

SUPPORT FOR PEOPLE WITH MELANOMA

DURING COVID-19 PANDEMIC

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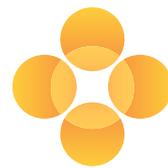
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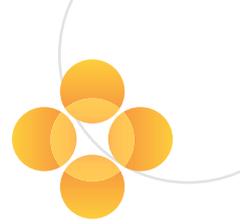
MELANOMA PATIENTS AUSTRALIA

With thanks to the Victorian COVID-19 Cancer Network (Victorian Comprehensive Cancer Centre and the Monash Partners Comprehensive Cancer Consortium) - Melanoma and Skin Cancer Group.

www.melanomapatients.org.au

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Introduction

In response to the COVID-19 pandemic, an expert advisory panel has been established for each cancer type to provide guidance to doctors as well as support for patients during this time. This is a joint initiative **of the Victorian Comprehensive Cancer Centre and Monash Partners Comprehensive Cancer Consortium.**

This short-term guidance has been developed together with Melanoma Patients Australia to ensure people with melanoma (current or new diagnosis) receive optimal but flexible care that is standardised across hospitals and community-based practices during this period. The intent of care is to always do what is best for the patient and his/her individual circumstances.

At all times, extreme caution should be exercised to reduce the transmission and impact of COVID-19. Currently, the situation is stable, with most centres operating as per standard care. However, the situation is fluid and may change in the future if there is a spike in cases and the risk level increases.

The current melanoma guidelines highlight the importance of multidisciplinary care for optimal care of melanoma patients. Multidisciplinary melanoma units are functioning throughout the COVID-19 crisis with face-to-face and telehealth services available for patients as well as support for external clinicians so that patients can be expertly cared for locally wherever possible.

Support Networks

This is an anxious time for cancer patients and additional support is available through **Melanoma Patients Australia.**

- > **Telephone:** 1300 884 450
- > **Website:** <https://melanomapatients.org.au/>.
- > **Virtual support group:** <https://melanomapatients.org.au/virtual-support-group/> (MPA has all support meetings via zoom now so anyone around Australia can join a group regardless where they live).

Other helpful Australian websites:

- > **Cancer Council Australia:** <https://www.cancer.org.au/>
- > **Beyond Blue:** <https://www.beyondblue.org.au/>

Coping Strategies, Mental Health and Staying Well

WELLNESS

There is help and support available for people living with melanoma via support networks listed above. If you are feeling overwhelmed emotionally, we strongly encourage you to reach out to your general practitioner or other trained professional.

The **Coronavirus Anxiety Workbook** contains additional resources you may find useful, this can be found via <https://www.depauw.edu/files/resources/coronavirus-anxiety-workbook.pdf>.

FLU AND OTHER VACCINES

As we approach flu season it is important to reduce the risk of influenza, particular with the additional threat of COVID-19. *Please remember the flu vaccination does not stop you contracting COVID-19.*

Specific advice for people with melanoma on treatment with immunotherapy is available via <https://melanomapatients.org.au/2020-influenza-vaccine/>

Skin Checks, Surgery and Scans

SKIN CHECKS

To protect patients and staff as much as possible from risk of COVID-19 infection, many doctors are using telehealth as an initial triage to assess skin lesions. If an assessment is not possible via telehealth, a face-to-face visit should be scheduled. It is still safe to attend a face to face appointment when needed.

During this period, it is particularly important that you know your skin and monitor it for any changes and raise any concerns with your doctor.

SELF-SKIN EXAMINATIONS¹

TRUST YOUR EYES and YOUR INTUITION

Self-skin examination is very useful as it is known that up to 70% of melanomas on the skin are first detected by someone who has had no specific training or knowledge about melanoma and sometimes this happens even before it looks like a melanoma to a doctor.

You can do it!!!

LOOK FOR ANYTHING THAT IS NEW OR CHANGING

The ABCDE rule (below) may help you remember what to look for:

- A: Asymmetrical shape
- B: Border irregularity
- C: Colour variation and change
- D: Diameter (size) >6mm
- E: Evolving – i.e. a spot of any size which is changing or growing
- F: A lump in or under the skin

Also refer to the SunSmart '*SPOT the difference*' poster found via <https://www.sunsmart.com.au/downloads/resources/posters/spot-the-difference-poster.pdf>

Melanoma may not have any specific symptoms, however YOU MAY FEEL

- > Feel pain, numbness or tingling
- > See bleeding, ulceration, or weeping
- > See inflammation or redness

PHOTOGRAPHY can assist by allowing a true comparison over time. If something is unchanged over 3 to 6 months it is unlikely to be melanoma. If something is new or changing then it needs assessment to determine if a biopsy is required.

EXAMINE ALL AREAS OF YOUR BODY

Although sun exposure increases the risk for melanoma, the disease is not limited to sun exposed skin. You must look everywhere on your body, including:

- > Scar and surrounding skin
- > Face, scalp and ears
- > Neck and shoulders
- > Back, chest and abdomen
- > Genitals and buttocks
- > Legs, front and back
- > Between fingers and toe spaces
- > Fingernails and toenails
- > Feeling for lymph nodes

Melanoma cells may travel to the lymph nodes and cause them to swell to a size resembling a marble or a grape and to feel tender, though "palpable" lymph nodes may also be normal or a response to infection. The important places to check are the neck, the armpits and the groin.

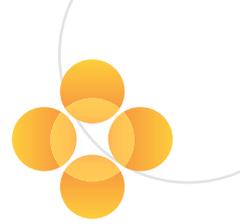
DON'T FEEL RESPONSIBLE: DON'T BE SHY

Your role is only to discover potential problems to show your doctor. Never feel embarrassed or inhibited to ask about something which worries you.

GET HELP

Though a lot can be achieved by looking at yourself in a mirror, it is best if you have a partner help you to check difficult to see areas like the back, back of thighs and soles of feet. If a lesion of concern is identified please contact your GP, specialist or melanoma centre for assessment.

¹ Adapted from 'Melanoma shared care. A tripartite approach for survival, the patient, their GP and their specialist.' Dr Martin Haskett (Alfred Health) Colleen Berryman and Tracey Tobias (SMICS).



SURGERY

There is currently no need to delay any stage of surgery (diagnostic or definitive), but the situation is fluid and may depend on prevalence of COVID-19 in your region.

SCANS

Currently, there is no need to delay routine scans, but the situation is fluid and may depend on prevalence of COVID-19 in your region.

Surveillance scans should be ordered based on an individual's risk of disease returning and weighed against risk of potential exposure to COVID-19 and the likely implications to your health if contracted.

If the COVID-19 risk is increased, routine surveillance imaging in patients with stage III melanoma and no symptoms may be deferred (rather than cancelled) until the COVID-19 risk abates.

Where there is a clinical suspicion of metastatic disease, access to PET scans, MRI scans and CT scans used for diagnosis is unchanged and will not be deferred or delayed.

TIPS FOR TELEHEALTH

Telehealth consultations may be via telephone or video-link. Staff can often assist you with the technology if you are uncertain how to connect.

It is a good idea to check your own skin, scars, lymph nodes prior to this consultation (see above) so that you can raise any issues with your treating doctor.

If you have a lesion of concern it is helpful to **forward a photograph** of it prior to the consultation. Staff at the clinic will be able to provide the best email to send this to.

TIPS FOR PHOTOGRAPHING SKIN LESIONS

- > A smart phone will take good photos of your skin
- > Make sure the lighting is good and there are no shadows
- > Try not to take photos of spots 'from an angle'
- > It can be hard for your doctor to work out where a spot is if you are too close so take a **distant shot** (an arms-length away) and a **close up** (a hand-span away) and send both
- > You can use a coin or a ruler as a 'scale' this can sometimes also help the camera focus
- > If your photo looks out of focus it probably is! Keep trying and you will get a sharp one!
- > For photos of spots on your back or hard to reach places it is good to have someone to take it for you if possible

Stage III Melanoma

ADJUVANT THERAPY

Adjuvant medical therapy includes immunotherapy (nivolumab) or targeted BRAF/MEK inhibitor therapy (Dabrafenib/Trametinib) following surgery and is offered to people with stage IIIB/C/D melanoma as part of standard care.

However, in the current climate, risks related to COVID need to be considered when weighing up the risk/benefit ratio of the treatment. Patients who are older or with co-morbidities, especially with earlier stage III disease may be very reasonably treated with observation following surgery, reserving systemic therapy for recurrence if it occurs.

Whilst adjuvant therapy (BRAF/MEK inhibitor or immunotherapy) itself does not increase the risk of infection, the following should be considered:

- > For people with BRAF mutant melanoma, adjuvant Dabrafenib/Trametinib, which has the advantage of being an oral therapy that can allow patients to be managed predominantly by telehealth. However, it is frequently complicated by **fever**, which can mimic an acute infection.
- > Guidelines for the management of fever for people taking Dabrafenib/Trametinib can be found below.
- > For patients with or without BRAF mutations, adjuvant Nivolumab (immunotherapy – see also below), is usually well tolerated. However, if side effects occur, treatment of these **may require prolonged steroids** that may increase risks from COVID-19 infection. Although nivolumab is administered intravenously, it can safely be given in the home in some centres. Please check with your treating team if this service is available.
- > Patients already on adjuvant immunotherapy or targeted therapy should discuss the relevant risks and benefits of continuing treatment with their oncologist.

GUIDELINES FOR FEVER MANAGEMENT IN PATIENTS ON DABRAFENIB (TAFINLAR) AND TRAMETINIB (MEKINIST)²

BACKGROUND

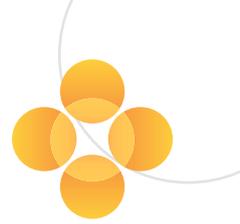
- > Non-infective fevers occur in up to 50% of patients on dabrafenib (TAFINLAR) and trametinib (MEKINIST)
- > The novel coronavirus (COVID-19) typically causes a respiratory illness, with symptoms including cough, shortness of breath and fatigue. Early reports indicate that fevers are a common symptom, occurring in the majority of patients at some point in their illness. Fever may also be the sole presenting symptom of COVID-19.
- > Given the increasing prevalence of COVID-19 in our community, patients who are on dabrafenib (TAFINLAR) and trametinib (MEKINIST) need to be particularly vigilant about febrile episodes.

STEPS TO TAKE IF YOU EXPERIENCE A FEVER

1. If you have a temperature of 38°C or higher, **stop your dabrafenib (TAFINLAR) and trametinib (MEKINIST) immediately.**
2. If you have any other symptoms consistent with a COVID-19 infection, please call the National Department of Health at 1800 020 080 (this hotline is open 24 hours a day and will give advice regarding testing and self-isolation).
Information can also be found online at: [and https://www.australia.gov.au](https://www.australia.gov.au) which has links to all States and Territories.
3. Symptoms of COVID-19 infection include:
 - > Feeling short of breath
 - > Cough (dry or productive of sputum)
 - > Sore throat
 - > Fatigue or tiredness
 - > Muscle aches
 - > Loss of taste and/or smell
4. If you only have a fever and no other symptoms consistent with COVID-19, please still self-isolate for a minimum of 24 hours within your home. If the fever has abated within 24 hours after your last dose, and no new symptoms have developed, this is consistent with a side effect of the medications.
5. As always, during the febrile episode ensure you are keeping well hydrated.
6. Once you have been afebrile for 48 hours, you can restart the dabrafenib (TAFINLAR) and trametinib (MEKINIST).

PLEASE REMEMBER - This is meant as a general guideline to help inform patients. Please still be in contact with a member of your treating team when you have a febrile episode so they can also provide you with guidance and support.

²'Guidelines for Fever Management in Patients on Dabrafenib (TAFINLAR) and Trametinib (MEKINIST),' Dr Alison Weppler (Peter MacCallum Cancer Centre) and the Peter MacCallum Cancer Centre Melanoma Unit.



Stage IV Melanoma

People with stage IV melanoma, where there has been spread beyond local skin and lymph nodes, may be treated with either immunotherapy or targeted therapy. As stated above, these treatments do not increase the risk of infection. However, the same considerations apply.

TARGETED THERAPY

Oral targeted therapy (eg. Dabrafenib / Trametinib) may be used for patients with BRAF mutant melanoma as adjuvant therapy (see above) or for treatment of Stage IV disease.

Fever is a common side-effect, which can mimic acute infection (such as COVID-19). As mentioned above, *Guidelines for fever management can be found above on Page 6, under Adjuvant Therapy.*

IMMUNOTHERAPY

Immunotherapy treatments work by stimulating your own immune system to allow it to recognise and destroy cancer cells more effectively. This increased activity in your immune system does not make you “superhuman!” In this instance, your risk of contracting COVID-19 is the same as the general population.

The exceptions to this rule: If you have an underlying condition and/or are on steroids for an immunotherapy side effect then your immune system can be suppressed, this can increase your risk of contracting the virus.

The degree of immune suppression you experience is mostly dependent on the time and amount of steroid you are taking. The higher the dose and the longer the duration of steroid treatment the more immunosuppressed you become. Importantly, you must not stop taking steroid medication abruptly.

In this situation, your treating team will guide you on the most appropriate management, but you must also be extra vigilant with COVID precautions.

SHOULD I STOP IMMUNOTHERAPY?

The optimal duration of immunotherapy is not yet known. Current recommendations for people with Stage IV melanoma are to cease anti PD-1 therapy after 2 years of treatment. Decisions around cessation of treatment should be made together with your oncologist. Patients achieving good partial or complete responses and who are at increased risk of a severe illness if infected by COVID-19 (over 80 years or have significant co-morbidities) should discuss their best course of action with their oncologist.

WHAT IF I CONTRACT COVID?

If you do contract COVID it is important that you let your oncologist know and discuss the most appropriate management of your melanoma therapy, including steroid dosing. Importantly, you must not stop taking steroid medication abruptly.

In Australia we have had time to prepare and we are well placed for optimal management of patients with COVID. However, as per usual care (pre-COVID era), we encourage all patients with advanced melanoma to discuss advanced care planning with their doctor.

RADIOTHERAPY

Radiotherapy will continue to be considered in the metastatic and adjuvant settings where indicated, for palliation of symptoms, or to improve loco-regional control respectively.

The benefit from radiotherapy vs risk of potential exposure to COVID-19 and the likely implications to the patient's health if contracted will be discussed with the patient and the multi-disciplinary team in detail before a decision is made to recommend radiotherapy.

The radiotherapy fractionation schedules may be reduced to minimise the number of visits to hospital required, and potential exposure to COVID-19.

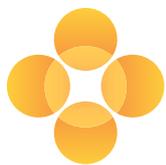
Supply and Access to Medical Therapies

WILL THERE BE A SUPPLY ISSUE FOR MELANOMA DRUGS?

The main medical therapies for melanoma treatment come from America and Europe, however there is no indication that there will be any interruption to supply at this stage.

IS IT SAFE TO PARTICIPATE IN TRIALS?

If a clinical trial is the choice of treatment for your melanoma, you should continue and/or commence on a clinical trial as recommended by your oncologist. Some treatment sites may stop recruitment to some clinical trials due to resourcing issues or because the treatment may not be safe during the COVID-19 pandemic. Many sites however, will continue clinical trial recruitment and they will provide treatment in the safest way possible for you. You may notice changes to the way that clinical trial visits are conducted including the use of telehealth in place of a person-to-person consultation with your treating oncologist. You may also have your scans and pathology completed close to your home rather than at the hospital. Your clinical trial coordinator or oncologist will be the best resource and guide throughout this period.



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National Melanoma Support Line 1300 88 44 50

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