited a mutation that increases your risk for developing cancer, you can get a video consult, learn about your options and schedule appropriate screening about three months out. That is safe and keeps you out of potentially high-risk areas for coronavirus infection until the worst of this crisis passes.

#### **If you are a cancer survivor**

you can safely delay a follow-up screening. If you have a symptom, make sure to talk to your physician, who can determine if you should come in for imaging studies. If you need to, it is safe enough to come in. It is just that at this time, we need to reduce the number of people coming in for care – to protect you, other patients and our health care staff.

#### **If you have breast pain**

especially if it is on both sides, it is highly unlikely to be because of cancer. Wait a few months until the COVID-19 crisis passes, and if it is still a problem, then you should go in.

#### **If you have a new mass in your breast**

you should go in. Cancer clinics are still open to care for you.

Stay home as much as possible. Use video consults and phone calls to communicate with your physicians as much as possible. If you need care or treatment interventions, you can still be treated, and that includes chemotherapy and surgery. If everyone helps to do their part, we will all get through this better as a community, making sure we do what is best for you and everyone who is going through this incredibly challenging health pandemic.

Above all, if you are sick and have a fever and/or a cough, make sure you call your physician's office first. Get their advice, and get tested at a screening center near you, if appropriate.

Stay safe, stay healthy, and stay hopeful!

## Learn more about the author

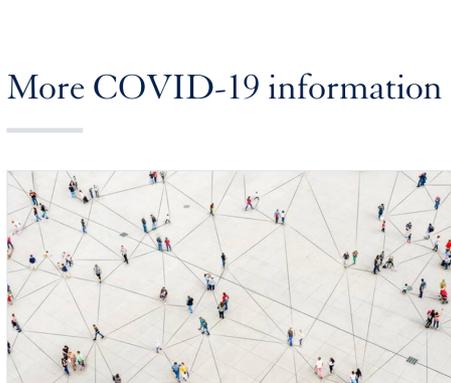


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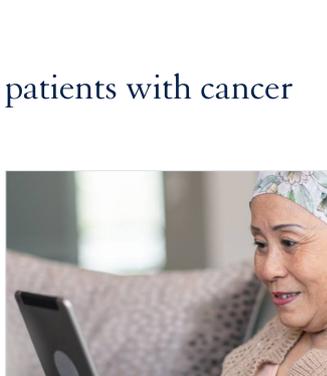
Breast cancer surgeon

## More COVID-19 information for patients with cancer



### Visitor Restrictions Due to Coronavirus

UCSF's visitor policy has temporarily changed due to coronavirus concerns. Find out who shouldn't visit our facilities, and what policies to be aware of when you do visit.



### Cancer Patients: How We Preparing for Coronavirus

Learn how UCSF is working to provide continuously excellent care to our cancer patients during coronavirus outbreak.

*UCSF Health medical specialists have reviewed this information. It is for educational purposes only and is not intended to replace the advice of your doctor or other health care provider. We encourage you to discuss any questions or concerns you may have with your provider.*

