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Comment on “The impact of the COVID-19 pandemic on the presentation status of newly diagnosed melanoma: A single institution experience”



To the Editor: We read with interest the article by Shannon et al¹ regarding the impact of the COVID-19 pandemic on the presentation status of newly diagnosed malignant melanomas (MMs). We noted a recent Italian study,² which demonstrated a similar finding of increased tumor depth. We conducted this study to assess and compare melanoma diagnosis before and during the COVID-19 pandemic at our tertiary referral center. Our aim was to assess whether the rates, clinical characteristics, and thicknesses of MMs differed between 2019 and 2020 and then between the 2 halves of 2020.

In 2020, Ireland was under lockdown for more than 6 months, from March to July and then again from August to November.

This retrospective review examined all patients discussed at the melanoma multidisciplinary team (MDT) meeting at a single tertiary referral center from 2019 and 2020. We compared the number of MMs diagnosed, along with characteristics from all periods. We also compared the period from January to June 2020 with that from July to December 2020 to assess whether multiple outbreaks and subsequent lockdowns affected MM diagnosis.

In 2019, 78 patients were diagnosed with MM and 54 with melanoma in situ (Table I). The average Breslow thickness was 2.13 mm. In 2020, 84 patients were diagnosed with MM and 44 with melanoma in situ. The average Breslow thickness was 2.79 mm. From January to June 2020, 40 patients were diagnosed with MM, with an average Breslow thickness of 2.13 mm. From July to December 2020, 44 patients were diagnosed with MM, with an average Breslow thickness of 3.23 mm.

We compared the Breslow thickness measured in the period from January to June 2020 inclusive with that measured in the period from July to December 2020. We found that the median Breslow thickness was greater in the second half of the year (2.45 mm) than in the first half of the year (1.15 mm) (Fig 1). A statistically significant difference was noted between median figures (2.45 mm – 1.15 mm = 1.3 mm) upon applying the 1-tailed Mann-Whitney U test ($P = .0304$).

Our data support the theory that the COVID-19 pandemic may have led to a delay in the diagnosis

Table I. Patient and tumor characteristics of all melanomas discussed at MDT

Patient and tumor characteristics	2019	2020
	n = 78	n = 84
Age (median), y	68.5	75.5
<50	16 (20.5%)	18 (21.4%)
50-59	7 (9%)	18 (21.4%)
60-69	19 (24.35%)	16 (19%)
70-79	19 (24.35%)	14 (16.67%)
>80	17 (21.8%)	18 (21.4%)
Sex		
Male	34 (44%)	39 (46.4%)
Female	44 (56%)	45 (53.4%)
Breslow thickness		
Median (average)	1.15 (2.13)	1.9 (2.79)
PT staging group		
1/2	53 (68%)	52 (61.9%)
3/4	25 (32%)	32 (38.1%)
Clarke level		
II	30 (38.4%)	20 (23.8%)
III	11 (14.1%)	19 (22.6%)
IV	29 (37.1%)	37 (44%)
V	4 (5.1%)	5 (5.95%)
Unknown	4 (5.1%)	3 (3.6%)
Mitotic count		
None	28 (35.9%)	26 (31%)
<1	20 (25.6%)	16 (19%)
>1	25 (38.5%)	39 (46%)
Unknown	5 (6.4%)	3 (3.6%)
Ulceration	20 (25.6%)	18 (21.4%)
Place of diagnosis		
Dermatology	53 (68%)	53 (63%)
Surgery	20 (26%)	21 (25%)
GP	5 (6%)	10 (12%)

GP, General practitioner; MDT, multidisciplinary team; PT, primary tumor.

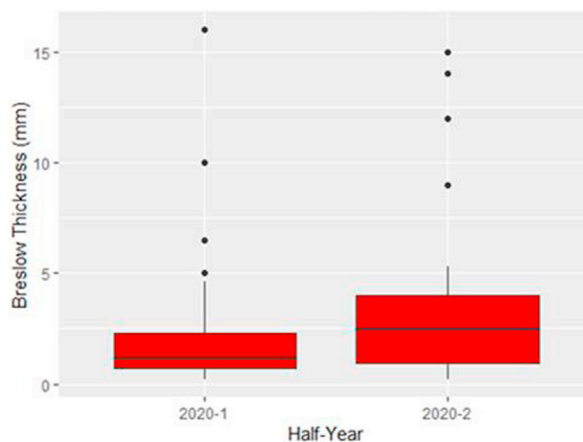


Fig 1. Box-plot of Breslow thickness for half-year.

of MM, supporting research published by Shannon et al.¹ Our data showed a progression in the Breslow thickness over the 2 halves of 2020. This strengthens the theory that repeated lockdowns and the closure of health care services might have resulted in delayed presentations. As the COVID-19 pandemic continues, we must ensure that time-sensitive diagnoses are referred and seen promptly.

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Conflicts of interest

None disclosed.

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