

SDG Recommendations for Management of Skin Cancer during the COVID-19 Pandemic

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During this temporary period of widespread office closures due to the COVID-19 crisis, we must continue to provide the best possible care for our patients with untreated malignant melanomas (MMs) and non-melanoma skin cancers (NMSCs). To conserve personal protective equipment (PPE) and protect both patients and health care professionals (HCPs) from COVID-19, all elective surgeries have been deferred at this time. Many of our patients with melanoma and NMSC are older or in poor health and are consequently at higher risk for contracting COVID-19. We must be particularly mindful of protecting these vulnerable patients.

The recommendations below are designed to help our providers navigate through this temporary period of reduced access. In normal times, these elective procedures would be handled quickly and routinely in our out-patient clinics with such procedures as Mohs micrographic surgery, surgical excision, and electrodesiccation & curettage. However, we must now navigate through the challenges of prolonged access limitations and make clinical decisions based on the best available evidence, consideration of risks, benefits, and alternatives, while understanding the limitations now imposed on us in this crisis.

The following recommendations are based on our assessment and interpretation of existing and at-times conflicting guidance from the American College of Mohs Surgery (ACMS), the National Comprehensive Cancer Network (NCCN), the Center for Medicare Service (CMS), and a careful review of the available literature.

Basal Cell Carcinomas

Recommendation: Defer most Basal Cell Carcinomas (BCCs)

While the NCCN recommends deferral of all BCCs until after the COVID pandemic, the Mohs College acknowledges that treatment may be necessary for BCCs that are

- Highly symptomatic
- Rapidly growing

Other high-risk factors for consideration may include:

- Larger than 2 cm AND near a named nerve
- Evidence of perineural invasion
- Immunosuppression for solid organ transplantation

Squamous Cell Carcinoma

Recommendation: Defer most Squamous Cell Carcinomas in-situ (SCCis) and small (<2 cm), well differentiated squamous cell carcinomas (SCCs)

While the NCCN recommends deferring treatment of all SCCs until after the COVID pandemic, the Mohs College acknowledges that treatment may be necessary for

- Rapidly enlarging tumors
- Poorly differentiated tumors
- Perineural tumors
- Ulcerated and symptomatic lesions
- Lesions in patients with significant risk factors (while balancing the risk of COVID in these patients)

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Other high-risk factors for consideration may include:

- Larger than 2 cm size
- Greater than 3 mm depth

Cutaneous Malignant Melanoma (MM)

Recommendation: Defer thin melanomas; treat thicker melanomas

- Thin Melanomas: T0 and T1A (Breslow's thickness < 0.8 mm without ulceration)
 - The NCCN recommends deferring these lesions for up to 3 months
- Thicker melanomas should be treated
 - Office based excision without sentinel lymph node biopsy (SNLB) is acceptable during the COVID crisis if a surgeon/facility capable of SLNB is not available

Merkel cell carcinoma

Recommendation: Treatment of Merkel cell carcinoma should not be deferred

- Office based excision without SNLB is acceptable during the COVID progression if an OR capable of SLNB is not available

Our practical recommendations for our providers to take now

It is difficult for us to predict when our offices will be open and our providers able to perform elective procedures again. However, based on our current assessment, we believe it very unlikely that we will have the ability to do so before early- to mid-May. Based on this information, we recommend the following:

- All SDG providers should reach out to all existing patients with untreated melanomas or non-melanoma skin cancers at this time.
 - See attached directions for searching for these patients via EMA pathology log
- Schedule and conduct a video telemedicine encounter to better assess risk, assuage patient fears, discuss options, and formulate a treatment plan.
- Review clinical situation and perform a risk assessment based on the following features:
 - Histopathological features
 - Location
 - Time from diagnosis to anticipated definitive treatment
 - Patient's current overall health status and comorbidities
 - Immunosuppression for solid organ transplantation or hematologic malignancy
 - Assess for symptoms of potential COVID-19 (e.g. fever / cough / shortness of breath)
 - Assess status and potential symptoms of household contacts.
 - Assess status of lesion (worsening / stable / improved)
 - Assess symptoms of lesion (painful / burning / discharge)
 - Assess patient's level of concern/anxiety regarding delay of treatment*

*If patients are inquiring as to whether the surgery can be delayed for such a period, it is important to reiterate that these are the guidelines of the top medical governing bodies. We will ensure the patient receives the best possible treatment in as quickly as safely possible in these circumstances.

Treatment options:

In truly urgent cases

- Consider immediate referral to a tertiary care center where appropriate care is available
- ENT, Plastics Surgery, and OMF at many hospitals have the ability to rapid screen patients for COVID and operate with full protective gear

For superficial disease

- Topical treatment of superficial lesions should be attempted. This may be curative, and when not curative, may have the potential to prevent disease progression requiring immediate surgical care
- Superficial basal cell carcinoma may be treated with topical therapy with imiquimod or 5-FU
- Squamous cell carcinoma in situ may be treated with topical 5-FU; treatment failures may be managed with combination therapy of topical 5-FU and Imiquimod

NOTE: We recommend that providers consider scheduling follow-up video telemedicine visits after instituting therapy (e.g. 2 weeks after therapy) to monitor compliance, clinical response, potential side effects.

For other NMSC

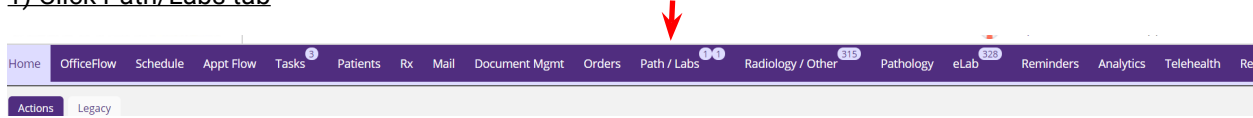
- Please maintain a log of outstanding malignancies. We recommend stratifying your log based upon the surgical criteria discussed above. While we of course strive to provide the optimal care for our patients, this is a difficult time, and the risk of skin cancer progression must be balanced with the risk of coronavirus transmission to our patients, our staff, and the community.
- When operations resume, we will attempt to treat the highest risk lesions with Mohs surgery as rapidly as possible.
- For lower risk lesions, please consider therapies that will limit patient time in the office and procedure length.
- When feasible, small, low-risk basal cell carcinomas and squamous cell carcinomas may be treated with excision, scoop excision, or electrodesiccation and curettage. Please note that the presence of coronavirus in electrosurgical smoke has not been fully evaluated.

Providers Currently Seeing Patients and Performing Biopsies

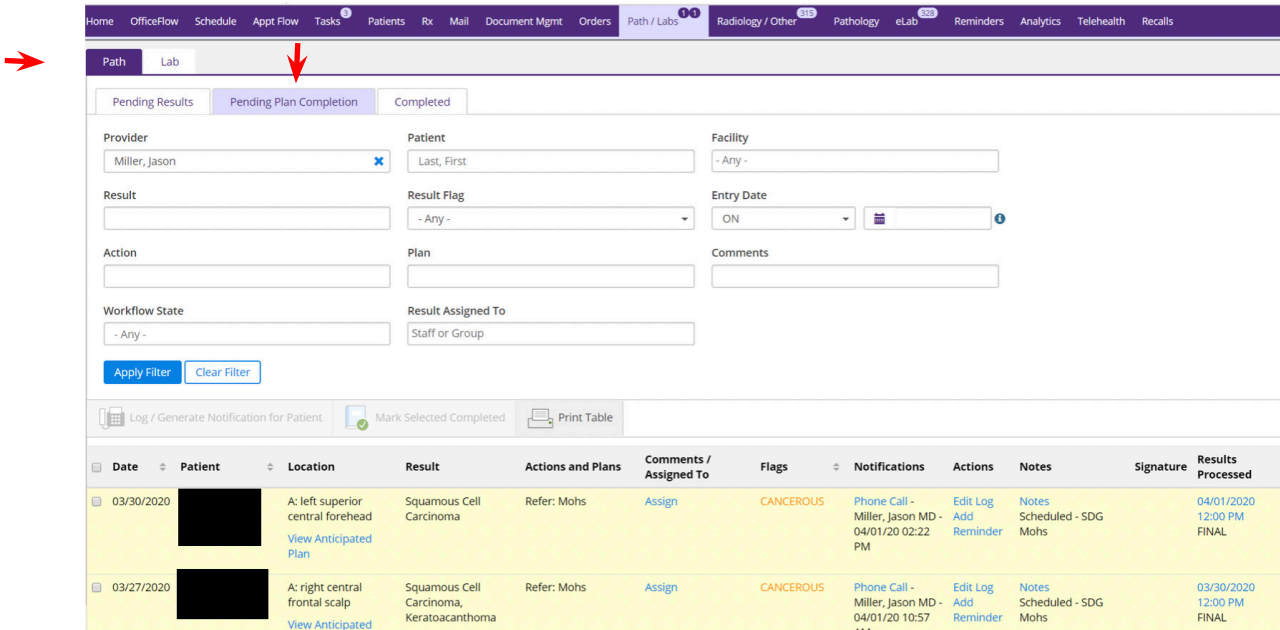
- Ensure proper documentation of landmarks and photographs are done (excision/Mohs may be delayed greater than usual) for all biopsies
- If feasible, utilize absorbable stitches for all procedures to limit post-op visits
- Explain and register patient with Klara for all post op video visits and possible questions
- Whenever possible ensure removal and/or destruction of entirety of lesion to minimize need of further management

Searching for Pending (Untreated) Skin Cancers

1) Click Path/Labs tab



2) Under "Path" tab select "Pending Plan Completion"



Untreated cancers listed in chronological order

References:

1. Kim JYS, Kozlow JH, Mittal B, et al. Guidelines of care for the management of cutaneous squamous cell carcinoma. J Am Acad Dermatol. 2018;78(3):560-578.
2. Kim JYS, Kozlow JH, Mittal B, et al. Guidelines of care for the management of basal cell carcinoma. J Am Acad Dermatol. 2018;78(3):540-559.
3. National Comprehensive Cancer Network. 2020. Advisory Statement for Non-Melanoma Skin Cancer Care During the COVID-19 Pandemic. Retrieved from <https://www.nccn.org/members/committees/bestpractices/files/NCCN-NMSC.pdf>
4. Center for Medicare Services. 2020. CMS Adult Elective Surgery and Procedure Recommendations: Limit to all non-essential planned surgeries and procedures, including dental, until further notice. Retrieved from <https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf>
5. American College of Mohs Surgery. 2020. Covid-19 Coronavirus Preparedness President’s Message. 2020. Retrieved from <https://www.mohscollege.org/>
6. Ondo AL, Mings SM, Pestak RM, Shanler SD. Topical combination therapy for cutaneous squamous cell carcinoma in situ with 5-fluorouracil cream and imiquimod cream in patients who have failed topical monotherapy. J Am Acad Dermatol. 2006;55(6):1092-4.

Please email any questions or comments to the following email: taskforce@schweigerderm.com