RESULTS OF SURVEY OF THE COLLABORATIVE OCULAR ONCOLOGY GROUP: MANAGEMENT OF OCULAR ONCOLOGY PATIENTS DURING THE COVID-19 PANDEMIC
March 27, 2020

During this unprecedented COVID-19 event, there are unique challenges in the care of patients with intraocular and ocular surface tumors, recognizing that a delay in care may impact vision, eye preservation, and in some cases survival. This is complicated by the small number of ocular oncologists and the current mandate to see only urgent and emergent patients. We are also limited in our ability to examine patients with intraocular tumors by telemedicine.

As such, the Collaborative Ocular Oncology Group (COOG) is uniquely positioned to provide expert insights from our respective centers across North America.

The following survey was completed by 23/25 (92%) of COOG investigators within the past 24 hours. These are the directors of most major ocular oncology centers in North America, including hard hit cities such as New York City, Boston, Miami, Baltimore, Dallas, Houston, and others. We recognize that the situation is rapidly changing, and that case-by-case details may result in variations in care. However, we believe that this survey provides an informative and helpful snapshot that will value to others in the field around the world.

These questions were posed with the assumption that patients in question have no symptoms associated with COVID-19 and have not been in close contact with anyone who has tested positive.

Importantly, this is not a position statement and does not represent consensus management guidelines but is simply a snapshot of what COOG investigators are currently doing in their practices.

This survey may be conducting again in the future as the situation evolves.

We hope that this is of value to ocular oncology providers.

Thank you,

J. William Harbour, MD
on behalf of the COOG Executive Committee
OVERVIEW OF SURVEY FINDINGS

Retinoblastoma

Newly diagnosed patients and those in active treatment continue to be seen as usual. For patients who have been treated with no active disease for >3 months, most would delay follow-up at least 4 weeks. Factors such as laterality, germline RB1 status, and age had little influence.

Uveal melanoma

Newly diagnosed patients continue to be evaluated promptly. Most would delay follow-up visits on recently treated patients by at least 4 weeks. For patients receiving regular intravitreal anti-VEGF injections for radiation complications, most would continue these as usual, with a significant minority delaying these 4 weeks or more.

Choroidal nevus with high risk features

Most would see new patients as usual, but most would delay follow-up visits by at least 4 weeks. Patients with symptoms would tend to be seen more promptly. Several would triage returning patients with telemedicine.

Intraocular metastasis

Newly diagnosed patients continue to be seen as usual. Follow-up visits on treated patients would tend to be delayed at least 4 weeks unless patient is having ocular pain.

Vitreoretinal lymphoma

Newly diagnosed patients and those in active treatment continue to be seen as usual unless confounding factors such as patient age >70 or pulmonary/immune compromise. Treated patients in remission would be delayed at least 4 weeks.

Benign intraocular tumors

Most would delay initial and follow-up visits by at least 4 weeks.
**Conjunctival melanoma**

New patients and those in active treatment, especially those with extensive and/or elevated disease, would be seen promptly. Treated patients with stable disease would be delayed at least 4 weeks.

**Conjunctival squamous cell carcinoma/ocular surface squamous neoplasia (OSSN)**

New patients and those in active treatment, especially those with extensive and/or elevated disease, would be seen promptly. Treated patients with stable disease would be delayed at least 4 weeks. Several would use telehealth to triage initial and returning patients.

**Conjunctival lymphoma**

Some would see newly diagnosed patients as usual, whereas most would delay by at least 4 weeks, with some using that time to obtain systemic imaging. Several would use telemedicine to triage initial visits. Stable follow-up patients would be delayed by at least 4 weeks.
DETAILED SURVEY RESULTS

Retinoblastoma

How are you prioritizing the timing of initial EUA for patients with newly suspected unilateral or bilateral retinoblastoma?

How are you prioritizing the timing of next EUA in patients with retinoblastoma under active treatment defined as last having had eye-sparing treatment within the past 3 months?

How are you prioritizing the timing of next EUA or office visit in patients with treated and stable retinoblastoma with no treatment required for at least 3 months?
Uveal Melanoma

How are you prioritizing initial clinic visits in patients with newly suspected or diagnosed uveal melanoma?

How are you prioritizing return visits for patients with uveal melanoma undergoing recent radiotherapy within the past 3 months?

How are you prioritizing return visits for patients with uveal melanoma treated >3 months ago?
How are you managing patients receiving regular intravitreal anti-VEGF injections?

How are you prioritizing the timing of enucleation in patients diagnosed with uveal melanoma in whom enucleation is required due to tumor size and/or extent?
Choroidal Nevus with High Risk Features (thickness >2 mm, subretinal fluid, orange pigment)
Intraocular Metastasis

How are you prioritizing initial evaluation of patients with newly diagnosed or suspected intraocular metastasis?

How are you prioritizing follow-up visits for patients with previously diagnosed and treated intraocular metastasis?
Vitreoretinal Lymphoma

How are you prioritizing initial evaluation of patients with newly suspected or diagnosed vitreoretinal lymphoma?

How are you prioritizing follow-up management of patients with intravitreal lymphoma under active treatment for ocular involvement (e.g., intravitreal chemotherapy)?

How are you prioritizing follow-up for patients with treated intravitreal lymphoma that have been stable for >3 months?
### Benign Intraocular Tumors

**How are you prioritizing initial evaluation of patients with newly suspected or diagnosed benign intraocular tumors?**

<table>
<thead>
<tr>
<th></th>
<th>No confounding factors</th>
<th>Patient age &gt;70</th>
<th>Pulmonary or immune compromise</th>
<th>Visual symptoms</th>
<th>In context of systemic phakomatosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage as usual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay 1-4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay &gt;4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telemedicine encounter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**How are you prioritizing follow-up visits for patients with treated/stable benign intraocular tumors?**

<table>
<thead>
<tr>
<th></th>
<th>No confounding factors</th>
<th>Patient age &gt;70</th>
<th>Pulmonary or immune compromise</th>
<th>Visual symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage as usual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay 4-8 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay &gt;8 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telemedicine encounter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Conjunctival Melanoma

How are you prioritizing initial evaluation of patients with newly suspected or diagnosed conjunctival melanoma?

How are you prioritizing follow-up visits for patients with conjunctival melanoma undergoing recent or active treatment?

How are you prioritizing follow-up visits for patients with treated and stable conjunctival melanoma?
Conjunctival Squamous Cell Carcinoma/Ocular Surface Squamous Neoplasia (OSSN)

How are you prioritizing initial evaluation for patients with newly diagnosed conjunctival OSSN?

How are you prioritizing follow-up visits for patients with conjunctival OSSN in active treatment?

How are you prioritizing follow-up visits for patients with treated and stable conjunctival OSSN?
Conjunctival Lymphoma

How are you prioritizing initial evaluation of patients with newly suspected or diagnosed conjunctival lymphoma?

How are you prioritizing follow-up visits for patients with treated and stable conjunctival lymphoma?
General

What plans do you have in place for the care of retinoblastoma patients if you are unable to work due to contracting COVID-19?
17 responses

- 47.1%: I have no plan
- 29.4%: I have a partner who can manage these patients
- 11.8%: Refer patients to another center
- 11.8%: Telemedicine encounters from home as health allows
- Other

What plan do you have in place for the care of adult ocular oncology patients if you are unable to work due to contracting COVID-19?
23 responses

- 43.5%: I have no plan
- 39.1%: I have a partner who can manage these patients
- 8.7%: Refer patients to another center
- 5.6%: Telemedicine encounters from home as health allows
- Other

What are your current capabilities to perform telemedicine?
23 responses

- 56.5%: None
- 43.5%: Phone calls only
- Fully equipped video-based telemedicine
- Other
What personal protective equipment are you wearing during clinics?
23 responses

- None: 3 (13%)
- Surgical mask: 11 (47.8%)
- N95 mask: 7 (30.4%)
- Gloves: 8 (34.8%)
- Surgical mask and gloves: 1 (4.3%)