



COVID-19 AND MELANOMA: *What You Need to Know*

A free, live webinar presented by the
Melanoma Research Foundation

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Alexander Shoushtari, MD
Memorial Sloan Kettering
Cancer Center



Ryan Sullivan, MD
Massachusetts General
Hospital Cancer Center,
Harvard Medical School

Webinar Q&A

Below are the questions and answers that we were unable to discuss during the live webinar. Thank you to our speakers for recording the webinar and for providing answers to these very important questions.

Q1: I have Stage IV melanoma with stable tumor volume in my lungs and liver. I am not taking any medication. I'm scheduled to scan next week. Should I scan or postpone?

It depends how long you've been responding well but, in general, we have been skipping surveillance scans for a month or two. The longer it has been since the start of your good response, the more comfortable we are with delaying scans.

Q2: What is the new protocol for biopsies? Skin, mucosal linings and ocular?

At this time, ocular melanoma biopsies are not being recommended as they are not strictly necessary to make the diagnosis. Mucosal melanomas can cause health issues even in the primary site so we are proceeding with biopsies and surgeries for this on a case-by-case basis. Skin biopsies and larger surgeries depend on the depth of invasion. For example, in situ melanomas can be safely watched for a few months, whereas a very deep primary melanoma likely needs to be excised. Overall, this is based on a case-to-case basis and we are more aggressively approaching more aggressive disease.

Q3: What if the melanoma is on the mental nerve chin?

Melanomas that spread along the nerves often have a higher risk of recurrence, but apart from this, it is difficult to generalize advice. A discussion with the surgical team would be warranted and we would likely move forward with surgery but the specific details of any individual case would help sway decision making.

Q4: How do you feel the morbidity and the mortality rates of our melanoma patients could be impacted by this pandemic and the changes to our healthcare processes?

We hope that with careful assessments, we minimize the extra risk of morbidity and mortality by de-escalating care for those who may not need it, while still keeping therapy

going for those who do. Unfortunately, it is impossible to expect there to be no impact at all. We are weighing both the health of the patient with the risk of spread to and by the patient and medical staff.

Q5: With targeted therapy, could you hold drug for a few days thus ruling out the fever being caused by the BRAF/MEK treatment?

Yes, this is routinely being done. We would expect the BRAF-MEK side effects to fade in a few days, whereas the COVID-19 would be less likely to improve that quickly (or, if it did, this would suggest the infection resolved). However, we do have a low threshold to recommend COVID-19 testing if additional symptoms are present, like runny nose, cough, sore throat, etc.

Q6: What factors do you consider when deciding one drug or two?

High burden of disease, especially in the absence of BRAFV600 mutation, sites of metastasis (brain, liver, bone), disease type (mucosal) all factor into the decision to use combination therapy. Otherwise, the default should be 1 drug during this pandemic.

Q7: Is bio chemo still being done?

MSKCC has not done biochemo for a very long time. MGH has never done biochemo. To our knowledge, almost all academic centers have halted this, certainly during COVID-19.

Q8: What measures do you suggest to melanoma patients to maintain their overall health during this time beyond social distancing and hand hygiene?

Try to retain some routine that includes a balanced diet, moderate exercise in the home or on isolated walks/runs, and maintaining social connection.

Q9: I have had clear scans on my last two MRI/PETs (?). Pathology indicates no active disease in primary node after recent removal. I'm currently tapering off Prednisone but I work in a hospital setting and was wondering when I could return to work in the hospital environment during COVID-19. At what point does the immune suppression from Prednisone fade enough to no longer be a concern?

Congratulations! This is great news! This is a great question and not one we really know a definitive answer to. Many factors, including the type of hospital work you do, how often you come in contact with patients, how acutely ill they are and availability of personal protective equipment should influence the timing of return. I would anticipate from a Prednisone standpoint that once you are off, your immune system starts to return to "normal" within 1-3 weeks, but this is just an educated guess. Consulting with an ID specialist at the hospital you work would be very helpful. They are a rich source of information about these topics.

Q10: Is anyone using Pembro 400 mg every 6 weeks? Any reimbursement issues?

We have not yet used Pembro 400 q6 as is it is not yet approved in the US. I believe the latest NCCN update during COVID-19 are advocating for its use but so far my sense is that many physicians are still concerned this will not be reimbursed. We are using nivolumab 480mg q4.

Q11: Once you have had COVID-19 are you then immune once you are better or do you still carry the virus?

This is an important question that scientists are still working on understanding better. Some viruses, like varicella (chicken pox), give decades of immunity before having the risk of repeat flares ("shingles"). Other viruses, like influenza, can mutate enough year to year that people can continue to be infected by slightly different strains. For COVID-19, the jury is still out. So far, the virus hasn't mutated very much, which raises hopes that our body can mount a sustained immunity to it; no one knows what will happen in the future. Other countries are documenting repeat infections, which anecdotally suggests there may be some risk of shedding the virus at low levels even if people are feeling better, but data in the US so far are lacking. Once we have more widespread testing, we can test for the presence of the virus AND test for the presence of antibody response. Only this, along with more time to track repeat infection rates, will answer whether recovery leads to true, sustained immunity.