

COVID-19: Guidance for People being Treated for Melanoma

Melanoma Focus has a dedicated Helpline run by Clinical Nurse Specialists who are here to support you with your concerns. For free confidential advice, please go to:

<https://melanomafocus.com/support/melanoma-helpline/>

or use our confidential freephone number: 0808 801 0777

1. What happens if I'm having treatment and I get virus symptoms?

One of the more frequent side-effects of melanoma therapies can be fever, which is also a common symptom of the COVID-19 infection.

If you develop symptoms of COVID-19 – for example fever, cough or other flu-like symptoms – you should contact your treatment team or the acute oncology service urgently for advice.

2. I'm worried that my treatment might be delayed

Some people who are due to have hospital treatment – both surgery and medical therapy – for melanoma might find their treatment is delayed. This could be to help minimise their risk of contracting a COVID-19 infection or because the NHS is trying to cope with the unprecedented demands of the pandemic, which are greater in some areas of the country than in others.

If you're concerned about a delay to your treatment, it's best to speak to the team who are treating you. Your Doctors will decide whether to delay your treatment, helped by advice from their colleagues in all relevant disciplines. They will discuss these decisions with you in full.

3. What should I do if I am being seen less frequently in clinic?

As always, it is important to keep self-examination going and report any changes to your treatment team. Please continue to be vigilant for any changes in your skin or around your operation site, or any persistent worrying symptoms. If in doubt, please contact your treatment team or the Melanoma Focus Helpline (details at the top of this guidance).

4. I'm currently having immunotherapy. Am I more at risk from COVID-19?

Having certain treatments for melanoma – or the therapies given to manage side-effects from immunotherapy – might mean you're more at risk of becoming seriously ill if you do become infected by COVID-19.

Because of this, it's best to contact your hospital team to check your individual risk and any specific treatment plans that might be relevant for you.

5. I'm worried that during the COVID-19 pandemic I won't be offered the same melanoma treatment and it might not be as good as usual

Doctors have been asked to draw up plans to try to minimise the impact on patients and the healthcare system during this pandemic. This includes the services for melanoma. It might mean prioritising certain aspects of treatment over others. If this affects you then the team treating you will discuss this with you and the reasons for the decision will be recorded.

6. I've had lymph node removal. Does this affect my immunity?

It's common for lymph nodes to be removed as part of surgery for melanoma. Having your lymph nodes removed or biopsied does not affect your body's ability to fight infections such as the COVID-19 coronavirus.

Lymph node surgery increases the risk of a condition called lymphoedema (a swelling of parts of the body, generally the arms or legs). But neither lymph node removal nor lymphoedema will affect the overall ability of your immune system to fight a viral infection such as COVID-19.

7. I'm taking targeted therapy. Am I more at risk from COVID-19?

It is likely that taking targeted therapy, such as dabrafenib or trametinib, will not affect your immunity. However it is not yet known if such treatments are likely to affect the severity of a COVID-19 infection. One of the side effects of this treatment is a fever, which may be confusing as this is also a symptom of COVID-19. Contact your treatment team if you have a fever and they will be able to advise you.

8. I'm worried that my scans or follow-up appointments might be cancelled

Some people who are having follow-up visits might find that these are now being done by telephone and that scans are being delayed.

This could be to help minimise their risk of contracting a COVID-19 infection and to allow the hospital to manage its patient services.

For the vast majority of melanoma patients, delays in scans or follow-up will have little impact on their care. Many hospitals are finding that telephone or video consultations are a very good substitute during these difficult times.