



Editorial: Impact of the Covid-19 Pandemic on Breast Cancer Treatment and Patient Experience

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Ludwigson et al. used a mixed method (questionnaire and phone interviews) to identify the impact of the Covid-19 pandemic on the treatment and patient experience of breast cancer patients in an academic multidisciplinary program.¹ The survey initiated a year and a half after the start of the pandemic, which enables us to catch a glimpse of how the later stage pandemic has influenced the treatment and experience of breast cancer patients.

Unlike early studies looking at the effect of the Covid-19 pandemic on treatment decisions in breast cancer patients where less than 7% of patients used telemedicine visits during their treatment, 63% of this cohort utilized telemedicine visits at least once in their breast cancer journey.² While 67% were satisfied with the visit and enjoyed the ease of scheduling and reduced risk of exposure, others voiced concerns about privacy, the impersonal nature of the visit, feeling rushed, and the connectivity and communication barriers that can occur during virtual visits. The most common concern was the lack of a physical exam associated with telemedicine. Certain breast cancer care team visits may be amenable to a virtual visit such as genetics, survivorship, or some medical oncology visits. Women with breast cancer, however, are particularly concerned about recurrence and surgeons are reliant on

physical exam for appropriate surgical planning and follow-up. Radiation and medical oncologists need to monitor the patient's physical exam for side effects and efficacy of treatments. Programs must find the correct balance between in-person and virtual visits to improve efficiency and decrease exposure as well as establish trusting relationships and appropriately monitor patients.

Physicians are learning how to weave telemedicine visits into a busy clinic day. Medical assistants can virtually “visit the waiting room” to communicate delays and identify patient concerns. Physicians can ask personal questions and practice good body language and listening skills to promote a trust building relationship throughout the virtual visit. Family and friends who are not with the patient can be invited to participate in virtual discussions by adding a sharable link.

The patients in this study reported distress about visitor limitations, particularly when their families were not permitted to accompany them for surgeries or chemotherapy treatments. Feelings of social isolation were frequently reported in addition to feelings of sadness, depression, and anxiety. Medical care teams need to find ways to include the patient's support system, even if virtually, and encourage patients to safely continue activities that improve both mental and physical health. Susan Pinker's TED talk points out the top two factors that impact a person's longevity, and it is not diet and exercise. A person's close relationships and their social integration have the greatest impact on longevity.³ The pandemic has interrupted these crucial elements for our patients, and we must find ways to engage their support system and prevent social isolation during and after their treatment.

Exercise helps to alleviate the side effects of treatment, improves mood, and even decreases cancer recurrence.⁴ We have seen that a sizable number of our patients stopped going to the gym or exercising because of exposure

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concerns. The medical team should encourage safe return to exercise and alternative methods of exercise to improve their patient's physical and mental health as they cope with a diagnosis of a malignancy during the pandemic.

A quarter of the patients in this study reported comorbidities that put them in a high-risk category for Covid-19 infection. While the majority of patients in this study reported that the center was taking adequate measures to address Covid-19, half were still concerned that the virus would impact their treatment or recovery. In this cohort, 18% reported that their treatments had been disrupted or delayed. We do not yet have the long-term data from the thousands of breast cancer patients diagnosed during the pandemic that tells us if these delays in screening and treatment have impacted survival. Covid-19 variants are causing a resurgence of elective case cancellations across the country and further treatment delays. Breast care teams need to monitor and document deviations from standard of care so that we can identify the impact of these alterations on outcomes and the patient journey. There are available registries and evidence-based resources to help guide patient care, such as the multisociety "Recommendations for prioritization, treatment, and triage of breast cancer patients during the COVID-19 pandemic: the COVID-19 pandemic breast cancer consortium" and "COVID-19 Pandemic Breast Cancer Consortium's Considerations for Re-entry" among many other resources.^{5,6}

Studies, such as this one, play a significant role in our understanding of how the pandemic has impacted our patient's experience. We still have a paucity of data

regarding social determinants of health, and more studies are needed that focus on populations who experience disparities in both cancer and pandemic-related outcomes.

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