



## **B-MaP-C Study Summary**

Over the last few months the SARS-CoV-2 (coronavirus disease 2019, COVID-19), has spread world-wide. In January 2020, the WHO Emergency Committee declared a global health emergency which has led to worldwide repercussions in healthcare delivery, including that of breast cancer care. In the UK the Association of Breast Surgery (ABS), National Coordinating Committee for Breast Pathology (NCCBP), and Royal College of Radiology (RCP) have issued guidelines regarding the management of patients newly diagnosed with breast cancer during the pandemic. We have seen in many parts of the UK that these guidelines are already in use due to redirection of healthcare provisions to patients suffering with COVID-19 resulting in reduced operating and radiotherapy availability to treat breast cancer patients. As well as this, alterations in management have occurred to reduce the risk of patients developing COVID-19, such as reducing or avoiding chemotherapy to avoid immunosuppression and reducing or avoiding radiotherapy to prevent patients' having to attend hospital for multiple treatments.

It was felt that these potential alterations in treatment should be monitored and studied in an observational cohort study.

### **The primary aim of the B-MaP-C national audit is:**

- To document and describe breast cancer management (surgery, neoadjuvant / adjuvant chemotherapy and radiotherapy) during the COVID-19 pandemic and compare this to current (pre-COVID-19) management practice.

### **The secondary aims include auditing:**

#### **Short term:**

- The proportion of patients on 'bridging' neoadjuvant endocrine therapy who progress or fail to respond and so require surgery for clinical reasons earlier than anticipated.
- The proportion of patients planned for breast conserving surgery, having completion mastectomy for oncological reasons due to altered indications for radiotherapy.
- The proportion of delayed reconstruction in patients who would have been offered immediate reconstruction (and having simple mastectomies instead).

- Proportion of presumed DCIS found to have an invasive component at surgery (usually ~20%)

### Long term:

- To gather a national cohort of patients with COVID-altered treatment pathways that can be interrogated in the future for oncological outcomes, including but not limited to:
  - Risk of increased loco-regional recurrence and/or poorer overall survival in patients having breast conserving surgery, and omitted radiotherapy.
  - Risk of increased loco-regional recurrence and/or poorer overall survival in patients having omitted neoadjuvant / adjuvant chemotherapy +/- targeted anti-HER2 therapy.
  - Risk of disease progression and/or poorer overall survival in premenopausal and postmenopausal patients on 'bridging' primary endocrine therapy having delayed surgery.

#### PHASE 1: Patient Registration

- Prospective where possible
- Register patient (keep local copy of NHS number against REDCap ID)
- Classify management to appropriate COVID-altered category (REDCap Section 2)

#### Inclusion criteria

- All patients with a new diagnosis of primary breast cancer (B5a, B5b, B5c) having treatment during the COVID-19 crisis
- from 16th March 2020 until normal services will resume, which will be determined locally, by availability of services and facilities

#### Exclusion criteria

- Patients with a new diagnosis of recurrent or metastatic breast cancer
- All patients having surgery for benign breast disease
- Patients having deferred surgery for symmetrising surgery and risk-reducing surgery
- All patients with B3/B4 lesions having surgery
- All patients with established metastatic disease
- All patients with established recurrent disease, with further recurrence
- Incidental breast cancers detected on staging imaging for other non-breast cancers



#### PHASE 2: Particulars of Altered Management, Demographics & Cancer-specific data

- Collected prospectively / retrospectively
- REDCap Section 3 and 4
  - data capture for the exact particulars of COVID-altered management, demographic information and cancer-specific data



#### PHASE 3: Outcomes

- Specifics of data collection will be finalised following completion of Phase 1 and following consultation with audit advisory group
- REDCap Section 5

