

THINK PINK WITH SHG



ALL Honorarium

From This Study Was Donated to Breast Cancer Research Organizations Globally

180+ Physicians Surveyed on COVID-19 Impact: Breast Cancer Screening, Diagnosis & Treatment

Study Specifications:



USA
N= 72



UK
N= 17



FRA
N= 29



GER
N= 29



ITA
N= 59



SPA
N= 35

Methodology:
8-Minute Online

Fielding Date:
09/17/2020 - 9/28/2020

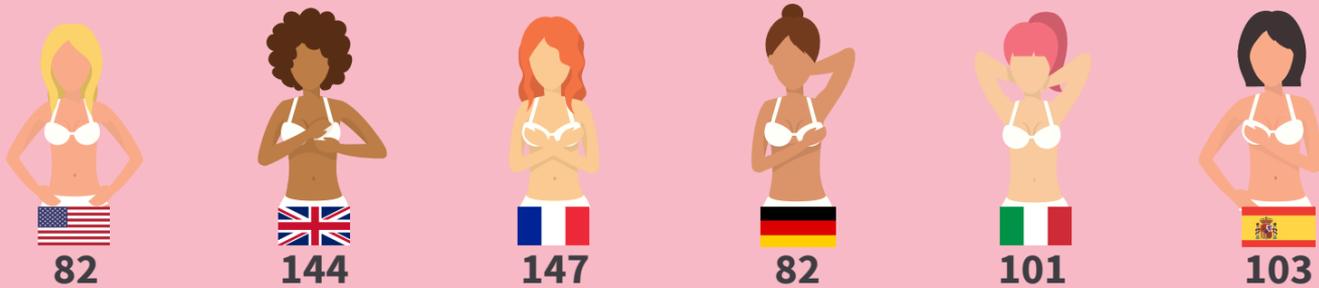
Specialty Targets:

Oncology, Hematology / Oncology, Radiology, Surgery, OBGYN

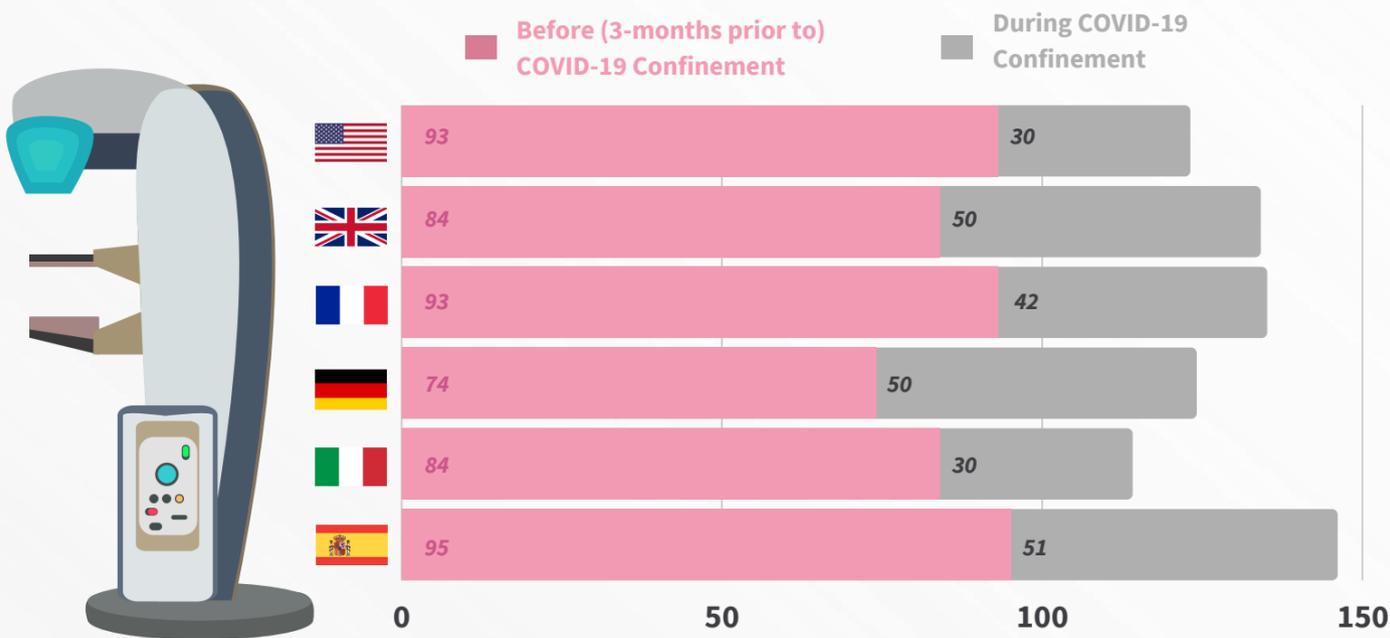
Honorarium:

SHG made a donation per complete to breast cancer charities in each nation

Average Number of Breast Cancer Patients Currently in Care



Average Number of Patients that Received Mammograms, Routine Visits, Other Cancer Screenings or Treatments



Breast Cancer-Related Services Delayed by COVID-19 (by percentage of patients impacted)

	USA	UK	FRA	GER	ITA	SPA
Preventative screening / mammograms	Highest (62)	29	44	28	54	49
Lump Examination	17	12	Middle (23)	15	19	22
Mastectomy Surgery	13	15	19	11	17	Lowest (13)
Preventative (Prophylactic) Mastectomy	24	16	28	12	20	39
Immediate Reconstruction Following Surgery	21	22	29	11	20	34
Recovery Time in Hospital Following Surgery	15	10	12	8	14	18
Access to New Treatments Through Clinical Trials	16	Highest (29)	18	8	17	31
Fertility-Preserving Procedures	16	20	16	Lowest (8)	16	33
Getting a Second Opinion	19	27	15	16	Middle (21)	30
Radiation, Infusions, Hormonal Therapy, Immunotherapy, Target, Chemo in Facilities	Lowest (11)	24	14	Middle (13)	16	18

*Numbers are %-based

Measuring Patient Impact

Emotional Impact

of having limited visitors & support systems at their appointments & treatment facilities.

Anxieties

surrounding their level of care being affected

Financial Concerns

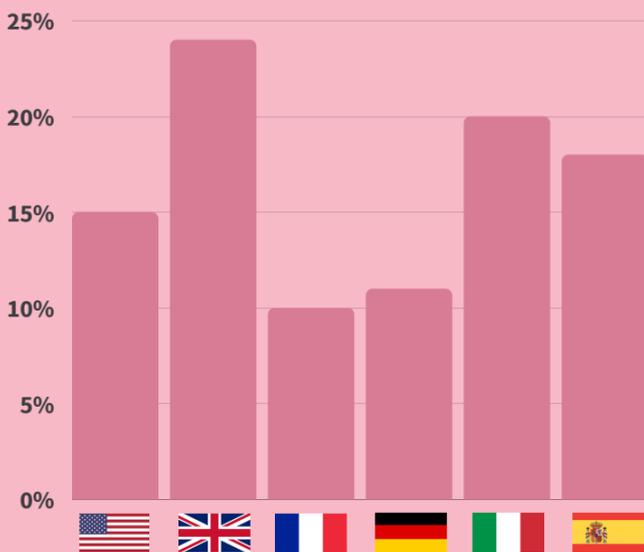
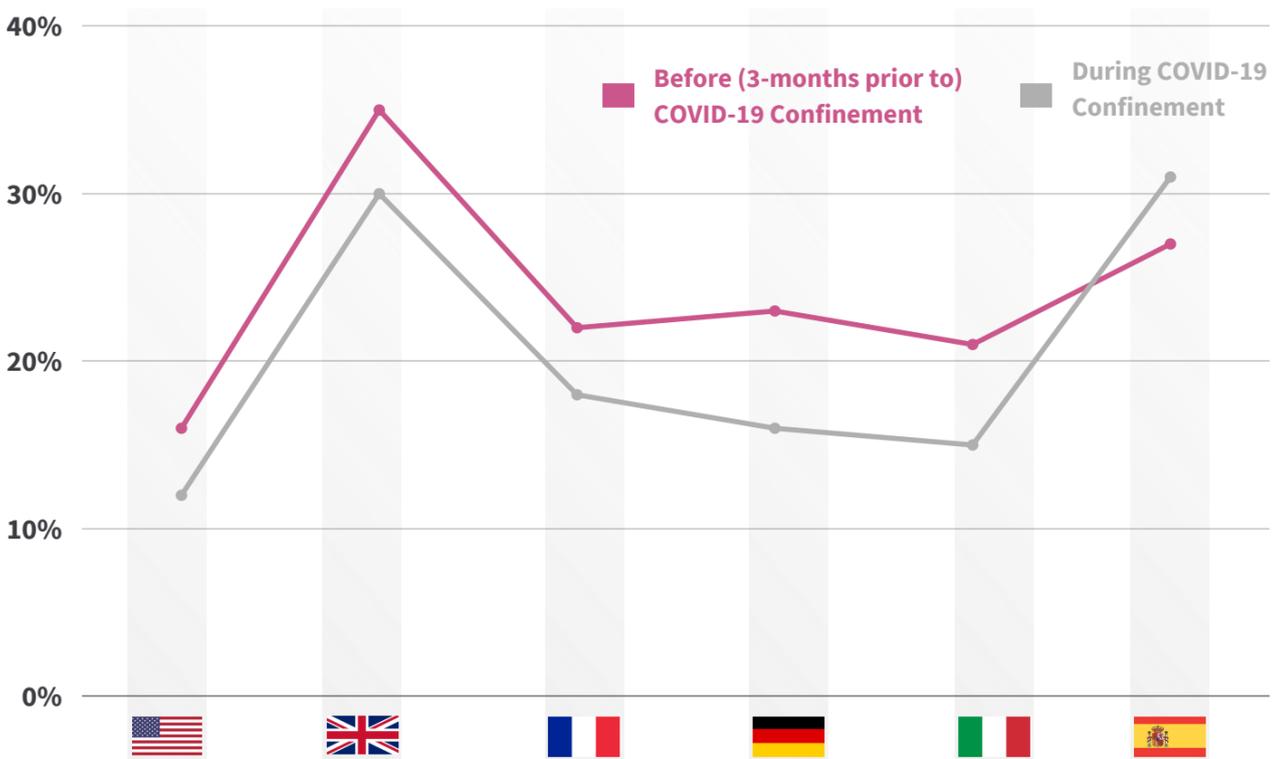
For their care or treatment due to job loss or financial impact from the pandemic

Country	% of Patients Impacted	Country	% of Patients Impacted
	53%		59%
	49%		55%
	47%		54%
	42%		46%
	37%		44%
			26%

37%

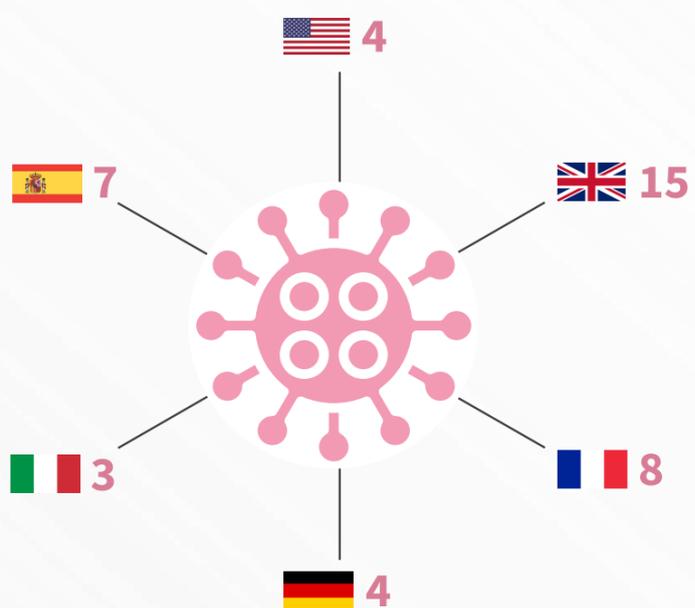
The United States is the **ONLY** country to have any patients express financial concerns over their health.

Neoadjuvant Therapies Prescribed (Immunocompromising treatments)

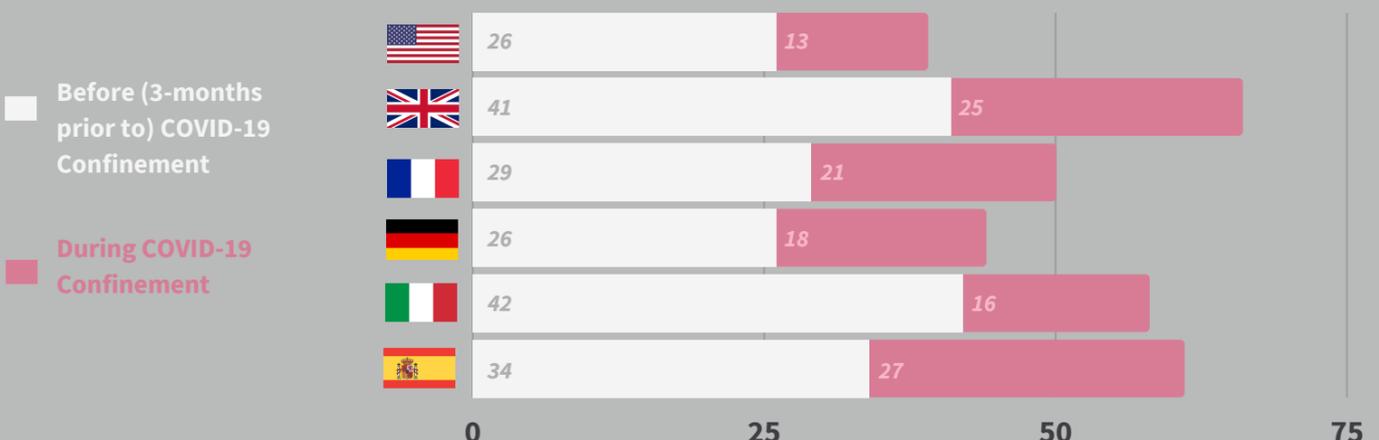


Average Number of Patients That Needed a Procedure Post COVID-19 Peak Because They Were Not Able to Get the Treatment They Required During the Pandemic

Average Number of Patients with Breast Cancer that Tested Positive for COVID-19



Average Number of Patients Newly Diagnosed with Breast Cancer

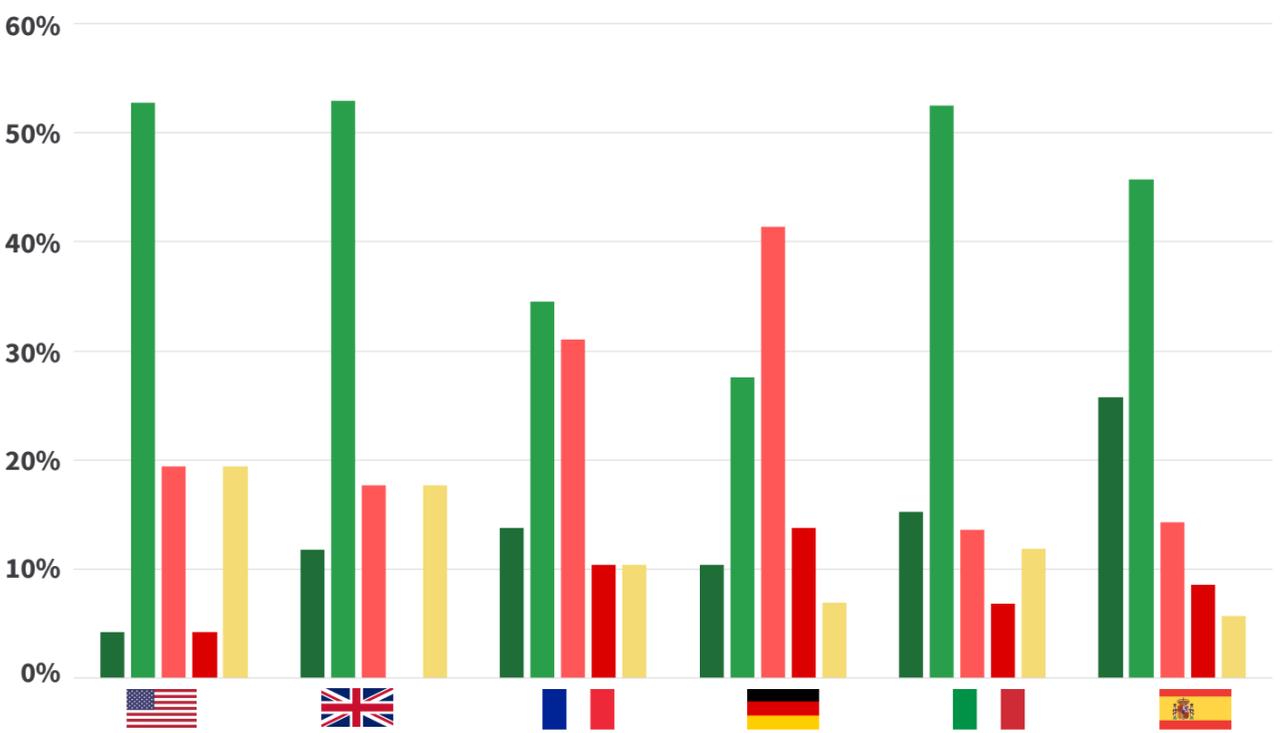


The Delay in Diagnosis Will Lead to...

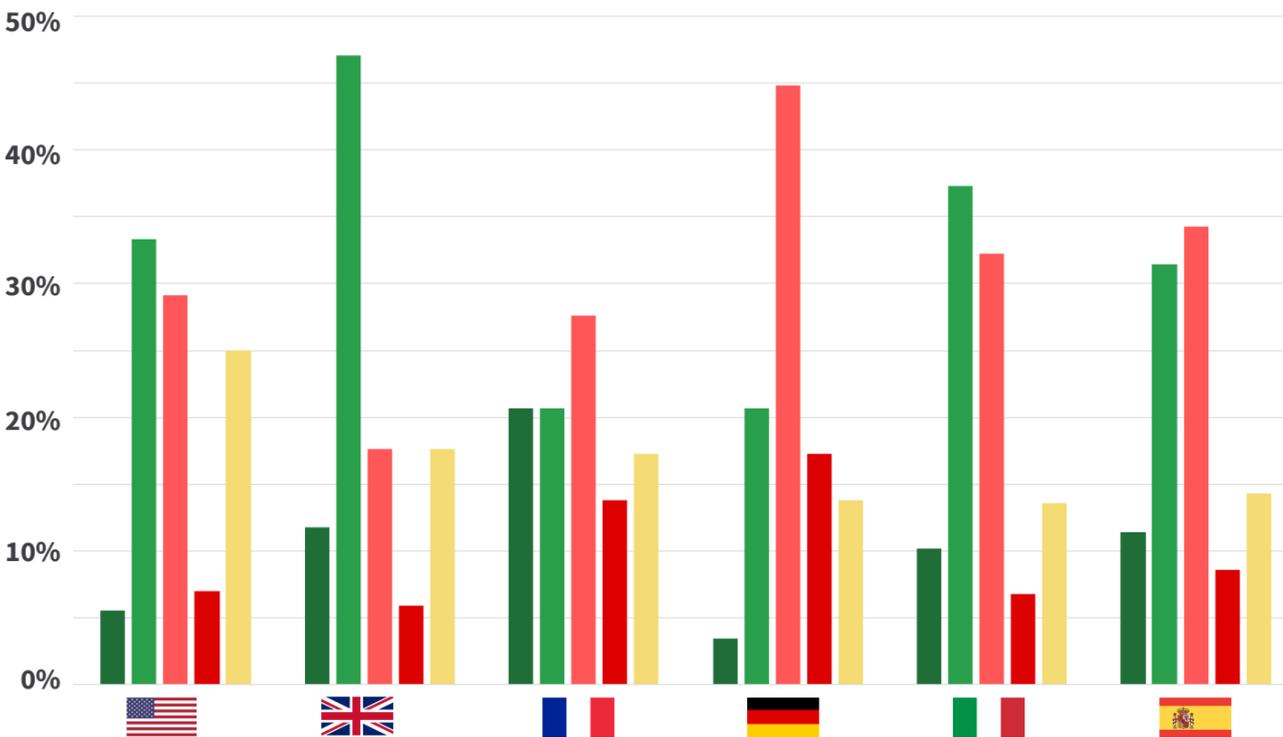
1 Presentation of Cancer at More Advanced Stages



2 Poorer Outcomes



3 Excessive Deaths



Delay in MXR led to growth of tumor likely with nodal involvement **requiring higher level of treatment.**

A patient with high risk for breast cancer, and testing positive for gene mutations BRCA1 and BRCA2., and having a current suspicious mammogram was **denied prompt surgical option by surgeon.**



Increase in oral therapies, **shortened hospital stays, deferred operations, delayed diagnostics.**

The patient has died.



An elderly patient with T> 2 cm: I prescribed neoadjuvant hormone therapy to postpone the surgery, the patient then went to another facility for the operation, and during pre-admission, **she contracted COVID that required hospitalization in ICU, and she currently has respiratory distress.** The neo-adjuvant therapy prescribed by me and resumed after discharge from ICU has significantly reduced the breast lump, and the patient will be re-evaluated for breast surgery.

Treatment suspended because patient was COVID+ -- **high risk of progression of the disease.**



Outpatient clinics have been carried out remotely for almost 80% of patients including both follow up and new patients. Adjuvant chemotherapies were not delayed, but **palliative chemotherapies delayed by 10%.** Radiotherapy courses were condensed.

Some patients went to surgery when **neoadjuvant chemotherapy might have been considered**

Anti-cancer treatment interruptions. **Delay in therapy initiation.**

As the country was in lockdown, GPs were not able to examine many patients, as the clinics were taking only limited number of patients. This led to delay in blood check and delayed referrals to hospitals. **Many patients then presented to hospital at advanced stage.**



The COVID-19 infection **delayed their diagnosis & treatment, and changed the therapeutic sequence,** especially by delaying additional examinations and surgery.

Loss of patient confidence.

We didn't always listen to directions and **therefore were able to treat everyone properly.**



12 years after surgery for breast cancer and adjuvant treatment, a patient had a suspicious left iliac lesion; **Delay in performing a bone biopsy of more than 3 months.**

There have been **more exhaustive controls,** which entails **more expense.**

COVID-19 has completely changed us HCPs. We have been subjected to a lot of care work, and now **we are exhausted, so we are not able to provide the same care or have the same patience with our patients.**

No immediate reconstruction of the breast following surgery, which **required another procedure later on.**

Our MDs Share Real Experiences

