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## Profitability of the CMA Unit for breast pathology during the COVID-19 pandemic<sup>☆</sup>



## Rentabilidad de la Unidad de CMA para patología mamaria durante la pandemia COVID-19

Surgical pathology of the breast, both oncological and non-oncological, is gradually being incorporated into the Service Portfolio of many ambulatory surgery centers (ASC)<sup>1-8</sup>. The degree of satisfaction with the performance of outpatient procedures is an indicator of the quality of any ASC.

Breast cancer treatment has evolved in recent decades, which has reduced the radicality of surgical excision. It currently requires the active participation of various hospital specialties in order to conduct selective sentinel lymph node biopsy, targeted axillary lymph node dissection, neoadjuvant chemotherapy, oncoplastic techniques, intraoperative radiotherapy, radioguided surgery, etc.

The structure of ambulatory surgery centers determines the Portfolio of Services offered. Our hospital is distributed in 2 medical centers that are 3 km apart. Our ASC is located in the Trauma Hospital, while the Nuclear Medicine, Pathology and Interventional Radiology Services are in the General Hospital, which is where oncological and non-oncological breast surgery is usually performed due to its dependence on these departments.

The situation caused by the first wave of COVID-19 forced operating rooms to be almost completely closed, both for neoplastic and non-neoplastic pathology, leaving only the emergency operating rooms operational.

The healthcare burden caused by this lack of surgical activity in cancer patients made us seek alternative operating rooms for breast cancer surgery, especially in patients undergoing neoadjuvant treatment.

Aware that the infrastructure of the hospital where the ASC is located lacks the immediate assistance from services needed to carry out correct breast cancer surgery, we considered redistributing treatment circuits in order to be able to use our autonomous ambulatory surgery unit, as it is the most appropriate service in the hospital complex due to its structural, organizational and hygienic conditions.

By reorganizing the surgical schedule and appointments in Nuclear Medicine as well as Interventional Radiology, while also creating a specific transportation service for samples and direct telephone contact with the clinical services involved, we were able to conduct the highest

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priority breast cancer surgery at our ASC, which we classified as COVID-free.

During the almost 2 months of total closure of operating rooms for scheduled surgeries at the General Hospital, we operated on 65 women with breast pathology in the ASC. In total, 37 were affected by cancer, with a mean age of 60.2 years (19–92), while 28 had non-neoplastic processes, with a mean age of 32.3 years (14–57). The diagnoses included: 30 invasive ductal carcinomas, 2 bilateral invasive ductal carcinomas, 4 lobular carcinomas, one papillary carcinoma, 22 fibroadenomas, 2 phyllodes tumors, 2 breast implant extrusions, and one giant mammary lipoma.

This use of the ASC for oncological processes allowed us to perform mastectomy in 22 patients (5 bilateral), selective biopsy of the sentinel node in 19 patients, 4 axillary lymphadenectomies, 13 lumpectomies, and immediate reconstruction with symmetrization in 18 women. We completed the surgical schedules with non-neoplastic processes.

All patients who had undergone surgery for benign processes and 22 of the 37 neoplastic patients with neoplastic disease were discharged from the outpatient surgery unit the same day of surgery. The remaining 15 patients stayed overnight and were discharged the following morning. All patients showed a high degree of satisfaction with the resolution of their pathology and the outpatient or overnight discharge.

The resolution of this specific group of patients with breast disease in our ASC was a demonstration of how an organizational effort involving the clinical services that are essential for correct breast surgery can help improve the appropriate surgical response in this pandemic situation.

The positive results obtained have made it possible for us to maintain the established circuits during this third wave of COVID-19 and operate on patients affected by breast pathology in our ASC.

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