



President's Message

Elizabeth M. Billingsley, MD, FACMS

COVID-19 (Coronavirus) Preparedness

Dear Colleagues,

As our current situation evolves, we are faced with the dilemma of how we handle our practices, our patients, our staff, and ourselves. Many have written to the ACMS asking for direction in making these difficult decisions. While every practice is different, there are several critical points to consider that we are hearing repeatedly if we want to have the best outcome for our patients, our health care system, and society.

We are no longer simply considering the risk of an individual patient leaving their house and potentially being exposed to COVID-19. Every patient we treat is exposed to our staff and providers and everyone they encounter to and from the visit. The elderly patient population we frequently serve is especially vulnerable. Each treated skin cancer impacts both human and clinical resources. We must conserve our resources, triage care through telehealth, rotating our staff, and practicing safe distancing at work and at home.

We also must be respectful and conservative as able with our masks, gloves etc. These PPE may be needed for use in COVID-19 patient care. Shortages of gloves and masks are becoming very real for hospitals and ICU staff on the front lines.

In developing recommendations for our members, we have consulted with colleagues from our sister societies and looked for guidance from the NCCN.

We strongly urge our members to consider these approaches with the goals of minimizing face to face contact except when necessary, conserving resources, and making our best efforts to help control this outbreak in our communities.

Consider cancelling all elective surgeries.

Consider deferring all basal cell carcinomas for up to three months, with exceptions for highly-symptomatic lesions. Highly symptomatic lesions and those with potential for significant rapid growth could be considered for surgery.

Consider deferring many squamous cell carcinomas such as scc in situ and small well differentiated SCC. Prioritize the following lesions: Rapidly-enlarging tumors, poorly-differentiated tumors, perineural tumors, ulcerated and symptomatic lesions; lesions in patients with significant risk factors.(while balancing the risk of COVID -19 complications for these high risk patients).

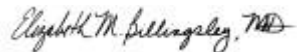
Consider deferring treatment of melanoma in situ for two to three months.

The NCCN has recommended deferral of treatment of T0 and T1A lesions for up to three months, depending on clinical and histologic features such as adequacy of biopsy sample and margin positivity. These guidelines can be found below.

- [Short-term Recommendations for Cutaneous Melanoma Management During COVID-19.](#)

Please continue to take care of yourselves, and thank you for the good work that you do for so many.

Sincerely,



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ACMS President, 2019-20

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