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EDITORIAL – BREAST ONCOLOGY

Presidential Address: 2020 is Hindsight

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2020 … what a lemon! Most of us were relieved to have 'the year of COVID-19' behind us and we could finally see the light at the end of the tunnel and a return to normal life. When we reflect on this last year, can we find any positives stemming from the losses, the uncertainty, the confinement, the chaos, and the fear?

Last spring, a long-time friend of mine (let's call her Jane) phoned because she had found a lump while in the shower. She was away picking up her older kids from college, while trying to figure out how to homeschool her youngest and work all at the same time. When we got her in for imaging and a biopsy, the news came back as we both had feared … she had breast cancer … during a pandemic. Despite my reassurance that she had caught it early and it had positive receptors or 'good biology', she was still very worried. She asked me when I could 'get it out of her'. The operating rooms had just shut down for elective cases, patients were being admitted to the intensive care unit with COVID-19, and we had to fill out forms indicating that the operations we were scheduling were 'necessary'. We were all wondering if breast cancer surgery was 'elective'.

I did not want to delay Jane's treatment but I also did not want her to be exposed to the coronavirus during her cancer treatments. This was the dilemma that we were all facing. We just did not know then how long we would be facing it.

The first US case of COVID-19 was identified in Washington at the end of January 2020, and from there the virus spread quicky. In Ohio, our governor shut down a large bodybuilding competition before there was even a single case in the state. Shortly thereafter, schools were closed, elective surgeries postponed, and a stay-at-home order was put into effect. Soon came the mask mandate and the waiver to allow for reimbursement of telemedicine visits. Some hospital administrators were reluctant to stop screening programs despite the ban on elective surgeries, understanding the enormous financial losses the hospital systems were facing. Many surgeons felt caught between the mandates and the newly diagnosed, early breast cancer patients who could not undergo surgery.

The American Society of Breast Surgeons (ASBrS) and The American College of Radiology (ACR) prepared a joint statement encouraging the temporary postponement of screening mammography and magnetic resonance imaging (MRI), at least until the country was more in control. This recommendation helped many surgeons postpone some difficult discussions. Still, patients were arriving daily with breast lumps, many of which turned out to be malignant. We were all asking, 'How do we manage these cancer patients?'

When the pandemic hit, the cry for help on the ASBrS Forum was overwhelming. The ASBrS Forum was launched in May 2019 so that members could reach out to each other and experts regarding difficult cases. The National Accreditation Program for Breast Centers (NAPBC) Board, of which I am a member, was also deluged with requests for guidance from many of their over 600 member sites. Having just completed the joint statement with ACR, leaders from the ASBrS, the American College of Surgeons (ACS) Commission on Cancer (CoC) and NAPBC, the ACR, and the National Comprehensive Cancer Network (NCCN) formed a consensus group called the COVID-19 Pandemic Breast Cancer Consortium. In 7 days, the leaders of these organizations put politics and their lives aside with the purpose of putting forth prioritization guidelines to address the growing concerns of breast care teams. These were posted on all of the participating organizations' websites to make them available as soon as possible, and

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then subsequently published for wider circulation.[1] We should be proud that nine ASBrS members co-authored this practice-changing document, which has been accessed over 8600 times and remains in the 95th percentile of all downloaded articles from the same time period.

The guidelines were determined using existing, evidence-based science and were set up to prioritize patients into separate groups. These groups are, and I am using the present tense because some states have just returned to a ban on elective surgery, Group A (urgent and life threatening), Group B (requires timely treatment), and Group C (reasonable delay would not adversely impact outcomes). Most breast cancer patients fall into one of Group B's subcategories. The paper was structured such that each treating physician could use the guidelines based on the severity of COVID-19 exposure in their region and their hospital's available resources. The main takeaways of the paper were to use multidisciplinary and shared decision making to identify the optimal treatment plan, perform standard of care when possible, and document any deviation. Ductal carcinoma in situ (DCIS) can be safely monitored, and low-grade, endocrine receptor-positive cancers can be given preoperative endocrine therapy for a period of time until the pandemic in the area lessens. Reoperative surgery and lengthy reconstruction should be delayed. That document, and others like it, will have a permanent impact on the future treatment of breast cancer.

In anticipation of the COVID-19 curve eventually flattening, the consortium set about defining how to safely resume treating all breast cancer patients, but still in the context of the pandemic. For the re-entry paper, we added expertise from the American Society of Clinical Oncology (ASCO) and the Society of Surgical Oncology (SSO). This document was written as case-based discussions that contemplated various scenarios with recommendations for treatment. Added to this document is guidance on prioritizing a waiting group of patients, safe return to all forms of treatment, a COVID-19 versus cancer risk calculator, and algorithms for same-day mastectomies. These guidelines remain posted on the COVID-19 resources webpages of the participating organizations of the COVID-19 Pandemic Breast Cancer Consortium.[2]

As expected, many organizations began providing COVID-19 resources. Our resource page includes clinical recommendations and resources from the Society, Consortium partners, and Centers for Medicare and Medicaid Services (CMS). There is a wealth of information on the site, including legislative and regulatory updates on the Coronavirus Aid, Relief and Economic Security (CARES) Act and loan information from the Small Business Association (SBA) and the American Medical Association (AMA). The site also includes billing and coding guidance, and provides payor information and a running overview of the Society's advocacy and outreach contributions.

The largest impact the pandemic had on the ASBrS was in educational formatting. Luckily for our society, not once but twice we were able to mitigate significant financial losses by switching to a virtual platform. In 2020, the ASBrS opted to freeze the Board and postpone the annual meeting for 1 year, focusing instead on getting useful educational material to members during the pandemic.

A weekly virtual fellow's Tumor Board was initiated by a small group of board members who were concerned that the fellows would lose valuable educational opportunities due to the pandemic. This successful virtual platform was expanded to include a multidisciplinary Pandemic Breast Cancer Consortium tumor board that continued for weeks, seeking challenging cases from members. Another group was formed to present the Annual Meeting Scientific Session and Best Papers talk in a virtual education series. This series expanded, focusing on topics that would help the ASBrS members, such as coding and reimbursement, during the pandemic, endocrine therapy for surgeons who were prescribing instead of operating, and a pain management seminar to review pre-, intra-, and postoperative pain control strategies that would facilitate same-day discharge for operative patients. In total last year, more than 5000 people attended the newly expanded virtual platform.

In April 2020, members of the forum again called for a way to help them track alterations in their clinical practice due to the pandemic. In 2 days, ASBrS staff and the Mastery working group established the COVID-19 Pandemic Registry in Mastery of Breast Surgery, which has been used by over 400 members. I look forward to the team sharing the data with us later in the meeting.

Another silver lining that came out of COVID-19 and 2020 was a new enthusiasm within the ASBrS to build relationships with other organizations. Our partnerships with industry have matured as we continue efforts to expose our members to technologic advances in this new virtual world. The ASBrS worked to expand value-based initiatives such as roundtables and webinars promoting techniques that improve patient experience. The ASBrS is initiating a cryoablation registry to evaluate alternative, less costly treatment of small breast cancers and is actively petitioning the CMS to include intraoperative radiation therapy (IORT) in the upcoming value-based radiation oncology fee schedule analysis. We are investigating inclusion of pre- and postoperative genomic assessment in registries and ASBrS trials. Our relationships with the ACR and NAPBC led to the joint COVID-19 screening statement and the Consortium, which led to international

presentations, which led to international partnerships. The ASBrS is poised to help drive the value-based evolution of breast care and the global fight against breast cancer.

The pandemic crippled accrual for hundreds of clinical trials and yet opened up doors for research in innovation, best practices, and guideline development. Never have we seen data sharing like we have this year as journals and editorial boards allowed free access to COVID-19-related publications and many other publications. To review the best studies published during the 2020 pandemic year would be an entire talk in itself. In fact, it would be Dr. Helen Pass's talk so I will leave that to her.

Although nothing is quite the same as an in-person meeting, this pandemic taught our society to expand its educational offerings. The ASBrS is partnering with global societies to promote our brand and help underdeveloped countries. Our society has expanded virtual options that count toward the American Board of Surgery (ABS) requirement for continuous certification. The Question of the Week (QOTW), Breast Educations and Self-Assessment Program (BESAP) III and Selected Readings, along with the 2020 Spring Virtual Education Series, provided a total of 114.5 self-assessment credits. A first of its kind, the ASBrS-UTMB partnership will provide virtual hands-on oncoplastic training to fellows and members, using video, mentee/mentor chat rooms and breast models. The ASBrS, as leaders in ultrasound and stereotactic and oncoplastic certification, have developed a virtual certification mechanism that will begin next month. The Member Engagement Committee even held a successful ZOOM networking session with ASBrS members and the Board. At the time of this recording, we already have over 1300 registrants for the annual meeting and still have 2 weeks of registration remaining. While many of us hoped to have a hybrid meeting this year, the fiscal and safety downsides outweighed the benefits. This pandemic has taught us to diversify, negotiate, improvise, streamline, and focus on our mission; to support the needs of our members and listen to their voices.

The 2020 COVID-19 pandemic forever impacted how we will treat breast cancer. We have seen screening drastically decline and not return to pre-pandemic rates. We are projected to witness stage shifting and increased mortality in the decade to come. We have seen rapid growth in telemedicine visits, although maybe not as much in our field as others. We have seen a surge in personalized medicine using technologies such as artificial intelligence (AI) and early genomic testing. Additionally, we have seen rapid de-escalation of breast cancer treatment during the pandemic, a trend that will likely persist. This pandemic has shown us that we can still achieve good outcomes while doing a bit less, which results in fewer complications and a better patient experience. We can achieve these outcomes at a lower cost. In short, the 2020 pandemic has pushed us toward high-value care, and we are not going back.

I am going to switch gears and tell you a quick personal story. Seventeen years ago, I lost my little brother (Rob) to adrenal cancer. He was 32 years of age and completing his surgical residency in veterinary medicine. My husband Dave and I were able to make it there for his surgery in October but I was 8 months pregnant at the time. I went back a week after my son Will was born and spent my maternity leave with my mom, my sister, the baby, and Rob after his chemotherapy and during his palliative care for which he was hospitalized. I remember some terrible times, like the adverse effects from the drugs, how long it seemed for test results to come back, or one particular afternoon before Rob was ready to give up, when the intern was sent in to get him to sign his 'do not resuscitate' (DNR) paper (poor kid). I also remember the kindness that the nurses extended to our family, the private room they gave to us so we could be with Rob night and day, and the long philosophical talks that we had. After 11 h of waiting on the day of his surgery, it was the medical oncologist, not the surgeon, who came and brought me to see him in the Post-Anesthestic Care Unit (PACU). That gesture meant the world to me. We need to look at treatment through the lens of the patient and the family. Sometimes in our focus on outcomes, the patient's experience can get lost.

Last year, the Standards and Accreditation Committee of the NAPBC was charged with rewriting the standards to fit with the 'nine domains model' of all the ACS quality programs. We saw this as an opportunity to restructure the standards to be patient-centric and organized though the lens of the patient. The new standards will consider transitions and timeliness of care, communication, shared decision making, symptom control, and avoidance of unnecessary treatments. These standards will help centers prepare for the coming value transformation with the adverse effect of improved patient and provider experience. Each year, the percentage of direct employee-to-provider contracts continue to rise. We need to start focusing on high-value care to stay in the game. The NAPBC will rely on organizations such as the ASBrS to establish the appropriate guidelines for patient-centered care, as they do now for ultrasound and stereotactic certification. In short, the ASBrS will continue to be the content expert for breast care, particularly breast cancer care.

2020 was a year that reminded us how far we have yet to go to eradicate the inequities in access, treatment, and outcomes that still exist in medicine. There were more deeply painful and dividing issues that our country faced this past year aside from the pandemic. The circumstances surrounding the death of George Floyd and other Black citizens during encounters with police resulted in hundreds

of protests in US cities as well as in other nations, bringing Black Lives Matter into the spotlight. ASBrS leadership wanted to act rather than simply make a written statement. We had already received a proposal to develop a Disparities Committee and opted to enhance this idea by creating a Health Equity Advisory Group. This group would make recommendations to the Board and other committees regarding ASBrS manuscripts, presentations, nominated positions and other activities, in addition to addressing disparities in breast cancer research and care delivery. Our society's goal is to increase diversity of all kinds in committee, working group and leadership positions, as well as in decision making. The ASBrS is well aware of the inequities in access and outcomes in Black communities. The Society sought to emphasize these inequities in the ASBrS mammography screening guidelines to highlight this at-risk population with younger age of diagnosis and poorer survival.[3] We are pleased to take part in the upcoming ACS Professional Surgical Society retreat next month, promoting diversity, equity, and inclusion and antiracism. We welcome ideas to cultivate culture change and look forward to the upcoming Equity in Breast Care discussions.

Some of you may have heard this riddle: A father and son were in a terrible car crash that killed the father and seriously injured his son. The child was rushed to the local hospital and was about to undergo surgery when the surgeon exclaimed 'I can't operate on that boy—he is my son!' Hmm, how could this be? The boy's father had just died. Cannot figure it out? Do not worry, most people do not. The answer to the riddle is 'The surgeon is his mom!'

This story reminds me of the 'This is What a Surgeon Looks Like' social media campaign, the purpose of which was to break the stereotypical image of a surgeon. The MeToo movement and the power of professional women resurfaced in the last year with the sentencing of Harvey Weinstein and the death of Ruth Bader Ginsburg. Still, a Harvard Business Review (HBR) article reminds us of how far we still have to go. The article, '#MeToo's Legacy', which discussed how outright harassment has been replaced with sexism, describes how professional women today must put up with double standards, pay inequity, exclusion and belittlement.[4] In professional medicine, many women are assigned mentoring and education roles where chief or head roles are often given to the men. We need to work diligently to eliminate double standards, reward people for the work that they do, and free ourselves from unconscious biases.

A great book that explains why so many women have not achieved the same success as their male counterparts, despite being as, and in some cases more, productive is 'Women Don't Ask' by Linda Babcock.[5] I strongly recommend this book for parents, women, mentors, teachers, and all surgeons; and for those of you who are about to negotiate your next job, read the sequel 'Ask for it'.[6] A recent article in *Annals of Surgical Oncology* debates if the glass ceiling has been shattered in the ASBrS.[7] Every year, there are more female podium presenters, committee chairs, and first authors on abstracts. For the first time in its history, next year the ASBrS Executive Committee (Chairman of the Board, Past-President, President, President-elect, and Secretary/Treasurer) will all be women. I believe that the success of women in this society should be largely attributed to the mentorship and sponsorship of the men and women who have had the privilege to lead this organization and to the hard-working committee chairs and board members who have supported diversity and equality. I am proud to say that I believe our society has shattered the glass ceiling in leadership and that a surgeon's sex is no longer a criteria for advancement.

Another 'lemon' of 2020 has been the continued opioid epidemic. For years, surgeons were rated on how well they managed pain control. These misaligned incentives and the overprescribing of narcotics have led to the addiction of thousands of patients. In 2019, an appalling 70,630 Americans died from drug overdose compared with 42,260 who died from breast cancer. Last year, a panel of ASBrS and invited experts from other fields wrote an extremely useful manuscript that emphasizes options for non-narcotic perioperative pain control to decrease dependence on opioids and length of stay. This timely document helped many breast surgeons greatly reduce our patient's exposure to healthcare facilities and the virus.[8]

The last lemon in 2020's gigantic fruit basket full of lemons that I want to mention is physician burnout. It was bad before but the pandemic has definitely taken a toll on most of us. We are worried about getting sick, our family's safety, financial losses, juggling kids and parents, and having to practice medicine (such as pulmonary intensive care unit [ICU] work) that we have not practiced in years. The COVID-19-related oncologists concerns about breast cancer treatment delays and physician well-being (the CROWN study) surveyed breast surgeons from across the nation and found that surgeons suffered immense stress from having to deny treatment to breast cancer patients due to the coronavirus.[9] Our jobs are getting more stressful every day.

There are however some bright spots to working during a pandemic. Wearing sweatpants on your non-clinical days, avoiding the commute, and being home more than usual, to name a few. Gone are the days of rushing to get on the 7.00am call after getting the kids on the bus and feeling somehow like a failure because you know that everyone else is there, in person, in their suits while you barely remembered to brush your hair. Now EVERYONE is on an equal footing, on the screen, and in their 'comfy pants' and

much more casual shirt. You will see your colleague's dogs and cats and hear the occasional yell of a family member, which reminds us that we are all human and are in this together.

A fantastic study and TED talk by Susan Pinker revealed the top three important factors that influence whether you will live to be 100.[10] Surprisingly, it is not your weight or how much you exercise, or even genetics. It is true that 'Quitting Smoking' made the top three, but 'Close Relationships' and 'Social Integration' were numbers one and two. So, talk to the mailman and the person that makes your coffee; chat with the people at work, count on them and make sure they can count on you. I owe a large amount of gratitude to these friends, many from the Board and ASBrS staff, who helped me over the past 2 years. Also count on your family and friends and let them count on you. These people are my world and my greatest accomplishment. Cultivate relationships and remember to be grateful for your work and home life … according to Susan Pinker, you will live longer.

During the 2 years of my presidency, I had the opportunity to continue my schooling and obtain my Master's in Health Care Management degree. I was able to learn a language that is incredibly useful to me as clinician and leader. I learned about continuous quality improvement, the impact of social and behavioral determinants of heath on outcomes, economics and policy, and the reason why disruptors and AI will change medicine forever. One of the most important lessons I learned was what motivates people. It is not punishment or rules, and it is not financial incentives. If you have a fair salary and feel valued, there are three things that Daniel Pink explains will motivate people to be more engaged at work. autonomy: we do not want to be micromanaged; mastery: we want to have the opportunity to grow and improve; and purpose: we need to believe in the mission and have a chance to make a difference. Strive for these things in your career and you will have much less burnout.[11]

All of the accomplishments that your organization made during this trying and busy year started out as one person's idea. Find your purpose. Create positive change for your patients and staff. Focus on high-value care. Put the patient back in the center by finding out about and improving your patient's experiences. Keep learning. Do fewer unnecessary tests and procedures. Moreover, if you want to live to be 100, join an ASBrS committee, come to a meeting, share your ideas, join a trial or registry, run a benefit race, join an international organization to decrease gaps in care in low- and middle-income countries, or start a charity. If you think that you cannot make a difference because you are only one person, then I cannot wait for you to meet our keynote speaker.

2020 has changed our world forever … and, for the ASBrS, we missed out on two in-person meetings, suffered significant financial losses, and our members dealt with burnout and unparalleled stressors. This year has been trying indeed, but we also found positive change in the last year. We are more connected globally in our isolation, we are advancing in our quest for personalized medicine, and we are migrating towards high-value care and grasping innovation to improve patient outcomes. So, when life hands you lemons … don't despair. Find your purpose; turn your idea into an action plan; and get together with your friends and make lemonade, or, after a year like 2020, perhaps Limoncello instead.

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