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## Letter

# Adjuvant Breast Radiotherapy at an Academic Centre during the COVID-19 Pandemic: Reassuringly Safe



*Madam* — The second wave of the COVID-19 pandemic has revived fears over safe radiotherapy delivery. To allay concerns, we share our experience of adjuvant breast radiotherapy during the first peak, adopting the Fast Forward regimen of 26 Gy in five daily fractions, a regimen proven safe in a trial of over 4000 patients [1] and consistent with recent Royal College of Radiologists guidance [2].

Radiotherapy referrals from outpatient clinics dated 1 March to 7 May 2020 inclusive were reviewed. The Fast Forward regimen was increasingly frequently offered to suitable patients during this time and most accepted, although several preferred standard fractionation. In total, 121 patients were subsequently treated (19% fewer than the corresponding period in 2019, reflecting omission for some low-risk patients). Sixty-four patients (53%) received the Fast Forward regimen, 56 patients (46%) received 40 Gy in 15 fractions, including all six with *in situ* carcinoma, and one with malignant phyllodes tumour received 50 Gy in 25 fractions.

Patients receiving the Fast Forward regimen were older (median age 59 versus 49 years,  $P < 0.05$ ), had earlier stage invasive disease (T1–2 58/64 [91%] versus 39/51 [76%],  $P < 0.05$ ; N0–1 64/64 [100%] versus 40/51 [78%],  $P < 0.01$ ) and less frequent neoadjuvant chemotherapy (7/64 [11%] versus 14/51 [27%],  $P < 0.05$ ), mastectomy (8/64 [13%] versus 22/57 [39%],  $P < 0.01$ ) and tumour bed boost after breast conservation for invasive disease (2/56 [3.6%] versus 12/29 [41%],  $P < 0.01$ ). Histology did not significantly differ between groups.

Patients underwent weekly asymptomatic COVID-19 swabbing and received appropriate infection control measures if symptomatic or confirmed positive. There were two cases of COVID-19 within this cohort (1.7%) and no

hospitalisations. There was no acute toxicity of grade 3 or higher. Treatment extended beyond the recommended duration for only one patient to replan for contour change unrelated to COVID-19.

These results confirm that with suitable fractionation and infection control precautions, adjuvant breast radiotherapy may safely continue during the second and any subsequent wave of this pandemic.

## Conflicts of interest

The authors declare no conflict of interest.

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