COVID-19: What People Living with Metastatic Breast Cancer Need to Know

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The COVID-19 pandemic has impacted the lives of people around the world in so many ways, forcing us all to adapt to a “new normal” – from how we learn and work to how we socially interact with others, from a distance. While the risk of becoming seriously ill from COVID-19 is low for most people, those living with serious health conditions such as metastatic breast cancer (mBC), a more advanced form of breast cancer that has spread to other parts of the body,[1] may be at higher risk of complications from COVID-19.[2] This can add another layer of concern, fear and anxiety when it comes to navigating a cancer treatment journey during these uncertain times.

Yuan Yuan, M.D., Ph.D.

We spoke with Yuan Yuan, M.D., Ph.D., Associate Clinical Professor, Department of Medical Oncology & Molecular Therapeutics Research at City of Hope National Cancer Center, in Duarte, California to address common questions about mBC care during the COVID-19 pandemic.

Why are people with metastatic breast cancer at higher risk for COVID-19 than other people?

Dr. Yuan: If you have metastatic breast cancer and are on an active treatment such as chemotherapy, targeted therapies, or immunotherapy, your immune system may be weakened (or immunocompromised). This may leave you at an increased risk of serious illness from COVID-19. Age can also be another important risk factor in overall outcomes as older adults living with cancer are an even more vulnerable sub-population.[3]

What can people living with metastatic breast cancer do to protect themselves from COVID-19?

Dr. Yuan: The best way to protect yourself is by following the current CDC guidelines, practicing the highest standard of hand-washing and being extra cautious by wearing a mask and maintaining social distance. Living with mBC is a challenging journey and the risk of COVID-19 can add to that burden. That is why it is important for people living with mBC to maintain their strength physically, mentally and emotionally during treatment by getting enough sleep, maintaining a healthy diet and managing stress. Adjusting to these times can be especially stressful, so I encourage my patients to seek support from friends, loved ones, support groups or oncology social workers at their cancer centers to talk through their anxieties and reassure them they are not alone.

How has the COVID-19 pandemic affected mBC treatment management?

Dr. Yuan: Beyond COVID-19, people with mBC may have separate challenges and needs than those who have early stage breast cancer.[4] They will have to undergo treatment for the rest of their lives, which can carry additional physical and emotional weight that comes with the disease.[5],[6] While we have implemented new safety measures, we are not recommending changing treatment paths, or delaying care because of the pandemic. COVID-19 has actually expedited the use of new technologies that have evolved how we approach medical care. We have improved communications by transitioning to telemedicine, thus we are able to communicate with certain patients, in some scenarios, without the need for them to come to the hospital or treatment center.

How do you decide on treatment plans with your patients living with mBC during this pandemic?

Dr. Yuan: How I approach treatment planning for mBC with patients remains the same, despite COVID-19. With all of my patients, I have an open discussion to assess potential treatment approaches. We look at options that may have the least burden on their mBC symptoms, we discuss their previous treatment history, and evaluate any potentially new targeted therapies to determine a treatment plan that works best for them. For some patients who are unable to meet for in-person visits, it is even more critical to maintain an open line of communication virtually (online or over the phone) to stay up to date on how things are going and how they are feeling with their treatment.

Are there specific precautions you recommend for patients with mBC on IV treatments?

Dr. Yuan: We are now months into the pandemic, and I think most clinics and cancer centers are practicing in a very cautious way to allow patients to come in safely for in-person visits and treatments. This may include pre-screening for COVID-19 symptoms, proper distancing, sanitizing waiting rooms and infusion chairs, and requiring the use of face masks. I am also looking at my patients' exposure time in the treatment centers when treating patients with mBC who are receiving an IV therapy.

Are there any additional considerations before putting a patient with mBC on IV treatment?

Dr. Yuan: Before starting my patients on any treatment, I make sure to go over all the benefits, risks, and possible side effects. For example, before I put a patient on an IV treatment such as HALAVEN® (eribulin mesylate) injection, which is a prescription medicine used to treat adults with breast cancer that has spread to other parts of the body, and who have already received other types of anticancer medicines after the cancer has spread, I would note that it is given over a period of two to five minutes as an infusion. I would also discuss how in a clinical study of more than 750 women, HALAVEN was compared with other chemotherapies or hormone therapies commonly used to treat mBC.[7] Although some women lived longer and some women did not live as long, women who were treated with HALAVEN lived, on average, 25% longer (13.2 months vs 10.6 months, respectively) than those who received another chemotherapy or hormone treatment.[8] I also discuss possible serious and common side effects. Serious potential side effects include low white blood cell count (neutropenia) and numbness, tingling, or pain in your hands or feet (peripheral neuropathy), and the most common side effects include neutropenia, low red blood cell count (anemia), weakness or tiredness, hair loss (alopecia), nausea, and constipation. I remind them to share when they are experiencing any potential side effects, so we can determine whether to delay treatment, decrease the dose, or stop treatment.

What advice would you give cancer patients during this pandemic?

Dr. Yuan: With all of the precautions and standard measures in place, cancer care teams are doing their best to treat patients. Don't delay care because of the pandemic. Stay strong, stay healthy, stay safe and keep in contact with your healthcare team. Nothing should compromise cancer care.

To learn more about HALAVEN, visit www.Halaven.com or join the HALAVEN community on Facebook at www.facebook.com/halaven.

What is HALAVEN (eribulin mesylate) Injection?

HALAVEN is a prescription medicine used to treat adults with breast cancer that has spread to other parts of the body, and who have already received other types of anticancer medicines after the cancer has spread.

Important Safety Information for HALAVEN®

What safety information do I need to know about HALAVEN?

HALAVEN can cause serious side effects, including

- Low white blood cell count (neutropenia). This can lead to serious infections that could lead to death. Your health care provider will check your blood cell counts. Call your health care provider right away if you develop fever (temperature above 100.5°F), chills, cough, or burning or pain

when you urinate, as any of these can be symptoms of infection

- Numbness, tingling, or pain in your hands or feet (peripheral neuropathy). Peripheral neuropathy is common with HALAVEN and sometimes can be severe. Tell your health care provider if you have new or worsening symptoms of peripheral neuropathy
- Your health care provider may delay or decrease your dose or stop treatment with HALAVEN if you have side effects

Before you receive HALAVEN, tell your health care provider about all of your medical conditions, including if you

- have liver or kidney problems
- have heart problems, including a problem called congenital long QT syndrome
- have low potassium or low magnesium in your blood
- are pregnant or plan to become pregnant. HALAVEN can harm your unborn baby. Tell your health care provider right away if you become pregnant or think you are pregnant during treatment with HALAVEN. Females who are able to become pregnant should use an effective form of birth control during treatment with HALAVEN and for at least 2 weeks after the final dose of HALAVEN and males should use an effective form of birth control when having sex with female partners who are able to become pregnant during treatment with HALAVEN and for 3½ months (14 weeks) after the final dose of HALAVEN
- are breastfeeding or plan to breastfeed. It is not known if HALAVEN passes into your breast milk. Do not breastfeed during treatment with HALAVEN and for 2 weeks after the final dose of HALAVEN

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

What are the possible side effects of HALAVEN?

HALAVEN can cause changes in your heartbeat (called QT prolongation). This can cause irregular heartbeats. Your health care provider may do heart monitoring (electrocardiogram or ECG) or blood tests during your treatment with HALAVEN to check for heart problems.

The most common side effects of HALAVEN in adults with breast cancer include low white blood cell count (neutropenia), low red blood cell count (anemia), weakness or tiredness, hair loss (alopecia), nausea, and constipation.

Your health care provider will do blood tests before and during treatment while you are taking HALAVEN.

For more information about HALAVEN, please see full Prescribing Information.

References:

[1] Metastatic Cancer. National Cancer Institute. https://www.cancer.gov/types/metastatic-cancer.

[2] Special Report: COVID-19's Impact on Breast Cancer Care. Breastcancer.org. https://www.breastcancer.org/treatment/covid-19-and-breast-cancer-care.

[3] Hong, Hong. Wang, Qi. Li, Jing. Liu, Hans. Meng, Xin. Zhang, Haiyan. (2019) Aging, Cancer and Immunity. Journal of Cancer. 10(13): 3021–3027. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6590045/

[4] Cherny, Nathan. Paluch-Shimon, Shani. Berner-Wygoda, Yael. (2018) Palliative care: needs of advanced breast cancer patients. Breast Cancer (Dove Med Press). 10: 231–243. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6284851/

[5] What is Metastatic Breast Cancer? Metastatic Breast Cancer Network. Available on October 3rd, 2019 at http://mbcn.org/what-is-metastatic-breast-cancer/

[6] Irvin Jr, William. Muss, Hyman. Mayer, Deborah K. (2011) Symptom Management in Metastatic Breast Cancer. Oncologist. 16(9): 1203–1214. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3228166/

[7] A study design that reflected real-life, single-agent treatment choices. Halaven. https://www.halaven.com/hcp/metastatic-breast-cancer/trial-design.

[8] A meaningful survival benefit. Halaven. https://www.halaven.com/hcp/metastatic-breast-cancer/efficacy.

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http://beta.docker.cancerhealth.com/article/covid19-people-living-metastatic-breast-cancer-need-know