Letter to Editor
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COVID-19 Implication in Melanoma Management in United Kingdom

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Dear Editor,

Melanoma is the third most common skin cancer in the western world, while it is less common than Basal Cell Carcinomas (BCC) and Squamous Cell Carcinomas (SCC), Melanoma is far more deadly because of its ability to metastasis if not treated at an early stage, it is the second most common cancer-causing death in young adults and accounts for more deaths than all the other skin cancers combine [1].

In the United Kingdom all patients with stage 1a Melanoma or above should be considered for a sentinel lymph node biopsy during their wide local excision procedures. They should be followed up every 3 months for the first 3 years then every 6 months for the next 2 years, to be discharged at the end of 5 years [2].

At each follow-up appointment, a holistic approach must be attempted by the clinician supported by the skin Cancer Nurse Specialist (CNS) including whole-body skin exam specifically looking at the primary melanoma site for any evidence of local recurrence, feel for any regional or systemic organ metastases, provide psychosocial support to our patients and their families, with education regarding the likelihood of recurrence, new secondary lesions and metastatic disease [3].

We must also teach our patients self-examination, health promotion including sun awareness, avoid low vitamin D levels and sometimes provide genetic counselling.

With Corona Virus disease 2019 (Covid-19) threatening to overwhelm health systems around the world, the National Health System (NHS) has taken measures to maximize inpatient and critical care capacity in anticipation for large number COVID-19 patients who will need respiratory support. A coordinated effort has been made to postpone all non-urgent elective operations for at least three months, remove the routine burdens of routine follow up clinics and surveillance imaging for our melanoma patients in order to stress-test operational readiness and NHS agility to cope with the Covid -19 pandemic.

Melanoma patients will understandably have anxieties attending hospital for their treatment in case of exposure to the Covid-19 virus while trying to maintain social distancing, as well as concerns regarding potential delays to their surgical or medical treatment, follow up clinics appointments and the impact of postponement of their surveillance scans.

Additionally, patients receiving BRAF targeted therapy with potential side effects that might mimic the flu-like symptoms and pyrexia associated with Corona virus infection will cause additional anxiety to both treating oncology teams and patients, not to mention that immunotherapy treatment might make them more at risk of becoming seriously unwell if infected by Covid-19.

This has led our department to adapt our standard practice by including the use of telephone follow up clinics, particularly useful for our working colleagues who are at increased risk from face to face contact with patients due to underlying health conditions. Making full use of the see and treat model, to address the cancellation of follow up clinic we have started using templated information leaflet letters sent out to patients with their histology results with an online link explaining how to self-examine their lymph nodes.

We have also started the use of modern age communication access and real-time transmission video conference to support our weekly skin multi-disciplinary team meetings using Microsoft team[*], to discuss and triage our patients surgical treatment. We also plan to soon start implementing Virtual outpatient clinic and Teledermatology.

When planning how to manage Melanoma patients during this pandemic we also encourage the use of digital technologies to support continuity of clinical contact for patients, families and

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carers. Furthermore, we encourage them to use support from online charities and support groups including the nhs.uk website, Macmillan cancer support and Melanoma focus charity, British Association of Dermatologists (BAD).

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