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Healthcare and safety of patients with melanoma during the COVID-19 Pandemic in Italy

Dear Editor,

The COVID-19 pandemic prompted drastic containment measures and a rearrangement of healthcare services. Several papers highlighted the reduction of melanoma diagnoses and related

activities^{1–5}; however, limited data are available on healthcare quality and patient safety.⁶

In Italy, the Italian Melanoma Intergroup (IMI) documented the decrease in first visits, diagnoses and surgeries related to melanoma during February–April 2020.¹ As a follow-up study, the IMI and the Italian Association of Melanoma Patients (AIMaMe) undertook a nationwide survey to evaluate the impact of the pandemic on healthcare quality and patient safety in melanoma management. AIMaMe members were invited to fill in an online questionnaire, and participants were divided into two groups based on when they received the indication for excision: pre-pandemic (Group 1, $n = 334$) and pandemic (Group 2, $n = 252$; Table 1).

Regarding patient management, we found no differences between the groups. The main reasons for the dermatology visit were a suspicious lesion (42–44%) and a routine clinical evaluation of nevi (42–45%). There were also no differences in who suggested the visit: the most frequent answers were ‘myself’ (35–36%) and ‘a dermatologist’ (36–32%). A waiting time <15 days

Table 1 Survey questionnaire

	The dermatological examination in which melanoma was diagnosed took place:				p-value†
	From January 2019 to January 2020		From February 2020 to December 2020		
Why did you undergo the dermatological examination in which melanoma was diagnosed?					
Suspicious skin lesion	141	42.2%	110	43.7%	
Regular nevus check-up	150	44.9%	105	41.7%	
Other reason	43	12.9%	37	14.7%	0.688
Who suggested to undergo a dermatological examination?					
Myself	116	34.7%	90	35.7%	
Dermatologist	119	35.6%	82	32.5%	
Family member or friend	40	12.0%	33	13.1%	
General practitioner	32	9.6%	25	9.9%	
Other medical doctor	27	8.1%	22	8.7%	0.672
How long did you have to wait for an appointment for the dermatological examination?					
<1 month	174	52.1%	151	60.0%	
1–3 months	120	35.9%	61	24.2%	
3–6 months	31	9.3%	20	7.9%	
6–12 months	9	2.7%	20	7.9%	0.001
How long did you have to wait for the surgical removal of your melanoma?					
<15 days	120	35.9%	107	42.5%	
15–60 days	175	52.4%	127	50.4%	
2–6 months	34	10.2%	15	6.0%	
6–12 months	5	1.5%	3	1.2%	0.173
How long did you have to wait to receive the histological report after surgery?					
<15 days	155	46.4%	130	51.6%	
up to 1 month	137	41.0%	99	39.3%	
>1 month	42	12.6%	23	9.1%	0.295
Did COVID-19 restrictions cause a delay of ...					
		... at least one follow-up visit?		... the first follow-up visit?	
No	259	77.5%	187	85.0%	
Yes, my decision	19	5.7%	11	5.0%	
Yes, decision by the health facility management	56	16.8%	22	10.0%	0.069

Table 1 Continued

	The dermatological examination in which melanoma was diagnosed took place:				p-value†
	From January 2019 to January 2020		From February 2020 to December 2020		
If yes, how long was the visit delayed?					
<1 month	8	10.7%	9	27.3%	
1–3 months	34	45.3%	15	45.5%	
3–6 months	15	20.0%	7	21.2%	
>6 months	18	24.0%	2	6.1%	0.042
How afraid did you feel during medical encounters (for melanoma surgery or follow-up visit) during the COVID-19 pandemic?	4	(0–10)	4	(0–10)	0.665
Did you feel safe while undergoing melanoma surgery or follow-up visits during the COVID-19 pandemic?					
Yes	283	84.7%	237	94.0%	
No	51	15.3%	15	6.0%	<0.001
Overall, how do you rate the management of your melanoma during the COVID-19 pandemic?					
Excellent	152	45.5%	145	57.5%	
Good	130	38.9%	85	33.7%	
Fair	42	12.6%	14	5.6%	
Poor or Bad	10	3.0%	8	3.2%	0.006
In your opinion, how did the management of melanoma change during the COVID-19 pandemic compared to the pre-pandemic era?					
Unchanged	270	80.8%			
Improved	20	6.0%			
Worsened	44	13.2%			

†Chi-square test for categorical variables, and rank sum test (comparing medians) for continuous variables.

was non-significantly more frequent in Group 2 for surgical removal (42.5% vs. 35.9%) and histological report (51.6% vs. 46.4%). Moderate, yet significant, differences emerged regarding the wait time for the dermatologist appointment: in group 1, 88.0% of patients had to wait <3 months, and 2.7% >6 months, while in group 2, these percentages were 84.1% and 7.9%.

In terms of healthcare quality, Teuscher *et al.*⁷ and Raza *et al.*⁸ observed a 15–17% of postponed or cancelled appointments, mostly due to concern about COVID-19. Furthermore, in Raza *et al.*,⁸ lack of check-ups or long waiting times were more frequent during lockdown than before (72% vs. 28%). We also observed a lower rate of patients reporting delayed follow-up visits; but unexpectedly, among patients in group 2 (15% vs. 22.5% in group 1, 10% vs. 16.8% of which by decision of the health facilities).

Concerning perceived safety, the patients in the two groups did not differ in their fear of undergoing a procedure during the pandemic, and the percentage of patients who felt safe was even higher in group 2 (94.0% vs. 84.0%). This was consistent with Kurzhals *et al.*,⁶ who observed that the pandemic did not substantially affect the overall quality of life of skin cancer patients. The percentage of patients who considered melanoma management to be good/excellent during the pandemic was also higher in Group 2 (91.2% vs. 84.4%). The significantly higher rates of satisfaction and perceived safety in group 2 could be due to the

fact that some of these patients received the diagnosis after the end of the lockdown, when the healthcare facilities had already re-organized their activities.

Finally, most group 1 patients (80.8%) stated that melanoma management was unchanged during the pandemic, while a smaller percentage reported a worsening (13.2%) or an improvement (6.0%).

A limitation of this study was that questionnaires were filled in only online. Patients less digitally competent, especially the elderly, may thus be under-represented. Survey participants may also be more health-conscious than non-participants, thereby possibly creating a selection bias. Finally, teledermatology was not investigated in our survey due to ongoing clinical validation and medico-legal restrictions.^{9,10}

In conclusion, healthcare quality and patient safety appear to have been generally guaranteed in melanoma management during the COVID-19 pandemic in Italy. Given the ongoing situation, additional multi-centre studies are required to determine the long-term impact of the pandemic on melanoma patients.

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Conflicts of interest









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Data Availability Statement

Data available on request from the authors.

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Primary cutaneous lymphoma and risk for severe COVID-19: a prospective study of 48 cases in Morocco

Editor,

Primary cutaneous lymphomas (PCLs) are rare non-Hodgkin's lymphomas that are present in the skin without any extracutaneous involvement at the time of initial diagnosis.¹ The group of PCLs shows distinct clinical, histological, immunophenotypic and genetic characteristics.²

Coronavirus Disease 2019 (COVID-19) is the disease caused by SARS-CoV-2 infection. It has been accelerating since the beginning of 2020 and is still challenging the healthcare systems worldwide.

Studies suggest that patients with older age and malignancy have a higher risk of severe events including death due to COVID-19.^{3,4} Patients with primary cutaneous lymphoma receive immunosuppressive therapy long term for disease control, have potential underlying predisposing conditions (e.g. hypertension and diabetes) and tend to be older.

There are no enough data in the literature about COVID-19 infection and cutaneous lymphomas.

The aims of our study were to evaluate the incidence of COVID-19 and severe outcomes of patients with PCL, and describe changes in lymphoma staging after COVID-19.

We performed a prospective study of patients with PCL at the Dermatology venerology Department, Military Hospital Instruction Mohammed V between June 2020 and June 2021.

We collected all patients with COVID-19 and described their clinical data and evolution. All statistical calculations were performed using Jamovi ver. 2.2.2.