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Recommendations for Breast cancer patients treated at Institut Jules Your institution during the COVID-19 pandemic

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IMPORTANT: Please follow Your institution recommendations regarding general guidance, access to hospital, visits, suspicion/symptoms of infection as well as prevention and protection against COVID-19.

Patients COVID-19 positive or suspicious of COVID-19 should not enter the hospital, should not be treated with anti-cancer regimens and should follow Your institution general recommendation for COVID-19

The following recommendations have been written in order to guide breast cancer experts to appropriately treat and follow up their patients. Every decision should be based on disease and patient characteristics and as well as risk of infection.

Newly diagnosed breast cancer patients

Type of patients	Type of treatments	What to do?
Acceptance of new cases or second opinion		To be performed in a case by case (evaluating disease risk and urgency) and according to Your institution recommendation. Non urgent cases will have an appointment after COVID-19 crisis. Second opinion are “on- hold” until deemed safe by Your institution direction. Eventually, opinion based on patient records can be given to a colleague (not directly to the patient).
Biopsy of breast lesion / lymph node cytology		To be performed in a case by case evaluation (evaluating disease risk and urgency).

Radiological exams for work-up of new patients	Ultrasound, X-ray, bone scan, etc	Try to delay as much as possible unless urgent request. **All workup imaging exams should be performed on the same day, if possible.**
Placement of PAC		Still authorized but should be requested with caution. Try to delay as much as possible.
Primary breast cancer surgery	Mastectomy, breast conserving surgery	Postpone elective surgery by some weeks if possible depending on the risk of disease and patients characteristics (less delays for TNBC and HER2+). For luminal cancers, start on endocrine therapy until surgery as follow: - DCIS and Luminal A cT1N0: place on neoadjuvant endocrine therapy (with AI ± aLHRH) for 3 to 6 months - Luminal A T2N0 and Luminal B T1/T2N0: discuss with the patient the possibility of postponing the surgery and start neoadjuvant endocrine therapy (with AI ± aLHRH) for 3 to 6 months.

Early breast cancer patients

Type of patients	Type of treatments	What to do?
General indications for (neo)adjuvant treatment		
Premedication	Steroids	Try to avoid the use of steroids if possible and replace them by other medications
Blood tests	Before each chemotherapy cycle	Blood tests may be performed on the day before chemotherapy near the patient's residence. Blood tests prescriptions will be sent to patients.
If patient already on treatment	Tests positive for covid19	STOP any ongoing treatment immediately except for endocrine therapy only

Patients already in treatment		
Receiving adjuvant endocrine therapy	Letrozole, anastrozole, exemestane, tamoxifen, LHRHa	Preferred option is phone calls to ensure patient is doing well and still has medication. For premenopausal patients receiving adjuvant OFS, injection can be done by GP or nurse next to patient residency Send prescription by e-mail and organize an appointment for the patient in some weeks for a physical examination when deemed safe by Your institution direction. Prevent patients to come to Your institution for blood tests during the pandemic crisis. Blood tests may be performed near the patient residence. Blood tests prescriptions will be sent to patients.
Receiving neoadjuvant or adjuvant chemotherapy	Anthracyclines, taxanes, carboplatin, capecitabine	Avoid starting with anthracyclines upfront (reverse order taxanes without platin followed by anthracyclines preferably) in order to decrease PAC needs. Choose docetaxel every 3 weeks with GCSF support over weekly paclitaxel (to decrease hospital visits). Avoid dose dense chemotherapy during this pandemic (to decrease hospital visits). In those already in receiving chemotherapy, continue therapy as planned unless active infection or other contra-indications. Minimize the stay of the patient at the hospital. Adjuvant capecitabine can be delayed by few weeks if necessary.

Anti-HER2 agents	Trastuzumab, pertuzumab, TDM1	Prefer SC formulation for trastuzumab (to decrease stay in hospital). Avoid weekly trastuzumab. Patients in use of pertuzumab/trastuzumab or trastuzumab alone (given every 3 weeks): blood tests and consultation every 6 weeks preferably. TDM1: blood tests every 3 weeks. LVEF assessment can be delayed during therapy if patient is asymptomatic.
Adjuvant bisphosphonate	Zolendronic acid	Postpone the blood tests / infusion by some weeks. Organize a new appointment for visit and treatment in some weeks when deemed safe by Your institution direction.
Being already treated in clinical trials	Any type	Follow-up visits and AE assessments over the phone. Biopsies and PK draws discussed on a case to case basis and with the patients. Blood tests and ECGs (and other tests whenever feasible) close to the house of the patient and not at Your institution. Providing oral IMPs in excess to cover multiple cycles of therapies and eventual dose reductions after proper phone consult and safety tests including labs. Deviations communicated in advance to sponsors and documented in the medical file and in a note to file.
Patients referred or considered for clinical	Any type	Inclusion in clinical trials is “on hold”. No new patient should be screened for clinical trials at the present. Please follow Your institution guidance.

Adjuvant radiotherapy	**Patients undergoing treatment:** Continue the current treatment. Patients aged 80 years or older, consider accelerating the end of treatment (hypofractionation, etc). **Adjuvant treatment:** **In-situ cancers:** **Any age:** Observation and initiation of endocrine at 5mg if hormone receptors are positive. At 3-6 months post-surgery treatment by radiotherapy if the situation allows it. **Invasive cancers:** **Luminal A:** **>65 years**: Start endocrine therapy and begin radiotherapy at 3 months post-surgery if the situation allows it. Aim for the shortest possible course of radiotherapy (IORT, 5 or 15 fractions). **≤65 years:** Start endocrine therapy and begin radiotherapy if the situation allows it. Aim for the shortest possible course of radiotherapy (IORT or 15 fractions). **Luminal B:** **N negative and >65 years:** Start endocrine therapy and begin radiotherapy at 3 months post-surgery (or post chemotherapy) if the situation allows it. Aim for the shortest possible course of radiotherapy (IORT, 5 or 15 fractions). **N positive or ≤65 years:** Start endocrine therapy and begin radiotherapy if the situation allows it. Aim for the shortest possible course of radiotherapy (5 or 15 fractions). **≥75 years:** Start endocrine therapy and begin radiotherapy at 3 months post-surgery (or post chemotherapy) if the situation allows it. Aim for the shortest possible course of radiotherapy (IORT or 5 fractions). **HER2 positive :** **In case of complete response to neo-adjuvant chemotherapy (ypCR):** Start endocrine if receptors are positive, continue targeted therapies and begin radiotherapy at 3 months post-surgery if the situation allows it. Aim for the shortest possible course of radiotherapy (5 or 15 fractions). **N negative and >65 years:** Start endocrine therapy if receptors are positive, continue targeted therapies if prior chemotherapies and begin radiotherapy at 3 months post-surgery (or post chemotherapy) if the situation allows it. Aim for the shortest possible course of radiotherapy (IORT, 5 or 15 fractions). **N positive or ≤65 years:** Start endocrine therapy if receptors are positive, continue targeted therapies if prior chemotherapies and begin radiotherapy if the situation allows it. Aim for the shortest

	possible course of radiotherapy (5 or 15 fractions). **≥75 years:** Start endocrine therapy if receptors are positive, continue targeted therapies if prior chemotherapies and begin radiotherapy at 3 months post-surgery (or post chemotherapy) if the situation allows it. Aim for the shortest possible course of radiotherapy (IORT or 5 fractions). **Triple negative:** In case of good prognostic apocrine tumor treat like a Luminal A cancer. **<75 year:** Radiotherapy management of triple-negative tumours should not be affected by the current COVID19 outbreak. **≥75 years:** Start radiotherapy at 3 months post-surgery (or post chemotherapy). Aim for the shortest possible course of radiotherapy (IORT, 5 or 15 sessions).

Metastatic breast cancer patients

Type of patients	Type of treatments	What to do?
General indications for metastatic patients' treatment		The same indications provided above for (neo)adjuvant treatment should be followed for patients under palliative treatment. Workup should be performed every 12-16 weeks, unless there is a serious suspicion of progression that deems the anticipation of the workup. Try to minimize the number of exams for work-up.
Endocrine therapy alone	Letrozole, anastrozole, exemestane, tamoxifen, fulvestrant, LHRHa	Preferred option is phone calls to ensure patient is doing well and still has medication. Send prescription by e-mail and organize an appointment for the patient in some weeks for a physical examination when deemed safe by Your institution direction. Prevent patients to come to Your institution for blood tests during the pandemic crisis. Blood tests may be performed near the patient's residence. Blood tests prescriptions will be sent to patients.

CDK4/6 inhibitors	Palbociclib, ribociclib, abemaciclib	For new treatments: For palbociclib, ribociclib and abemaciclib visits every 2 weeks for 2 months (blood tests for all and ECG for ribociclib only). All CD4/6 inhibitors may cause severe inflammation of the lungs. Patients already in treatment can be seen every 3 months during this period. Blood test (close to patient home) and phone calls to be performed monthly. Patient relative can come to the hospital to collect the medication
PI3K inhibitors	alpelisib	Due to the toxicity profile of alpelisib (frequent hyperglycemia, diarrhea, pneumonitis, etc.), avoid starting new treatments if possible, as it may require frequent visits to the hospital. Patients already in treatment for more than 3 months can be seen every 3 months during this period. Blood test (close to patient home) and phone calls to be performed monthly.
mTOR inhibitors	everolimus	Avoid starting new treatments if possible due to the pulmonary toxicity with everolimus which may mislead to COVID-19 symptoms Patients already in treatment for more than 3 months can be seen every 3 months during this period. Blood test (close to patient home) and phone calls to be performed monthly. Patient relative can come to the hospital to collect the medication

Anti-HER2 agents	Trastuzumab, pertuzumab	Prefer SC formulation for trastuzumab (to decrease stay in hospital). Avoid weekly trastuzumab. Patients in use of pertuzumab / trastuzumab or trastuzumab alone (given every 3 weeks): blood tests and consultation every 6 weeks preferably. LVEF assessment can be delayed if patient is asymptomatic. Blood tests may be performed near the patient's residence. Blood tests prescriptions will be sent to patients.
	TDM1	Keep blood tests every 3 weeks (close to patient home). Keep consultations every 3 weeks, but alternate between phone call consultations and face-to-face consultations. LVEF assessment can be delayed during therapy if patient is asymptomatic. Blood tests may be performed near the patient's residence. Blood tests prescriptions will be sent to patients.
	Lapatinib	For new patients: given the toxicity profile and the uncertain benefit after trastuzumab / pertuzumab / T-DM1, please consider using trastuzumab only (with capecitabine). For patients already under lapatinib/capecitabine for more than 3 months: keep blood tests every 3 weeks (close to patient home). Keep consultations every 3 weeks, but alternate between phone call consultations and face-to-face consultations. Patient relative can come to the hospital to collect the medication LVEF assessment can be delayed during therapy if patient is

		asymptomatic. Blood tests may be performed near the patient's residence. Blood tests prescriptions will be sent to patients.
PARP inhibitors	Olaparib, talazoparib	Patients already in treatment for more than 3 months can be seen every 3 months during this period. Blood tests (close to patient home) and phone calls to be performed monthly. Patient relative can come to the hospital to collect the medication
Chemotherapy	Taxanes, capecitabine, eribuline, platin salts, etc	Preference for 3 weekly and day hospital regimens if possible. Risks and benefits before starting a new "non-standard" chemotherapy regimen should be outweighed in multi-treated metastatic patients (after anthracyclines, taxanes, capecitabine and eribuline). Preference for oral treatment if not yet received. For patients on capecitabine for more than 3 months, visits and blood tests every 6 weeks and work up every 12 weeks. Blood tests may be performed near the patient's residence preferably the day before and the doctor should review it to avoid patients coming to the hospital and not able to receive their treatment (e.g. neutropenia). Blood tests prescriptions will be sent to patients.
Immunotherapy	Atezolizumab + nab-paclitaxel (or paclitaxel)	**New patients:** - Delay treatment by few weeks if possible; - If require urgent treatment: start with chemo and then add immunotherapy after the COVI-19 crisis

		For patient already in treatment: - if longer than 1 year and complete response: discuss suspension during COVID 19 with patient (risk of being in contact with corona virus in hospital); - otherwise continue the treatment Patients with respiratory complaints during immunotherapy treatment: pulmonary CT scan
Being already treated in clinical trials	Different types	Follow-up visits and AE assessments over the phone. Biopsies and PK draws discussed on a case to case basis and with the patients. Blood tests and ECGs (and other tests whenever feasible) close to the house of the patient and not at Your institution. Providing oral IMPs in excess to cover multiple cycles of therapies and eventual dose reductions after proper phone consult and safety tests including labs. Deviations communicated in advance to sponsors and documented in the medical file and in a note to file.
Patients referred or considered for clinical	Different types	Inclusion in clinical trials is “on hold”. No new patient should be screened for clinical trials at the present. Please follow Your institution guidance
Denosumab	Xgeva	Preferably given by GP or home nurse
Palliative radiotherapy		**Brain metastasis or leptomeningeal carcinomatosis:** Short course in 5 fractions. **Bleeding lesion:** Short course in 2 fractions. **Painful lesion:** If not responding to optimal pain medication, short course in 1 fraction. **Spinal cord or nerve compression:**

		Short course in 1 fraction.