Delayed Surgery for Women With Breast Cancer May Have No Impact on Overall Survival

Women with early-stage breast cancer showed no upstaging following a postponement of surgery.

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In order to reduce patient exposure and the use of hospital resources during the COVID-19 pandemic, surgeries, including those for cancer, were pushed back. A recent study published in the Journal of the American College of Surgeons found that a longer span of time between a breast cancer diagnosis and surgery did not decrease overall survival in women with early-stage breast cancer.

The COVID-19 Pandemic Breast Cancer Consortium developed recommendations for ductal carcinoma in situ (DCIS), a very early noninvasive stage of breast cancer, that suggested delaying operations until much later. Neoadjuvant, or presurgery, hormone therapy was prescribed for people with estrogen receptor–positive DCIS and early-stage estrogen receptor–positive invasive breast cancer.

People with estrogen receptor–positive breast cancer usually receive estrogen-blocking hormone therapy after surgical treatment. During the pandemic, however, the consortium recommended that in the absence of surgery, endocrine therapy was to be given as a first course of treatment. “Usually we take these patients with very small tumors directly to surgery, so it is a big change in practice to first put those patients on tamoxifen or an aromatase inhibitor,” author Christina Minami, MD, of Brigham and Women’s Hospital, Boston, said in a press release.

In order to understand the impact of such delays on the survival rates of people with breast cancer, Minami and colleagues carried out a study using data from the National Cancer Database on people with DCIS or estrogen receptor–positive breast cancer who were treated between 2010 and 2016.

The study population of 378,839 patients was classified based on the time from diagnosis to surgery, age, race, insurance status, region, disease type and stage, and treatment types. The researchers were mainly checking to see what proportion of people were upstaged, or moved up to a higher stage, a year after diagnosis as well as their overall survival after five years.

An increase in time to surgery was linked to a greater likelihood of progressing to a more serious pathological stage in people with DCIS but not in people with invasive cancer, even among those who were given hormone therapy. Further, the team observed no impact on the overall survival in either group of women.

While the researchers used a representative sample to study lags in surgical treatments for cancer, assessing the impact of delays due to COVID-19 will require a study on current patients.

However, “We can tell our patients they can still expect an excellent prognosis from their early-stage hormone receptor–positive cancer and that their excellent prognosis is not negatively impacted by this delay they have experienced,” author Elizabeth Mittendorf, MD, PhD, FACS, of Brigham and Women’s Hospital, said in the press release.

Click here to read the study in the Journal of the American College of Surgeons.

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http://beta.docker.covidhealth.com/article/delayed-surgery-women-breast-cancer-may-impact-overall-survival