Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Therefore, we aimed to investigate the proportion of patients with symptomatic breast disease that yielded malignant biopsy results following normal imaging; and ascertain whether biopsies are indicated.

**Methods:** A retrospective audit was performed over 6 months by examining patients’ clinical records and the CRIS radiology software. Imaging and clinical examination scores were also analysed. Exclusion criteria included non-normal imaging findings and a history of ipsilateral breast malignancy. The audit standard used was the Guidance on Screening and Symptomatic Breast Imaging (4th edition) by the RCR.

**Results:** 43 patients were included, of which only 1 (2.3%) demonstrated malignant biopsy findings following normal radiological imaging. Out of the documented clinical examination scores, 10/38 (26%) had a P3 (uncertain) score, whilst others demonstrated benign P2 scores. No indeterminate or suspicious findings were documented within the initial radiology reports.

**Conclusion:** Over 97% of clinical biopsies performed for radiologically normal breast lesions subsequently prove to be benign, indicating a low test-positivity-rate. Therefore, we propose that clinical biopsies following normal imaging should be reserved for those aged >50. As per RCR guidelines, for women aged <40 with clinically (P3-P5) or radiologically (U3-U5) suspicious findings, both targeted ultrasound & mammogram should be performed, preferably prior to a biopsy.

**P077. BLUE FLAG CLINICS. A WAY TO ACHIEVE A 2 WEEK WAIT SERVICE IN THE AGE OF PLENTIFUL REFERRALS, RADIOLOGICAL Pressures AND PENSION THREAT**

Blazej Rybinski, Peighton Thomas, Mona Sulieman, Polly King. Royal Cornwall Hospital, Truro, United Kingdom

**Introduction:** In early 2019 increased referrals to the Breast 2WW Service, limited radiologist capacity and the pension crisis combined to cause the 2 week wait target to fail. A multidisciplinary solution was sought. Using the Nottingham Breast Institute triage criteria and decoupling clinical and radiological assessments, patients were referred along 2 pathways; red and blue flag.

**Methods:** Patients were clinically assessed by a trained breast surgeon within 2 weeks. Red flag patients underwent standard triple assessment. The aim for blue flag patients was to undergo any necessary imaging within 10 days. In both cohorts selected patients were given a patient satisfaction questionnaire. Data from red flag clinics were obtained from cancer services. Notes were reviewed for blue flag patients.

**Results:** Data on 858 blue flag patients were analysed.

**Table 1**

| Comparison between blue and red flag clinics |
|---------------------------------------------|
| Blue flag No. (%) | Red flag No. (%) |
|-------------------|-----------------|
| Average age range (years) | 26-30 | 46-50 |
| MMG | 409 (48%) | 73.6% |
| No imaging | 133 (16%) | 5% |
| Core biopsy | 41 (5%) | 11% |
| Cancer diagnosis | 11 (1.3%) | 8.6% |

**Table 2**

| Time between appointment and imaging report in blue flag clinic |
|---------------------------------------------------------------|
| Median days (Range)   |
| Time to MMG report | 4 (0-37) |
| Time to Ultrasound | 9 (0-60) |
| Number pts waiting > 10 days | 107 (12.5%) |

There was no difference between satisfaction scores.

**Conclusions:** The 2WW target was regained within a month of implementing change. As long as the standard operating procedure is maintained, the triage criteria adopted were successful and reduced pressure on radiology services. Patient safety and satisfaction were maintained.

**P078. CAN WE SAFELY AND EFFECTIVELY MANAGE ROUTINE BREAST PAIN REFERRALS WITHOUT FACE-TO-FACE CLINIC APPOINTMENTS?**

Rachael Boardley, Margaret Maclean, Jayne McGivern, Kelly Robb. NHS Greater Glasgow and Clyde, Glasgow, United Kingdom

Breast pain is a common primary-care referral to the breast clinic. Telephone clinics were created to manage such referrals at the start of the COVID-19 pandemic to reduce the number of face-to-face clinic appointments in this group, freeing up slots for urgent referrals. The aim was to assess whether the implementation of virtual breast pain clinics are safe and effective in the management of routine referrals for breast pain.

A retrospective audit was carried out assessing patients on virtual breast pain clinics over a three month period. Patients were categorised as either fit for discharge after telephone consultations or appointed to a face-to-face clinic. Patients were sent questionnaires to gauge satisfaction with the process. Of 66 patients, 20 (30%) patients were appointed a face-to-face clinic appointment after telephone follow-up. The remaining 70% have been managed by telephone consultation. 51 (77%) of patients have been reassured and discharged. There was a 50% response in satisfaction survey, of which 100% gave positive feedback. One patient reported a lump at initial telephone call requiring a face-to-face clinic review. This was an incorrect referral and she was diagnosed with breast cancer.

No other pathology was identified in patients with face-to-face consultations. Telephone clinics for routine breast pain referrals are safe and effective and reduce the number of patients requiring face-to-face clinics. This increases capacity to see urgent referrals which is important given the increased mismatch between urgent referrals and clinic capacity since the onset of the pandemic. Moreover, patients were satisfied with the process.

**P079. PROSPECTIVE AUDIT OF BREAST CANCER DETECTION RATES FROM 2WW REFERRALS TO A DISTRICT GENERAL HOSPITAL DURING INITIAL COVID-19 LOCKDOWN**

Souganthy Sundaramoorthy, Chandeena Roshanll, Macclesfield District General Hospital, East Cheshire NHS Trust, Macclesfield, United Kingdom

**Introduction:** Initial chaos to breast service provision from Covid-19 pandemic prompted this prospective audit. In our hospital, the first lockdown period was challenging in terms of assessing patients on the 2WW pathway. Patients detected with cancer requiring surgery as part of their cancer pathway in a timely manner, was also challenging. This prospective audit, highlights our cancer detection rates during lockdown.

**Aims:**
- To prospectively audit referral rates during lockdown to our Breast Unit compared with referral rates pre-Lockdown.
- Assess Total cancers detected during Lockdown (1st March '20 - 31st May '20) in comparison to cancer detection rates pre Covid-19 Lockdown (1st December '19 - 28th February '20).
- To audit re-excision rates after primary cancer surgery.

**Objective:** To audit impact of lockdown on breast cancer detection rates and service delivery

**Methods:**
- Prospective data collection from Somerset records - Total cancers detected from 2ww breast referrals prior to Covid19 (Dec ’19-Feb ’20) as guideline for workload compared with data collected prospectively during...
Lockdown (March '20 to May '20)

- Prospective GIRFT data for outcomes of surgery to ascertain re-operation rates;
- Trust policy, Regional & ABS guidelines adhered to during pandemic.

**Results:** GP referrals Dec'19 - May '20

| MONTH       | TOTAL GP REFERRALS | BENIGN DIAGNOSES | CANCERS DETECTED | CANCER INCIDENCE RATE % |
|-------------|--------------------|------------------|------------------|--------------------------|
| DECEMBER    | 265                | 14               | 14               | 5.3%                     |
| JANUARY     | 281                | 35               | 14               | 5%                       |
| FEBRUARY    | 261                | 15               | 14               | 5.4%                     |
| MARCH       | 239                | 12               | 12               | 5%                       |
| APRIL       | 89                 | 25               | 9                | 10.1%                    |
| MAY         | 145                | 6                | 11               | 7.4%                     |

**RE-OPERATIONS:**

| TOTAL PATIENTS | MONTH | MARGINS | SLNB+ | ANC |
|----------------|-------|---------|-------|-----|
| 28             | DECEMBER | 3(10.7%) | 0     | 0   |
| 40             | JANUARY  | 2(5%)    | 1(2.5%)| 1   |
| 24             | FEBRUARY | 2(5%)    | 3(8.3%)| 3   |
| 26             | MARCH    | 2(7.6%)  | 5(13.8%)| 3   |
| 41             | APRIL    | 2(4.8%)  | 4(9.7%)| 2   |
| 23             | MAY      | 3(13%)   | 1(4.3%)| 1   |

**Discussion:** Referrals dropped during lockdown but cancer diagnosis rates almost doubled-7 discerning GP referral.

**Conclusion:** Referral quality appears improved - although fewer referrals, cancer detection rate doubled from 5% pre-Covid19 to 7.5-10% during lockdown. Service quality maintained with minimal re-operations within social distancing restrictions.

**P080. TELEPHONE CONSULTATIONS AND THE IMPACT ON THE BREAST SERVICE**

Richa Lane, Kim Collingridge, Julie Calcuth, Sue Yates, Alyson Spicer, Ceri Meeks, Sarah Gill, Abdeljader Asha, Gala Jadkarim, E. Mallidis, I. Peerlinck, C. Mortimer, H. Tufafoha. East Suffolk and North Essex Foundation Trust, Ipswich Hospital, Ipswich, United Kingdom

**Introduction:** On the 15th March 2020, the ABS provided guidance on how two week wait (2WW) referrals should be managed. In line with the ABS advice, the unit altered its practice; normal clinic visits were halted and triaged by telephone. We aim to outline the clinical impact that a telephone advice, the unit altered its practice; normal clinic visits were halted and telephone consultation ensured a face to face appointment was absolutely necessary and reduced contact time in the clinic.

**Results:** During the shielding period a total of 83 two week wait clinically vulnerable patients were referred. The age range was 35 to 87 years of age. 44.58% had malignant pathology and 55.42% found to have benign pathology or normal breast tissue. 16 patients were given empirical endocrine treatment, 31.25% of these patients later went on to have biopsy proven oestrogen receptor negative cancers.

**Conclusions:** The implementation of a dedicated 'shield clinic' during the COVID pandemic allowed clinically vulnerable patients to access breast cancer services in a reduced risk environment. Initial telephone consultation ensured a face to face appointment was absolutely necessary and reduced contact time in the clinic.

**P081. A BREAST SHIELD CLINIC - PROTECTING THE VULNERABLE FROM COVID 19 AND CANCER**

Rachel Foster, Jane Ooi, Anita Hargreaves. Countess of Chester Hospital, Chester, United Kingdom

**Introduction:** On the 11th of March 2020 the World Health Organisation (WHO) announced that the COVID-19 outbreak had reached pandemic levels. Over 2 million people in the UK were identified as clinically extremely vulnerable and advised to shield. Breast cancer services had to adapt to balance the risk of delayed breast cancer treatment with the risk of exposure to COVID 19.

**Methods:** The breast unit at The Countess of Chester Hospital introduced a triple assessment clinic exclusively for shielding patients aiming to ensure equitable safe provision for all. Changes involved the use of personal protective equipment, reduced clinic numbers and departmental deep clean prior to each clinic. During a ‘shield clinic’ there was no additional activity in the department and a one-way patient flow system was implemented.

**Results:** During the shielding period a total of 83 two week wait clinically vulnerable patients were referred. The age range was 35 to 87 years of age. 44.58% had malignant pathology and 55.42% found to have benign pathology or normal breast tissue. 16 patients were given empirical endocrine treatment, 31.25% of these patients later went on to have biopsy proven oestrogen receptor negative cancers.

**Conclusions:** The implementation of a dedicated ‘shield clinic’ during the COVID pandemic allowed clinically vulnerable patients to access breast cancer services in a reduced risk environment. Initial telephone consultation ensured a face to face appointment was absolutely necessary and reduced contact time in the clinic.

**P082. BREAST CANCER SURGERY AND THE COVID-19 PANDEMIC; THE IMPACT OF PATIENT PATHWAY CHANGES ON OVERALL PERFORMANCE**

Fiona Tsang-Wright, Giles Cunnick. Bucks Breast Unit, Buckinghamshire Healthcare NHS Trust, Wycombe Hospital, High Wycombe, United Kingdom

**Introduction:** The COVID-19 pandemic has affected breast cancer care, and in March 2020, following ABS guidance, the Bucks Breast Unit reorganised the patient pathways. The aim of the study was to determine the effect on performance.

**Methods:** The breast team was divided into two and alternated clinics and theatre lists with no cross-over. All routine appointments were postponed. The two-week-wait referrals were triaged into a telephone or face-to-face appointment; for the latter, imaging was pre-ordered, and each patient was directed 'straight-to-test' before clinical review. Patients were tracked by the MDT coordinator and discussed at a virtual MDT. For those with a favourable tumour biology, primary endocrine treatment was started. All patients needing surgery were assessed using the waiting-list-risk-measurement-tool, and surgery was performed at a local private institution as part of NHS Resilience collaboration. Data was captured in the Thames Valley Cancer Alliance (TVCA) Dashboard. The Breast Care Specialist Nurses called all patients to provide support and well-being advice. The unit resumed a pre-pandemic service in June 2020.

**Results:** In April 2020, 2WW referrals dropped by 72% (n=92, baseline 327) with an estimated reduction of 705 patients in 6 months. By October 2020, the referral numbers had increased to 140% (n=469, baseline 336). The numbers of cancers diagnosed from April - October 2020 was 205, and 317 in 2019. The BCNs made 319 telephone calls. See Table 1.