Impact of COVID-19 Pandemic on the Management of Periocular Basal Cell Carcinoma

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Introduction

The COVID-19 pandemic has had a significant impact on waiting times for treatment of various cancers[1].

AIM: This study aims to explore the impact of this pandemic on the management of periocular basal cell carcinoma (BCC) in the west of Scotland, in particular with reference to referral to treatment waiting times and treatment modality.

[1]Din, N., Phylactou, M., Fajardo-Sanchez, J., Watson, M. and Ahmad, S., 2021. *The Impact of COVID-19 on Acute and Elective Corneal Surgery at Moorfields Eye Hospital London*.

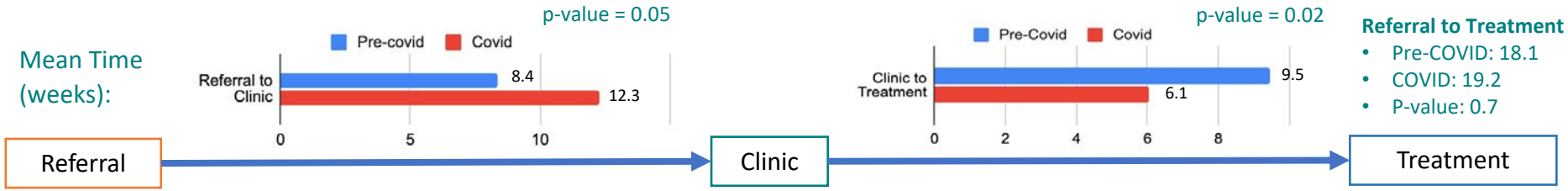
Methods

We collected data retrospectively on all patients who were diagnosed with periocular BCC in NHS Greater Glasgow and Clyde from 1st April 2020 to 1st January 2021 (during COVID-19 pandemic) and compared with the same time period in 2019 (1st April 2019 to 1st January 2020). Patients were identified using a histopathology database and further data were acquired from electronic patient records. We collected demographics, referral type, referral-to-consultation (clinic) waiting times, clinic-to-treatment waiting times and treatment modality used.

Results

In total, 122 patients were included. We found a 42% reduction in periocular BCC cases seen during the lockdown period compared to pre-COVID (n=45 vs 75). There was no statistical difference in mean age and sex distribution between the two groups. Overall, referral-to-treatment waiting times were similar pre- and during COVID-19 (18.1 vs 19.2 weeks, p=0.7). However, during COVID-19, patients had longer referral-to-clinic waiting times (12.3 vs 8.4 weeks, p=0.05) but shorter clinic-to-treatment waiting times (6.1 vs 9.5 weeks, p=0.02) compared to the pre-pandemic period. One-stage surgery (without margin control) was much more commonly performed during COVID-19 (63.6% vs 33.3%, p=<0.01). Nevertheless, pathology confirmed that 100% of BCCs undergoing surgery without margin control were still completely excised.

Mean Time (weeks):



Referral to Treatment
- Pre-COVID: 18.1
- COVID: 19.2
- P-value: 0.7

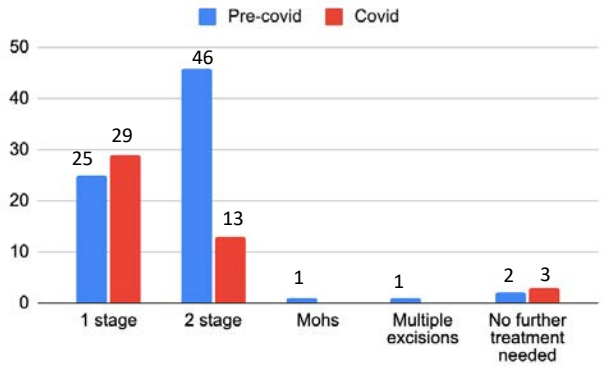
➢ **Source of referral** p-value: 0.36

	Optometrist	GP	Derm	Ophth	Haem	Incidental
Pre-covid	28.0%	30.7%	20.0%	18.7%	0.0%	2.3%
Covid	28.9%	20.0%	24.4%	15.6%	2.2%	8.9%

➢ **Type of repair**

	Pre-covid	Covid
Excision + direct closure	19.4%	29.4%
Flaps	53.2%	50.0%
Grafts	27.4%	20.6%

➢ **Type of management approach** p-value: <0.01



Conclusion

During the COVID-19 pandemic, there was a considerable decrease in the number of cases of BCC that were referred to the hospital. The impact of stringent risk stratification reduced elective ophthalmic surgery during COVID-19, shortening the clinic-to-treatment time. The increase in 1-stage surgery performed during the pandemic may be due an attempt to reduce the number of patient visits to the hospital. However, despite the challenges posed, the standard of management of periocular BCCs was preserved during the pandemic.