

### Transcript Details

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## Investigating the Impacts of COVID-19 on Breast Cancer Screening & Prevention

Announcer:

Welcome to *Project Oncology* on ReachMD. On this episode, sponsored by Lilly, we're joined by Dr. Randy Miles who is the Clinical Service Chief in the Division of Breast Imaging at the Department of Radiology at the Massachusetts General Hospital in Boston, Massachusetts. Dr. Miles is here to share a brief overview of the impacts of the COVID-19 pandemic on breast cancer screening and treatment. Let's hear from him now.

Dr. Miles:

So we have observed a recent decrease in breast cancer diagnosis since the beginning of the COVID-19 pandemic. We have developed numerous strategies to help us better diagnose and treat patients with breast cancer at Massachusetts General Hospital. So prior to the COVID pandemic, we were performing greater than 1,000 screening mammograms per week. Our numbers dipped down to the single digits for nine weeks starting in March and into the early spring and have slowly started to increase. And we reached our baseline probably later in the summer of 2020. So we've implemented numerous strategies to really help address these negative effects from the COVID pandemic.

One of the big things that we've done is to expand our same-day breast care program. So every woman that comes in, we attempt to do a same-day read for their screening mammogram, which we call our immediate screening program. So women will have their screening read. If there is a finding on that mammogram, we will go ahead and perform their diagnostic mammogram on that same day. If there is a finding on that diagnostic mammogram that requires an intervention, we will attempt to perform that intervention, whether it's a biopsy or aspiration on the same day, just to decrease the time, you know, coming to and from the hospital. We know patients are very anxious during this time period and would prefer not to have to make multiple trips to the hospital. We also understand that many of these patients have kids at home or they have to find daycare or find a babysitter to keep their kids, or they are, you know, working. So we really want to make sure that we limit the inconvenience that could occur if we're calling women back multiple times. So that's one way we really try to decrease that time to diagnosis by performing all of our studies and interventions on one day when possible.

When we do have a patient that has a very suspicious finding that we think is highly likely to come back as malignancy on the pathology report, we go ahead and hook that patient in with breast surgery even before we get the pathology results back. I want to make sure that they have the necessary follow-up. So the surgeon is already engaged with the patient. Not only does this help to kind of streamline care, it helps us to prevent any loss to follow-up just because the patient's already engaged with that physician and they can help guide what the next steps are, whether that's surgery or chemotherapy depending on the stage of the cancer.

Currently, we are at this stage where we're one year away from that period when, you know, we had that big decrease in exams due to the COVID pandemic. Like I said, we had that nine-week period where we went to single digits.

So this is an opportunity over the next two and a half months to really bring in patients who weren't screened during their normal period during this period last year and also to bring in patients that just haven't been screened for a long period of time.

So what we've done is we have identified patients that haven't been screened in over a year and we are sending them letters to say we haven't seen you in a year. We miss you. We want you to come back in to our institution. And we're trying to fit these patients in as soon as possible. To complement this, we are reimplementing our Pink Card program. And what that Pink Card program is is that it's a business size card that has the address of our institution, also has a nice message on it that just says, you know, it's time for your screening mammogram. Women are able to take that Pink Card, which is usually presented to them at their primary care office visit by their doctor who gives them that card. And if they are not up to date with their screening, they're able to come to our facility, present that

card to our scheduler, and have their screening mammogram performed at that time as a walk-in. And especially during this two and a half month period where, you know, last year we had that gap where, you know, women would be due for their annual screening were not screened. So we're going to have a lot of openings. We really want to fill those openings in with patients who are not up to date. So that's really going to help with that.

Working with our media department, our next initiative is that we are really targeting patients who do not speak English as their primary language. These are patients that, as we send out the letters and we make these phone calls, there may be some linguistic barriers. So we really wanted to put together a group that could really focus in on this population who is at risk of not coming back. So what we will do is we're going to target our ambulatory practices who refer to our various sites. We're identifying those patients who don't speak English as their primary language. And we're going to follow up with phone calls from volunteers to discuss with these patients in their native languages about mammography screening and bringing them back in and making sure that they don't have any questions about the screening and also to make sure that they are comfortable coming in this COVID period, just to make sure that they don't have any anxiety about that.

And lastly, just to kind of round out all of these initiatives, we are identifying all patients who had their mammography exams canceled during the COVID period. We have the gross number. And as we'll look at that number and just make sure that those women who did have those exams canceled, that they've all returned. And any woman that has not returned, we will do additional follow-up through letters and phone calls.

Definitely with COVID, we've seen a big impact on our breast imaging volume. There's not one initiative that is going to help increase those numbers or improve access for patients who have not been seen. So we're really trying to take this multimodal approach, really trying to make sure that we identify vulnerable populations that could be at increased risk of not being followed up, and really do all that we can to bring these women in.

We know mammography screening saves lives if we can identify cancers early. So we really want to prevent any woman from having a breast cancer detected at a late stage just because we're dealing with this COVID pandemic.

Announcer:

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