Of the patients interviewed, 18 (72%) had absorbable sutures. The majority (n = 16/18; 89%) would opt to have these again or had no strong preference for either suture type, stating convenience and reduced pain/trauma associated with suture removal as advantages. However, if absorbable sutures were shown to result in a more visible scar, only 44% (n = 8/18) would choose these, particularly on highly visible parts of the body such as the face. Other reasons cited for stronger preference of nonabsorbable sutures included ‘reassurance’ of wound review and issues with incompletely dissolving sutures. In conclusion, patients appreciated having skin surgery performed in a safe environment and were reassured by precautions taken by staff to minimize exposure and risk. The overwhelming majority (84%) did not feel that PPE worn by staff impaired their experience. Many patients reported that their experience of attending for skin surgery during the first lockdown was more efficient and organized than on previous visits. Based on these experiences, most patients would have no concerns about attending again during the pandemic and would opt to have absorbable sutures in future, particularly for less visible sites.

DS24
Primary cutaneous mucinous adenocarcinoma: trends in incidence and management from the largest UK reported case series to date
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Primary cutaneous eccrine mucinous carcinoma (PCMC) is a rare entity. We present a case series from a single tertiary centre. Data were collected retrospectively from electronic case notes and multidisciplinary team outcomes from 2007 to 2019. Data on patient demographics, lesion characteristics, surgical management, adjuvant treatments, follow-up, recurrences and metastasis were collected. We identified eight patients who had a confirmed diagnosis of PCMC, referred from six different centres. Mean age of presentation was 68.2 years (range 43–87). Five (63%) patients were white British, one (12%) was Asian and one (12%) was black. Both sexes were affected equally and there was no gender predominance (male-to-female ratio 1 : 1). The most common location for a PCMC was on the head and neck region; one lesion was periorcular, one lesion was on the scalp, and four (50%) of the lesions were found on the rest of the face. Two lesions (25%) were found on the trunk and limbs. Seventy-five per cent of our patients had clear staging scans. Twenty-five per cent of patients had abnormal findings; solid-organ malignancies were found, but these were not related to PCMC. Half of our cases were treated with Mohs micrographic surgery (MMS) and the other half were treated with wide local excision (WLE) with 1 cm margins. Two patients (25%) with oestrogen receptor-positive immunolabelling were treated with adjuvant endocrine therapy. There were no known recurrences or metastases in our cases. Mean length of follow-up was 52.5 months; the longest follow-up was 12 years for a patient receiving continued adjuvant endocrine therapy. Mortality in our cohort was 25% (n = 2); no deaths were related to PCMC. Our findings are in keeping with the published literature; the average age of occurrence is in the sixth decade of life. PCMC tends to favour the head and neck region and has a good prognosis (Rismiller KP, Crowe DR, Knackstedt TJ. Prognostic factors, treatment, and survival in primary cutaneous mucinous carcinoma: a SEER database analysis. Dermatol Surg 2020; 46: 1141–7). Screening for underlying primary cancers is essential. MMS is the preferred form of surgical treatment as it allows tissue preservation, but use of MMS over WLE does not have any significant differences associated with morbidity or mortality. The role of adjuvant endocrine therapy needs further study. More data are needed to develop optimal management strategies; the present data provide further insight into this rare cancer.

DS25
Pandemic pressures: the impact of COVID-19 on the 2-week-wait service at a regional skin oncology centre
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The full effect of the pandemic on disrupted skin cancer services remains to be seen, with conflicting reports emerging in the literature. Data from the USA have shown that there have been delays in diagnosis and management of skin cancers during the pandemic, although the actual number of cases was comparable to previous years. However, UK skin cancer records have demonstrated a significant decrease in skin cancer diagnoses during the pandemic and waiting times were reduced compared with the pre-COVID-19 period. The aim of our project was to investigate the impact of the COVID-19 pandemic on achievement of urgent skin cancer pathway national targets, and tumour severity, at a large secondary care dermatology department. We sampled the first 20 adult patients with a diagnosis of squamous cell carcinoma (SCC) or malignant melanoma (MM) discussed in the local skin cancer multidisciplinary meeting during each of four consecutive calendar months prior to the global pandemic (May–August 2019). This was compared with the same period in 2020, during the first national COVID-19 lockdown in England (May–August 2020). Inclusion criteria were a histopathological diagnosis of invasive SCC, invasive MM or MM in situ, with all other (pre-)malignancies excluded. Cases where pathway data was not available were omitted from analysis. The primary outcome measures were as follows: urgent referral [2-week-wait (TWW)] to first clinical assessment time (TWWa; target 14 days), decision to treat to first definitive treatment

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time (DTT; target 31 days) and the urgent referral to first definitive treatment time (TWWt; target 62 days). The secondary outcome measures included SCC severity (macroscopic diameter, tumour thickness, perineural or lymphovascular invasion, tumour stage) and MM severity (Breslow thickness, tumour stage). In total, 77 cases were analysed from 2019 and 78 from 2020; differences were explored using the $N \sim 1 \chi^2$-test. The number of referrals meeting the target TWWa (75% vs. 44%; $P < 0.001$), DTT (56% vs. 40%; $P < 0.05$) and TWWt (63% vs. 35%; $P = 0.02$) was higher in all categories in our 2019 cohort. We also saw a tendency for tumours associated with a worse prognosis during the pandemic, e.g., a mean MM Breslow thickness of 1.98 mm vs. 1.36 mm. Our results reflect the detrimental impact of the pandemic on our ability to deliver timely cancer care. We were limited by the small number of patients and provide a preliminary insight into the impact of the COVID-19 pandemic on skin cancer services. The impact on tumour severity, recurrence rates, quality of life and mental health of our patients requires further analysis in order to plan for future health crises.

### DS26

**COVID-19 and reduced detection of malignant melanoma in secondary dermatology services**

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COVID-19 and the resulting national lockdown led to significant changes within secondary care dermatology services. We investigated the impact of the COVID-19 pandemic on the detection of malignant melanoma (MM) in our area. We undertook a retrospective review of patients diagnosed with MM [International Classification of Diseases (ICD) code 43] between the beginning of January 2016 and the end of January 2021 using the local skin cancer multidisciplinary team database covering our local Clinical Commissioning Group (CCG; population 291 500). The characteristics of these patients prior to the COVID-19 pandemic (51 months before April 2020) were compared with those during the COVID-19 pandemic (10 months from April 2020). Before the pandemic, 429 cases of MM were identified (annual age-standardized incidence 37.9/100 000). During COVID-19 (DCOVID), 60 cases of MM were identified (annual age-standardized incidence 27.5/100 000). Prior to COVID-19 (PCOVID), 55% of patients with MM were male and 45% were female (mean age 62.3 years). DCOVID 47% of patients with MM were male and 53% were female (mean age 68.0). The histological characteristics of the lesions were similar in both groups. The majority were superficial spreading invasive MM (PCOVID 70%; DCOVID 62%), with similar levels of nodular MM (PCOVID 11%; DCOVID 8%). Median staging level was pT1a (PCOVID 49%; DCOVID 47%) and mean Breslow thickness was also similar (PCOVID 1.30 mm; DCOVID 1.42 mm). Twenty-eight per cent of lesions in both groups were diagnosed as an incidental finding on full-skin examination rather than as the primary reason for referral. We found a marked reduction (29%) in the incidence of MM diagnosed in our local area coinciding with the outbreak of COVID-19 between April 2020 and January 2021. The rate of incidental MM diagnosis (28%) remained consistent across both cohorts and we are not aware of any non-COVID-19 factors locally that could account for the sudden reduction in cases. Factors associated with service provision change during the COVID-19 pandemic may explain these data, including diminished capacity and the use of remote consultation. Anxiety regarding hospital attendance and diminished access to general practitioners represent potential barriers to presentation for patients with skin lesions. As yet, the severity of MM at diagnosis does not appear to have been significantly affected, but the long-term implications remain to be seen, as patients with more advanced disease may become apparent with time. Patients with other forms of skin cancer may be similarly affected and considerable resources will be required to address the residual demand going forward.

### DS27

**Outcomes in wound healing after lower leg skin surgery**

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Secondary intention wound healing (SIWH) is often used following lower leg skin surgery, but evidence regarding outcomes is lacking and comparisons with other options for wound closure, such as flap or graft repair, have not been made. We aimed to evaluate complications, patient satisfaction and time to healing associated with SIWH, skin graft and flap repair following lower leg skin surgery. A retrospective analysis was performed of consecutive patients who had an excision on the lower leg between April and November 2020 ($n = 235$). Those with wounds closed primarily ($n = 195$) were excluded. Anonymized data were collected using electronic patient records and telephone survey. Data were collected on informed consent, details of procedure and wound closure, size of specimen, histological diagnosis, details of aftercare including patient satisfaction, complications and time to healing. Forty patients underwent SIWH, flap or graft repair during the 8-month period, with a response rate of 95% ($n = 38$). Of these, 30 underwent SIWH, five had a skin graft and three a flap repair. The mean length of specimen was 23 mm, 24 mm and 39 mm for SIWH, flap and graft repair, respectively. The complication rate for both SIWH and flap repair patients was 33%; this was 40% for grafted patients. The majority of patients with SIWH (63%) were completely satisfied with their aftercare, but 80% took > 2 months to heal. Of the three patients who had flap repair, 66% were completely satisfied and healing time varied between 4 weeks and 4 months. Forty per cent of patients who had a graft were completely satisfied with the aftercare procedure and all grafted wounds healed within 8 weeks. Overall, 68% of patients reported that options for wound closure were not discussed prior to the procedure. Most patients in this analysis