



ORIGINAL RESEARCH PAPER

Breast Surgery

APPROACH TO CHALLENGES FACED BY BREAST CANCER PATIENTS DURING COVID 19 PANDEMIC

KEY WORDS: chemotherapy, anxiety, covid 19

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INTRODUCTION

A town in China; Wuhan reported COVID-19 presenting as pneumonia. WHO recognized COVID 19 as pandemic in March 2020. First patient in India was diagnosed in Kerala on the 30th January 2020.¹ In the absence of a vaccine or a therapeutic agent, a “social distancing” and face mask strategy was the primary intervention to hamper the spread of infection. Breast cancer patients on chemotherapy either adjuvant or neoadjuvant have multiple sessions, which renders these patients at increased risk of COVID-19 infection because of travelling and admission in the hospitals.^{2,3} Quarantine, a common reality during the COVID-19 pandemic, may precipitate anxiety, irritability and depression, especially when implemented for prolonged periods.² To avoid COVID-19 transmission, interacting with patients via telemedicine and providing useful advice both on disease and mental matters could help avoid non-essential visits to hospital.^{4,5,6}

Due to anxiety and some level of depression, there was fear that the treatment may be delayed and there may be extension of the primary disease. Thus; our study aimed at accessing efficacy of telecommunication and addressing the factors which had psychosocial impact on patients and the various other challenges faced by breast cancer patients.

METHODOLOGY

This is a cross-sectional study conducted in tertiary care hospital in Mumbai during March 2020 to August 2020. 40 breast cancer patients either diagnosed or undergoing treatment were selected from oncomedicine and general surgery records. According to Period table in 3 months, 40 patients had been diagnosed as having breast cancer and undergoing treatment.

The data of patients were collected from all general surgery, Breast OPD units and oncology department. Questionnaire was prepared after taking feedback from surgical residents, and it was validated by senior surgical faculty and psychiatry faculty. Inclusion criteria were Breast cancer patients age >18 years. Exclusion criteria were Pregnant females.

Statistical Analysis was performed and the Data was entered in Excel spreadsheet and statistical analysis was done using descriptive statistics.

Qualitative data was represented in the form of frequency and percentage. Quantitative data was represented using mean +SD and median and interquartile range.

RESULTS

In our study patients faced various challenges, primarily due to strict lockdown imposition, there was non availability of public transport. Due to downgrading of labors there was financial crisis. Combined with inability to take treatment increased patients and family anxiety and to a certain extent depression.

Out of 40 patients who responded 11 patients had delay in adjuvant chemotherapy.

Of these 11 responders who had delay in chemotherapy, 3 responders had appointment for last cycle a week after telecommunication, and on follow up, they took the last cycle. 8 responders told there was delay in chemotherapy.

In 40 cases, 15 had delay in surgery; of these 5 were LABC who had completed neoadjuvant chemotherapy and were planned for surgery. 10 responders were waiting for appointment for surgery.

out of 40 cases, 5 responders were lost to follow up with breast clinic due to government guidelines limiting hospitalization, In-patient visits, breast clinics closed, as there was complete lockdown, so it was difficult for the patient to visit the hospital, Some were for biannual follow up.

Out of 40 cases, 9 responders were on radiation therapy, 3 were able to complete radiation ; 6 informed delay in radiation, as there was closure of radiation unit for 2-3 weeks.

In our study of the 40 respondents, delay was observed in 34 due to problems faced by them during the pandemic.

Our inclusion criteria was all diagnosed patients on treatment. In our study, we had discussed various options with the patients to avoid hospital contacts, because of the challenges they were facing, not only complete lockdown, but also during initial phases of pandemic government directives to closing the building or the floor where covid 19 cases were positive, which lead to further challenges to the patients.

When surgery was not feasible due to closure of operating units, after explaining them, option of neoadjuvant chemotherapy was given.

Out of 40 cases we noted the responses as follows in 22 responders faced delay of which ; 12 had transport issues, 7 had family issues and 3 had financial problem.

Out of 40 cases, 10 responders failed to report for follow up due to fear of contacting infection COVID-19.

Out of 40 cases, 3 patients had fear of mortality, 5 patients we noted in addition to losing their job also having financial crisis had social issues causing delay in the treatment.

DISCUSSION

WHO had Issued management protocol for Covid-19 pandemic, but no specific disease protocol was issued.⁽¹⁾ In a study done by Grassi L et al; it was mentioned that cancer is a disease causing psychological problems in which stress, anxiety, depression are Common, and their study stressed

mandatory psychological intervention during cancer care.⁽²⁾ In initial period; there was no disease specified protocol laid down. Psychological issues were not addressed separately.

In our study via telecommunication as physical contact was not possible, we did a survey of the challenges faced with respect to transport, social issues, financial crisis, anxiety, depression etc. Patients were satisfied to giving responses via telecommunication. A study done by Gondal H et al observed that patients satisfaction with telecommunication was good.⁽³⁾ Strict Covid-19 protocol were led down by Government of India, which included Quarantine at home or in a facility. as physical contact and gathering were to be avoided even though hospitals were functional; telecommunication was sought to be a better method.

As the pandemic was rampant in Mumbai; physically having a follow-up of patients was not desirable, the patients also had challenges of transportation, contacting infection and multiple other issues, so patients also preferred telecommunication as a medium. A Study done by Spicer j et al and team also used the same platform for the management of patients.⁽⁴⁾

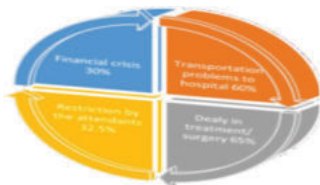
We selected a population of 40 breast cancer patients, of the 40 patients selected only one or two required emergency physical attention for progression of disease into ulceration. A similar Prioritization and laying down of protocol was done in study by Parmesh CS et al during COVID-19 in India.⁽⁵⁾ In case of emergency; patients with one relative at all times was allowed. The same protocols were followed and similar strategies were adopted in a study done by Difiore et al in COVID-19 pandemic.⁽⁶⁾

A study done by Saini KS et al had suggested changes in the cancer management during COVID-19 pandemic, use of virtual platform, change in the medical oncology treatment plans, radiation treatment prioritisation.⁽⁷⁾ We too in our study followed telecommunication. In our analysis of 40 patients, psychological problem formed the mainstay factor which was also shown by Mitra et al.⁽⁸⁾

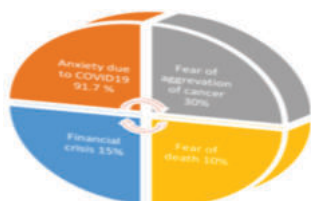
CONCLUSION

This study gives an overview about the experience gained by us as we went ahead with telecommunication as a platform to communicate with our patients during pandemic. We succeeded in giving all type of support mainly psychological with adequate counseling to each responder. A common platform should be formed in order to layout universal protocols and guidelines in a pandemic. Telecommunication is a way ahead for immunocompromised patients who face challenges to physically follow up in institute.

Pie Chart



Pie chart 1-Problems faced by responders durin COVID-19 pandemic



Pie chart 2-Reasons Of increased anxiety

out of 40 responders 22 responders showed fear of pandemic associated with anxiety. In these 12 responders told transportation problems, 7 responders told family restrictions, 3 responders told financial crisis leading to increase anxiety in them. Also 10 responders specifically mentioned fear of aggravation of cancer in them 7 responders told also had family restrictions and transportation problems, 3 responders had financial crisis leading to increase anxiety in them. Fear of death was informed by 3 responders they also experience transportation problems, family restrictions, financial crisis leading to increase anxiety. 5 responders told about financial crisis as a reason for increased anxiety.

Out of 40 responders 34 responders informed delay in their surgery, chemotherapy or radiation total 15 responders showed delay in surgery . 5 had completed neoadjuvant chemotherapy and were planned for surgery, 10 had diagnosed malignancy and planned for surgery. Total 8 responders out of 34 noted delay in adjuvant chemotherapy . 6 responders had delay in radiation therapy.

5 Responders could not follow up on their appointment, due to unavailability of functioning out patient which was stopped by protocols set ; at least 2 weeks in medical oncology and radiation oncology and breast clinic



Pie chart 3- delayed cases during COVID-19 pandemic

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