Dear Editor,

COVID-19 pandemic era deeply impacted on worldwide healthcare systems, either for COVID-19 management difficulties or non-COVID related diseases, causing a reduction in the number of accesses in dermatological departments during the lockdown period. We read with great interest the article written by R. Molinier et al., 1 reporting the impact of COVID-19 pandemic lockdown on newly diagnosed melanoma; particularly, the authors reported a reduction of 8.2% in newly diagnosed melanoma in the year 2020 compared to the year 2019, with a significant number of severe cases at first diagnosis after the lockdown period, by evaluating Breslow index, ulceration and neurotropism. Herein, we report the experience of a third level centre in the South of Italy regarding the impact of COVID-19 on the number and severity of newly diagnosed melanoma. This retrospective study included all new melanoma diagnoses performed in our ‘Melanoma Diagnosis and Prevention’ centre from 9 March 2019 to 18 May 2022. Data were divided in three different periods: the ‘T1/pre-lockdown’ (from 10 March 2019 to 09 March 2020), the ‘T2/Lockdown and Post-lockdown’ (from 10 March 2020 to 09 March 2021) and the ‘T3/1-year after lockdown’ (from 10 March 2021 to 09 March 2022).

All new diagnoses of melanoma, histologically confirmed, were selected and included in the data set. For each patient, tumour thickness (in situ or invasive), Breslow index value, lymph node involvement (N+ or N−), and the presence of metastasis (M+ or M−) were evaluated. A total number of 858 newly diagnosed melanomas were included in the study. Patients had a medium age of 57.81 years with a male:female sex ratio of 398:460. All data regarding the incidence in the three different periods were evaluated, Breslow thickness and the presence of lymph node involvement or metastasis are resumed in Table 1.

Interestingly, in contrast with the authors, 1 we did not observe any significant differences in the number of new melanoma diagnoses among the three evaluated periods. Similarly, as shown in Table 1, no significant differences were found in the other melanoma features, including mean Breslow index, lymph node involvement and presence of metastasis. During the pandemic period, teledermatology services, either phone calls or video-based visits, as well as email and text messages consultations, have demonstrated to be a useful method to ensure a continuity of care for follow-up visits, in patients with skin cancer as well as in patients affected by other dermatological conditions. 2

Contrasting and variable effects of COVID-19 on skin melanoma have been reported in literature, 1,3–5 however, differences between our and authors’ data may be explained by the different rules of restriction adopted among worldwide countries. 1,4 Indeed, although a general reduction of face-to-face visits was reported during lockdown period, the dermato-oncological section maintained the same activity levels than previous years, ensuring both follow-up and first visits for patients, thus avoiding the reduction of screening visits (except during the first lockdown period).

Melanoma screening and prevention, leading to a diagnosis at earlier stages, is fundamental to improve patients’ outcomes. Although our data showed that the emergency did not have a significant impact on the stage at diagnosis, and consequently on the prognosis of our patients, we agree with the authors about the need of developing new

### Table 1  Features of newly diagnosed melanoma during the three considered period

|                  | T1: Pre-lockdown | T2: Lockdown and Post-lockdown | T3: 1-year after lockdown | p value |
|------------------|------------------|--------------------------------|--------------------------|---------|
| Total melanoma diagnosis | 298              | 271                            | 289                      | ns      |
| In situ melanoma  | 198              | 137                            | 153                      | ns      |
| Non-in situ melanoma | 109              | 134                            | 136                      | ns      |
| Breslow index mean, mm | 4.4 ± 1.7       | 4.9 ± 1.4                      | 4.9 ± 1.6                | ns      |
| ¹Lymph nodal involvement (N1) | 48              | 51                             | 57                       | ns      |
| ²Metastatic stage (M1) | 22              | 23                             | 21                       | ns      |

Note: T1 Pre-lockdown: 10/03/2019–09/03/2020. T2: Lockdown and Post-lockdown: 10/03/2020–09/03/2021. T3: 1-year after lockdown: 10/03/2021–09/03/2022.

¹At the time of the diagnosis.
management tools, such as teledermatology, to improve and ensure a continuity of care, and the access to melanoma screening, even during future emergency situations.

ETHICS STATEMENT
The patients in this manuscript have given written informed consent to publication of their case details.

CONFLICTS OF INTEREST
None declared.

FUNDING INFORMATION
None.

DATA AVAILABILITY STATEMENT
The data that support the findings of this study are available from the corresponding author upon reasonable request.

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