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ISSUE: Ohio Department of Health Director orders hospitals and outpatient surgery or procedure provider to postpone all elective, non-essential surgeries and procedures indefinitely (until State of Emergency no longer exists or the ODH rescinds or modifies this Order)

TIME HORIZON (*of order*): Wednesday, March 18, 2020 at 5:00pm

Why Cancel Elective Surgeries: The Department of Health's Order is intended to:

1) Protect patients and providers;
2) Preserve critically short supplies of PPE; and
3) Preserve inpatient bed capacity and other equipment for critically ill patients.
   NOTE In official order, the verbatim statement is "The Order is issued for the purposes of preserving personal protective equipment (PPE) and critical hospital capacity and resources within Ohio. This action is taken to protect our healthcare workforce during this unprecedented event."

Elective Criteria: **If none of the following criteria are met, the surgical procedure will be postponed or suspended**:

- Threat to the patient's life if surgery or procedure is not performed;
- Threat of permanent dysfunction of an extremity or organ system;
- Risk of metastasis or progression of staging; or
- Risk of rapidly worsening to severe symptoms (time sensitive)

What we know:

1. Cough, fever, fatigue, or sore throat are the most common symptoms in adults

2. Asymptomatic spread can occur during the prodromal phase (the mean incubation period is ~5 days, with a range of 0-14 days), with viral shedding greatest when symptoms begin

3. Older people and those listed by the CDC as vulnerable populations, including severe chronic health conditions, such as heart disease, lung disease, diabetes, decompensated cirrhosis, HIV with low CD4 counts, and immunosuppression, (including liver and other solid organ transplant recipients) are at higher risk of developing more serious illness. Pregnancy may be a risk.

4. Best protection against virus transmission: Wash hands, Don't touch your face, Cough etiquette, Social distancing, Avoid crowds.

5. Basal cell carcinoma has an extremely low rate of metastasis, estimated to be from .0028

.005% of tumors[1].

6. High-risk cutaneous squamous cell carcinoma (AJCC >=T3 or BWH >=T2b) have an increased risk of local recurrence and nodal metastasis.[2]

7. Melanoma in situ have proven to have a focus of invasion in 5-29% of cases.[3]

8. Invasive melanoma and merkel cell carcinoma have high rates of metastasis, and should be considered high-risk tumors.

Recommendations:

1. It is recommended that high-risk skin cancers be treated

    a. Examples of high-risk cancers include, but are not limited to, malignant melanoma (MM), melanoma in-situ (MIS), Merkel cell carcinoma, high-risk cutaneous squamous cell carcinoma (CSCC) and high-risk BCC.

    b. Clinical judgement and staging should be taken into consideration for determination of high-risk CSCC. High-risk features include those enumerated as "Aggressive" (see endnote) in the Mohs Appropriate Use Criteria (AUC) guidelines, which place the patient at risk for progression of staging and/or metastasis.[4]

    c. Clinical judgement and staging should be taken into consideration for determination of high-risk BCC. High-risk features include those enumerated as "Aggressive" (see endnote) in the Mohs Appropriate Use Criteria (AUC) guidelines [4]. In addition, the high-risk BCC must have the potential to lead to threat of permanent disfunction, risk of progression of staging, and potential for rapid worsening.

2. It is recommended that low-risk skin cancers be deferred.

    a. Examples of low-risk are those tumors with a low risk of metastasis and slow growth pattern, such as basal cell carcinoma (BCC) and squamous cell carcinoma in situ (SCCis), that would not likely lead to permanent dysfunction if not treated

    b. Clinical judgment is necessary for determining if a low-risk lesion may lead to threat of permanent disfunction, risk of progression of staging, and potential for rapid worsening. In this case, consideration of moving this tumor to a high-risk designation may be appropriate.

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3. It is recommended to perform biopsy on lesions concerning for high-risk cancer (cutaneous squamous cell carcinoma, melanoma, Merkel cell carcinoma, etc), potential skin cancers that if not treated would lead to permanent dysfunction, risk of metastasis or progression of staging, and/or lesions at risk of rapidly worsening (for example, a fast-growing lesion). Additionally, though outside the scope of these recommendations, biopsy for any life-threatening dermatologic condition is recommended.

4. It is recommended that cosmetic procedures be deferred.

5. It is recommended that procedures for benign lesions be deferred, unless an exceptional circumstance exists that threatens permanent dysfunction.

Following are general recommendations:

6. Minimize patient time in waiting rooms. Bring patients back to their rooms as soon possible. Consider spacing chairs in the waiting room to maintain social distancing.
7. Decrease the number of visitors in the office as much as possible (particularly those <16 years old). Consider a policy with no visitors, except in cases that require someone be with the patient.
8. Pre-screen all patients for high-risk exposure or symptoms. Avoid bringing patients into medical facility if they have one of the CDC recognized risks list below (may also consider temperature screen).
    a. Suggested pre-screen questions:
        i. Do you currently have cough, fever or flu-like symptoms?
        ii. Have you travelled in the past 14 days?
        iii. Have you been in contact with anyone with the above symptoms in the past two weeks?
        iv. Are you concerned that you may have been exposed to coronavirus?
9. Reduce the number of team members in the room to only essential members.
10. Make sure appropriate personal protective equipment is available and worn by all members of the team.
11. Conservation of PPE is critical. Consider extended use of surgical masks if permitted by local guidance and/or institutional guidelines.
12. Consider using dissolvable top sutures, glue, or no top sutures whenever possible to decrease the number of suture removal visits.
13. Consider transitioning all consults and follow-up visits to televisits, if appropriate and available.

Given the ever-evolving and fluid nature of this pandemic, CDC and local guidelines continue to evolve. We urge you to continue to follow this evolution and adhere to all CDC recommendations, as well as local guidelines.

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The purpose of this communication is to offer recommendations for Ohio dermatologists during the COVID-19 pandemic based on currently available information, with the hope of optimizing patient, staff, and provider safety.

These recommendations will be updated as the situation evolves.

Ohio Dermatological Association Task Force Chair – Dr. David Carr
Ohio Dermatological Association President – Dr. Timothy Chang
Ohio Dermatological Association President-Elect – Dr. Melissa Piliang

Endnotes:
** Aggressive SCC features in AUC include: Sclerosing, basosquamous, small cell, poorly or undifferentiated, perineural/perivascular, spindle cell, pagetoid, infiltrating, KA-type on central face, single cell, clear cell, lymphoepithelial, sarcomatoid
** Aggressive BCC features in AUC include: Morpheaform/fibrosing/sclerosing, infiltrating, perineural, metatypical, micronodular

1. Mohan SV, Chang AL. Advanced Basal Cell Carcinoma: Epidemiology and Therapeutic Innovations. Curr Dermatol Rep. 2014 Feb 9;3:40-45.
2. Que SKT, Zwald FO, Schmults CD. Cutaneous squamous cell carcinoma: Incidence, risk factors, diagnosis, and staging. J Am Acad Dermatol. 2018 Feb;78(2):237-247.
3. Higgins HW 2nd, Lee KC, Galan A, Leffell DJ. Melanoma in situ: Part II. Histopathology, treatment, and clinical management. J Am Acad Dermatol. 2015 Aug;73(2):193-203
4. Ad Hoc Task Force, Connolly SM, Baker DR, Coldiron BM, Fazio MJ, Storrs PA, Vidimos AT, Zalla MJ, Brewer JD, Smith Begolka W; Ratings Panel, Berger TG, Bigby M, Bolognia JL, Brodland DG, Collins S, Cronin TA Jr, Dahl MV, Grant-Kels JM, Hanke CW, Hruza GJ, James WD, Lober CW, McBurney EI, Norton SA, Roenigk RK, Wheeland RG, Wisco OJ. AAD/ACMS/ASDSA/ASMS 2012 appropriate use criteria for Mohs micrographic surgery: a report of the American Academy of Dermatology, American College of Mohs Surgery, American Society for Dermatologic Surgery Association, and the American Society for Mohs Surgery. J Am Acad Dermatol. 2012 Oct;67(4):531-50.

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