

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/covid-19-frontlines/adapting-care-for-breast-cancer-patients-amid-covid-19/11848/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Adapting Care for Breast Cancer Patients Amid COVID-19

Announcer:

This is ReachMD, and you're listening to *COVID-19: On The Frontlines*. Taken from a live webinar sponsored by Penn Medicine, this program features Dr. Emily Conant, Professor of Radiology at the Hospital of the University of Pennsylvania. Dr. Conant talks about how the Department of Radiology has been prioritizing breast imaging during the COVID-19 pandemic and how they're working to keep patients safe. Here is Dr. Conant now.

Dr. Conant:

It's kind of been a 3-phase process. When the pandemic and the shelter in place happened, we stopped all screening, so no routine imaging, and really then prioritized patients who had what we felt were clinically significant breast symptoms. And then, of course, patients who had high suspicion biopsy recommendations we, of course, continued. In the second phase, we started seeing really all diagnostic patients and some of the patients who had been postponed for short-term follow-up, things like that, and started very selective particularly MR screening of high-risk patients like the BRCA1 and 2 group. And now we're moving into the third phase, which is starting screening again, routine screening.

I think we're all hearing a lot of symptoms and some delay of care, and while our 3-phase approach has really tried to balance the weight or the risk of viral exposure to our patients and also our workers, our technologists... Having a mammogram is a very intimate procedure. In the positioning you're really face to face with a patient, and so we've tried to balance those risks of exposure in the pandemic with the risk of delaying by a month or 2 care for certain patients, and certainly in some cases no delay for high-suspicion things.

So, what we are doing really to protect not only the patients but also our workers is we're screening everyone at entry. That includes temperature screening and talking about any potential COVID exposure, universal masking, PPE. Our techs wear face shields, as do our doctors. We're actually spreading our appointments out a little bit so we can have better social distancing in our waiting rooms. As we resurge—call it resurgence—we may have to extend our hours so that we can allow that social distancing, and we're certainly looking at that. Streamlining registrations, a lot of that is now done online before you even get to the site so that you really don't stop at go. You go right back into the—ideally into the exam rooms and even change in the exam rooms so there is less exposure to multiple sites and limiting how many people you come in touch with during your procedure, during your discussion of your symptoms and results, your ultrasound, etc.

So we're really trying to keep our patients safe. I think we've done a good job of that so far. We're going to continue doing that, and also our workers.

Announcer:

That was Dr. Emily Conant from the Hospital of the University of Pennsylvania. To access more episodes from *COVID-19: On the Front Lines* and to add your perspectives toward the fight against this global pandemic, visit us at ReachMD.com and Become Part of the Knowledge. Thank you for listening.