Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Lockdown (March'20 to May'20.)
• Prospective GIRFT data for outcomes of surgery to ascertain re-operation rates.
• Trust policy, Regional & ABS guidelines adhered to during pandemic.
Results: GP referrals Dec'19 - May'20

MONTH	TOTAL GP REFERRALS	BENIGN DIAGNOSES	CANCERS DETECTED	CANCER INCIDENCE RATE %
DECEMBER	265	14	14	5.3%
JANUARY	281	35	14	5%
FEBRUARY	261	15	14	5.4%
MARCH	239	12	12	5%
APRIL	89	25	9	10.1%
MAY	145	6	11	7.4%

RE-OPERATIONS:

TOTAL PATIENTS	MONTH	MARGINS	SLNB+	ANC
28	DECEMBER	3(10.7%)	0	0
40	JANUARY	2(5%)	1(2.5%)	1
24	FEBRUARY	2(5%)	3(8.3%)	3
26	MARCH	2(7.6%)	5(13.8%)	3
41	APRIL	2(4.8%)	4(9.7%)	2
23	MAY	3(13%)	1(4.3%)	1

Discussion: Referrals dropped during lockdown but cancer diagnosis rates almost doubled-? discerning GP referral.
Conclusion: Referral quality appears improved - although fewer referrals, cancer detection rate doubled from 5% pre-Covid19 to 7.5-10% during lockdown. Service quality maintained with minimal re-operations within social distancing restrictions.

P080. TELEPHONE CONSULTATIONS AND THE IMPACT ON THE BREAST SERVICE

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Introduction: On the 15th March 2020, the ABS provided guidance on how two week wait (2WW) referrals should be managed. In line with the ABS advice, the unit altered its practice; normal clinic visits were halted and triaged by telephone. We aim to outline the clinical impact that a telephone triage service had on our single centre Breast unit.
Methods: Retrospective case note review of all referrals to our unit from the 25th March through to 2nd July 2020. A six month follow up note review was performed to determine if further referrals had been made or further investigations were needed for previously referred patients. Data collected focused on the rate of cancers detected, missed cancers during the use of COVID precautions, and re-referrals from the GPs.
Results: During the 3 month period, the unit received 646 referrals, broadly split into pain, lumps, nipple or skin changes. 174 (27%) patients were telephone triaged and discharged (TD). 471 (73%) of patients attended for a physical review of which 37 cancers were identified (7.9%). 22/174 (12.6%) from the TD were re-referred within the subsequent 6 months, identifying 1/646 (0.16%) delayed breast cancer diagnosis (due to patient not following advice to re-present after lockdown) and 21 benign.
Conclusion: The National pandemic has resulted in adaptations of service and the use of a telephone triage service. We were able to reduce our physical reviews by 25% with subsequent delayed cancer rate of 0.16% at 6 month follow up.

P081. A BREAST SHIELD CLINIC - PROTECTING THE VULNERABLE FROM COVID 19 AND CANCER

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Introduction: On the 11th of March 2020 the World Health Organisation (WHO) announced that the COVID-19 outbreak had reached pandemic levels. Over 2 million people in the UK were identified as clinically extremely vulnerable and advised to shield. Breast cancer services had to adapt to balance the risk of delayed breast cancer treatment with the risk of exposure to COVID 19.
Methods: The breast unit at The Countess of Chester Hospital introduced a triple assessment clinic exclusively for shielding patients aiming to ensure equitable safe provision for all. Changes involved the use of personal protective equipment, reduced clinic numbers and departmental deep clean prior to each clinic. During a 'shield clinic' there was no additional activity in the department and a one-way patient flow system was implemented.
Results: During the shielding period a total of 83 two week wait clinically vulnerable patients were referred. The age range was 35 to 87 years of age. 44.58% had malignant pathology and 55.42% found to have benign pathology or normal breast tissue. 16 patients were given empirical endocrine treatment, 31.25% of these patients later went on to have biopsy proven oestrogen receptor negative cancers.
Conclusions: The implementation of a dedicated 'shield clinic' during the COVID pandemic allowed clinically vulnerable patients to access breast cancer services in a reduced risk environment. Initial telephone consultation ensured a face to face appointment was absolutely necessary and reduced contact time in the clinic.

P082. BREAST CANCER SURGERY AND THE COVID-19 PANDEMIC; THE IMPACT OF PATIENT PATHWAY CHANGES ON OVERALL PERFORMANCE

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Introduction: The COVID-19 pandemic has affected breast cancer care, and in March 2020, following ABS guidance, the Bucks Breast Unit reorganised the patient pathways. The aim of the study was to determine the effect on performance.
Methods: The breast team was divided into two and alternated clinics and theatre lists with no cross-over. All routine appointments were postponed. The two-week-wait referrals were triaged into a telephone or face-to-face appointment; for the latter, imaging was pre-ordered, and each patient was directed 'straight-to-test' before clinical review. Patients were tracked by the MDT coordinator and discussed at a virtual MDT. For those with a favourable tumour biology, primary endocrine treatment was started. All patients needing surgery were assessed using the waiting-list-risk-measurement-tool, and surgery was performed at a local private institution as part of NHS Resilience collaboration. Data was captured in the Thames Valley Cancer Alliance (TVCA) Dashboard. The Breast Care Specialist Nurses called all patients to provide support and well-being advice. The unit resumed a pre-pandemic service in June 2020.
Results: In April 2020, 2WW referrals dropped by 72% (n=92, baseline 327) with an estimated reduction of 705 patients in 6 months. By October 2020, the referral numbers had increased to 140% (n=469, baseline 336). The numbers of cancers diagnosed from April - October 2020 was 205, and 317 in 2019. The BCNs made 319 telephone calls. See Table 1.