

Statement from the ABS President – December 2021

Dear Colleagues

We approach the end of another year with a sense of déjà vu; covid infections are rising rapidly once again with the prospect of further disruption to our ability to operate and routine surgery disappearing further into the future for many.

All of this while dealing with an unprecedented number of new referrals and with many regions doing extra screening to catch up.

Everyone is tired.

Support

We have evidence of high levels of burn out amongst our members and evidence that we are not very good at asking for help when needed. Do talk to your colleagues; do prioritise those social events and face to face contacts that we have missed over the last two years – we all need each other's support. Do be kind to each other, but if you are struggling, do not suffer in silence. Talk to a trusted colleague locally, or access your Trust support services. Do also check out the ABS professional support resources on [the website](#), which includes a list of members who are happy to talk and support confidentially and who will understand the professional issues you are facing.

Surgical Prioritisation

All breast cancer surgery is priority 2 or 3, while benign breast surgery, secondary oncoplastic procedures and delayed reconstruction remain in category 4, however if there is capacity these cases can and should be considered.

Bridging endocrine therapy, while awaiting surgery, may be needed in the ER positive if there is not sufficient theatre capacity.

In this constantly changing situation do consider

- The availability of theatre space, taking into account collaboration with other specialties to prioritize all patients requiring surgery
- The urgency of the procedure
- Co-morbidities which may impact on outcomes if Covid-19 is contracted
- Complications associated with a procedure and subsequent risks these may pose to patients and staff

Do continue to look at ways of reducing mastectomies in appropriate patients by considering;

- Neoadjuvant chemotherapy in patients most likely to respond; ER- and Her2+ patients
- Neoadjuvant endocrine therapy in strongly ER+ Her2- patients

Make maximum use of oncoplastic procedures and where needed do collaborate with plastic surgeons and other breast units to ensure that this is available for all appropriate patients.

All patients should be discussed at the MDT with clear documentation of treatment plans and whether these have been changed due to Covid-19. The benefits of the recommended treatment and risks associated with Covid-19 should be discussed with patients.

And Finally...Well Done

The ongoing Covid-19 pandemic remains a huge challenge to delivering the quality of breast services, which we are used to. Despite this, breast services are being run to a very high standard throughout the UK – well done.

Best Wishes

Chris Holcombe
ABS President