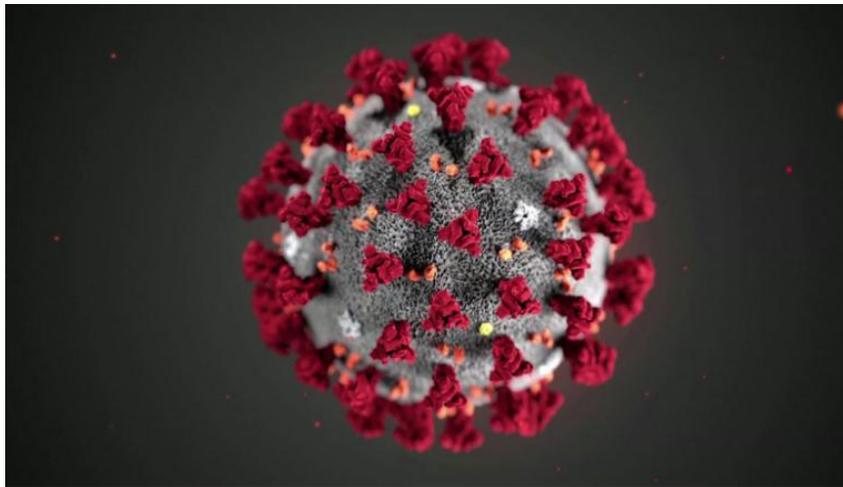


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**BREAST HEALTH PANDEMIC SURVIVAL GUIDE:  
Managing Your Breast Health During a Pandemic  
*Second Edition***

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In the first edition of this guide, the world was just getting a handle on the impact that Coronavirus (COVID-19) would have on our daily lives. Things are quite a bit more clear now. For far too many in the U.S., the impact has been monumental: 170,000 confirmed deaths and 5.3 million documented infections and counting. The good news is that the death toll has not been as high as we had feared. However, we have yet to fully understand the [short and long term consequences](#) of a virus that attacks the respiratory and vascular system producing widely varied effects such as pneumonia, heart failure, stroke, blood clots, kidney failure, psychiatric disorders, joint pain, hair loss and male infertility.

The most important thing we've learned since the beginning of the pandemic is that physical (social) distancing measures can reduce the spread of the pandemic. A fundamental aspect of physical distancing is routine mask wearing by all individuals in public spaces. Furthermore, we've learned that basic, non-medical grade masks, do a pretty good job at preventing spread of the virus—a fact that has fortunately reduced demand for N95 masks that are still essential for healthcare providers caring for patients in high-risk situations. An exception to this mask rule is the [polyester neck gaiter type mask](#) which was recently shown to be an ineffective barrier to the virus.

Improved understanding of COVID-19 transmission has allowed us to define a path forward to resuming our daily lives and healthcare, as much as possible, while also staying safe. Early demands that over-taxed the healthcare system have eased along with dramatic cutbacks that slowed timely delivery of

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healthcare. Enhanced hospital resources and policies have allowed resumption of elective surgery, cancer screening services, and routine healthcare - at least for the time-being. No one knows what the upcoming winter will bring when the ongoing pandemic converges with the annual seasonal flu. However, it is likely that the pandemic situation will get worse long before it gets better—at least until there are tested, approved, effective, and widely available vaccines and COVID-19 testing for the average citizen—a scenario that will undoubtedly take a year of more to put into place. Thus, there is no better time than the present to update your healthcare. This revised edition of the ***Breast Health Pandemic Survival Guide*** should provide some timely strategies.

- 1. You should continue to seek healthcare.** The pandemic did not make breast cancer go away or diminish the importance of other life-threatening health conditions. Therefore, it's important that you use this period of relative calm to schedule cancer screening evaluations (e.g., mammograms, colonoscopies, and pap smears) and routine healthcare visits that might have been postponed by the pandemic.
- 2. Consider a telehealth visit instead of an in-person visit.** If you are voluntarily or involuntarily quarantined or simply reluctant to go out in public, you might have the option of a telehealth (e.g., videochat, phone, or virtual) visit with your doctor. Real-time telemedicine permits a live interaction between a health professional and patient using secure, HIPAA-compliant audio and video communication. Think Facetime, just more secure! For example, a surgeon might use a VideoChat telehealth office visit to provide a new consultation, second opinion, and after-surgery wound check, or to discuss test results. There are now many consumer home medical monitoring devices that can track your vital signs and blood sugars to help your doctor make important decisions regarding your health. It is true that there is nothing like having your doctor lay his or her eyes and hands on you, but there is a lot of information that can be gathered virtually. Telehealth appointments will also provide an opportunity for your doctor to determine if your telehealth appointment should be escalated to an in-person office visit.
- 3. Schedule your annual mammogram.** In recent months, my colleagues and I have noticed that we are seeing relatively more patients with advanced stage breast cancer and fewer patients with early stage breast cancer as a consequence of reduced rates of breast cancer screening. This means that relatively more breast cancer patients are presenting with palpable breast masses and abnormal lymph nodes. Although many breast cancer screening centers cut back their hours at the beginning of the pandemic, most have returned to full operation. The best breast cancer outcomes come from breast cancers that are diagnosed before symptoms appear. So don't wait until you have a lump, pain, or another physical symptom to obtain your mammogram. In addition to mammograms, women with dense breasts should also undergo screening ultrasound or screening breast MRI ([if high risk](#)).
- 4. Continue to practice proper hygiene.** Regardless of the state of your health, one of the most important things you can do to avoid contracting or transmitting COVID-19 is to wash your hands regularly with soap and water and/or frequently use alcohol-based hand sanitizers that contain at least 60% alcohol. You should also avoid unnecessary touching of your face, mouth, and eyes unless your hands are clean, since these are the places where the COVID-19 virus enters the body. In addition, it is best to avoid any family, friends, or strangers suspected of having or displaying symptoms of COVID-19 infection. Please see the [Centers for Disease Control and Prevention](https://www.cdc.gov/coronavirus/2019) guide ([www.cdc.gov/coronavirus/2019](https://www.cdc.gov/coronavirus/2019)) for more tips about COVID-19 symptoms and avoiding infection.
- 5. Maintain physical distancing in the doctor's office or mammography center.** When you come to the doctor's office or imaging center for an appointment, you may wish to wait in the

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hallway or wait outside the building to avoid sitting in a crowded waiting room. Just leave your cell phone number with the receptionist so that you may be called minutes before your appointment. Expect to fill out forms? Bring your own pen and clipboard to avoid sharing these with other patients. If going to the doctor's office still makes you feel uneasy despite these precautions, consider wearing an outer layer of clothes that you can remove before getting back to your car.

- 6. Wear an N95 or KN95 mask if your immune system is compromised.** Although regular medical grade and non-medical grade (cloth) masks appear to be effective at reducing spread of COVID-19, the main goal behind universal mask wearing is to prevent people from spreading COVID-19 to others. However, those masks might not be good enough to prevent you from catching the virus from others, especially if you are immunocompromised. In my opinion, immunocompromised patients should only use N95 or KN95 masks. Chemotherapy and many targeted therapies weaken your immune system, making it more difficult to resist or fight infection. If you are uncertain if you are on a medication that weakens your immune system, please ask your doctor. Commonly used anti-estrogen medications like Nolvadex (tamoxifen), Arimidex (anastrozole), Femara (letrozole), and Aromasin (exemestane) DO NOT weaken your immune system. Furthermore, merely having a recent history of breast cancer does not mean that your immune system is compromised.
- 7. It's time to schedule elective procedures.** Most hospitals have resumed performing elective surgery with routine COVID-19 testing of all patients prior to surgery to protect patients and hospital personnel. However, there is great concern that an anticipated increased demand for hospital services and resources during the upcoming flu season and ongoing pandemic will once again lead to cutbacks in elective surgery at hospitals across the country. If you have a breast cancer that has been managed non-operatively or a benign breast condition for which surgery has been recommended, now might be the best time to schedule elective surgery before the window of opportunity closes later in the year. Women considering lumpectomy for stage 0, I and II breast cancer should consider [intraoperative radiotherapy](#) or radiation given during surgery to eliminate the need for 4 weeks of daily hospital visits for radiotherapy after surgery.
- 8. There are ways to keep most tumors "in check" while awaiting surgery.** What if you've been diagnosed with breast cancer and are unable to promptly undergo surgery due to the pandemic or another reason? Don't worry, there are several things you can do in the meantime to keep the cancer from growing and spreading. For example, if you have been diagnosed with non-invasive (stage 0) breast cancer or ductal carcinoma in situ (DCIS), you can safely wait up to 3 months before proceeding with surgery. If you've been diagnosed with non-invasive or invasive breast cancer that is strongly sensitive to estrogen, you can be started on anti-estrogen pills [e.g., tamoxifen (Nolvadex) or anastrozole (Arimidex)] to suppress cancer growth for 6 months or more while awaiting surgery. On the other hand, if you've been diagnosed with triple negative invasive breast cancer or a cancer that is only weakly sensitive to estrogen, you should seek a priority appointment for surgery or chemotherapy since anti-estrogen pills do not work well (or at all) against these tumors. Selected patients may also undergo [cryoablation](#) or cancer freezing ([www.cryoablation.com](http://www.cryoablation.com)) as a substitute for surgery or as a means of controlling a breast tumor while awaiting future breast and/or lymph node surgery.

Please feel free to share this [Breast Health Pandemic Survival Guide](#) with your family, friends, or patients.