



**RESULTS OF COOG SURVEY NUMBER 2:
MANAGEMENT OF OCULAR ONCOLOGY PATIENTS
DURING THE COVID-19 PANDEMIC**
April 13, 2020

This is the second survey of the Collaborative Ocular Oncology Group (COOG) to assess ongoing practice patterns and prevailing circumstances at leading North American ocular oncology centers during the COVID-19 pandemic. Our survey is unlike others in that we are a working collaboration of experts with a wide range of practices, both academic and private, representing most of the leaders in ocular oncology from across North America. Some of our centers are located in the hardest hit cities, and others are in regions bracing for a coming surge. We felt that circumstances have changed sufficiently since the first survey results were released on March 23, 2020 that it would be valuable to repeat the survey.

Once again, there has been an overwhelming response to the survey, with 23/25 (92%) COOG investigators responding within the past 48 hours. In order to compare responses over time, this 2nd survey is very similar to the first one, with only minor changes to improve clarity. For most questions, we have removed the "other" option, as this was not very informative on the first survey. Additionally, we have added a few more general questions at the end to assess current changes in your practice, institution, and region.

As before, these questions were posed with the assumption that the patient has not tested positive for COVID19, has no symptoms of COVID19 virus, and has no immediate contacts who have tested positive. We realize that we will increasingly have to answer these questions in patients who have tested positive and may add those questions next time.

We hope that this is of value to ocular oncology providers and patients around the world.

Thank you,
J. William Harbour, MD
on behalf of the COOG Executive Committee

OVERVIEW OF SURVEY FINDINGS

Retinoblastoma

There has been little change in the care of retinoblastoma patients since the first survey. 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 >3months, most would delay follow-up at least 4 weeks. Factors such as laterality, germline RB1 status, and age had little influence.

Uveal melanoma

There has been little change in the care of uveal melanoma patients since the first survey. 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, although some are delaying these 4 weeks or more. More indicated the use of telemedicine to check on patients who have been stable.

Choroidal nevus with high risk features

There has been little change in the care of high-risk choroidal nevus patients since the first survey. 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. More indicated the use of telemedicine to check on patients and triage return appointments. There is more use of “hybrid visits” where the patient comes for vision testing, IOP check, and required imaging, then they return home for a telemedicine appointment with the doctor.

Intraocular metastasis

There has been little change in the care of intraocular metastasis patients since the first survey. 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 the patient is having symptoms.

Vitreoretinal lymphoma

There has been little change in the care of vitreoretinal lymphoma patients since the first survey. 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. Since the first survey, more indicated the use of telemedicine.

Conjunctival melanoma

There has been little change in the care of new patients with conjunctival melanoma and those in active treatment since the first survey. New patients and those in active treatment, especially those with extensive and/or elevated disease, would be seen promptly. There is more use of telemedicine in patients with stable disease.

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

There has been little change in the care of new patients with OSSN and those in active treatment since the first survey. New patients and those in active treatment, especially those with extensive and/or elevated disease, would still tend to be seen as usual. There is more use of telemedicine in patients with stable disease.

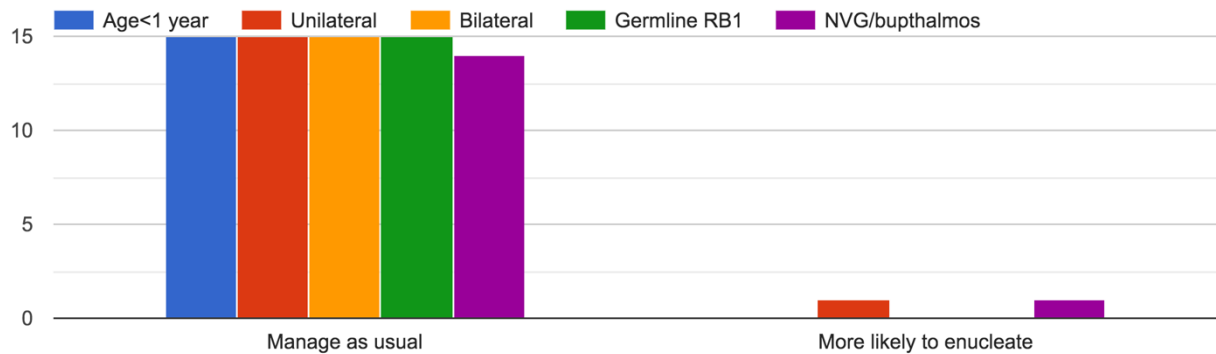
Conjunctival lymphoma

There has been little change in the care of new patients with conjunctival lymphoma since the first survey. 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. Stable follow-up patients would be delayed by at least 4 weeks. There is more use of telemedicine in patients with stable disease.

DETAILED SURVEY RESULTS

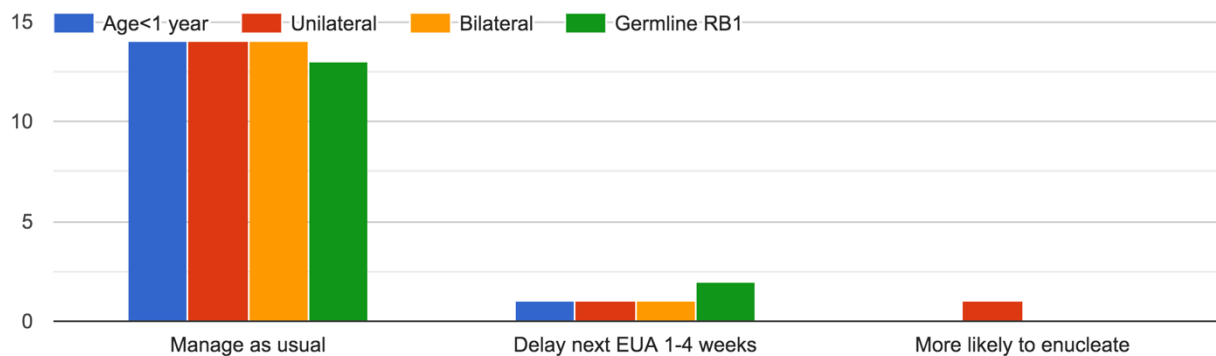
Retinoblastoma

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



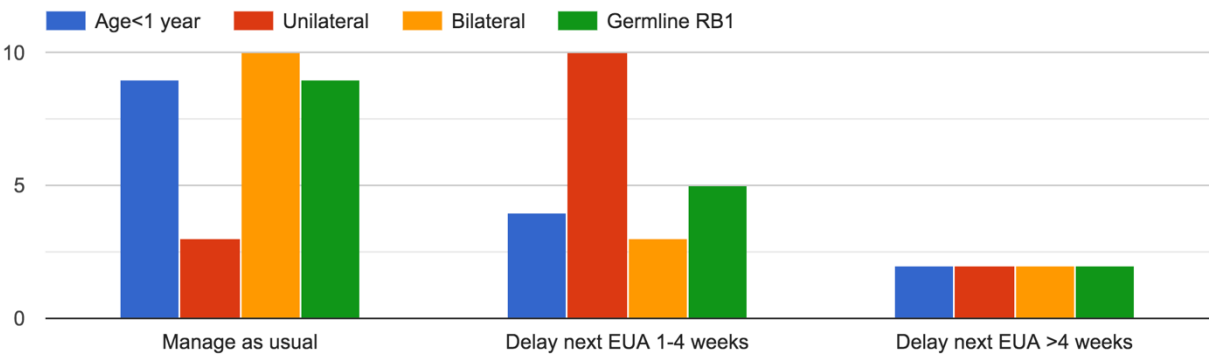
Responses were very similar to Survey No. 1

How are you prioritizing the timing of next EUA in patients with retinoblastoma under active treatment defined as last having had eye-sparing ...or systemic chemotherapy, laser, or cryotherapy)?



Responses were very similar to Survey No. 1.

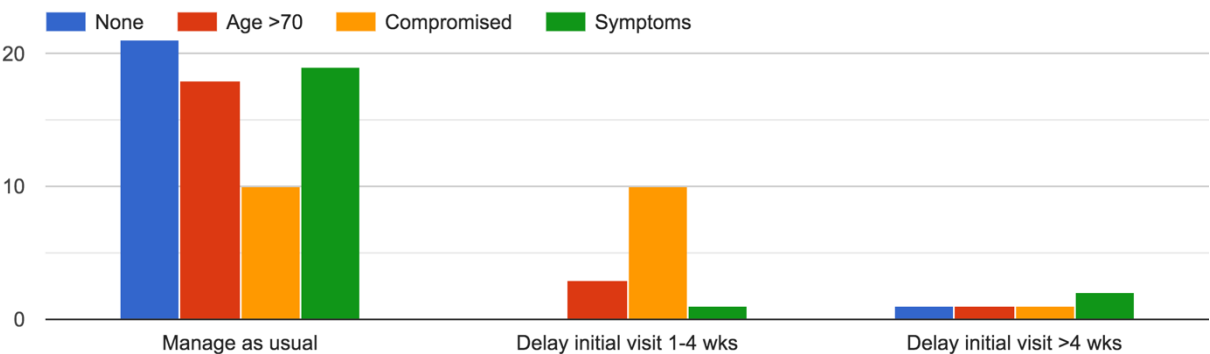
How are you prioritizing the timing of next EUA or office visit in patients with treated and stable retinoblastoma with no treatment required for at least 3 months?



Responses were very similar to Survey No. 1.

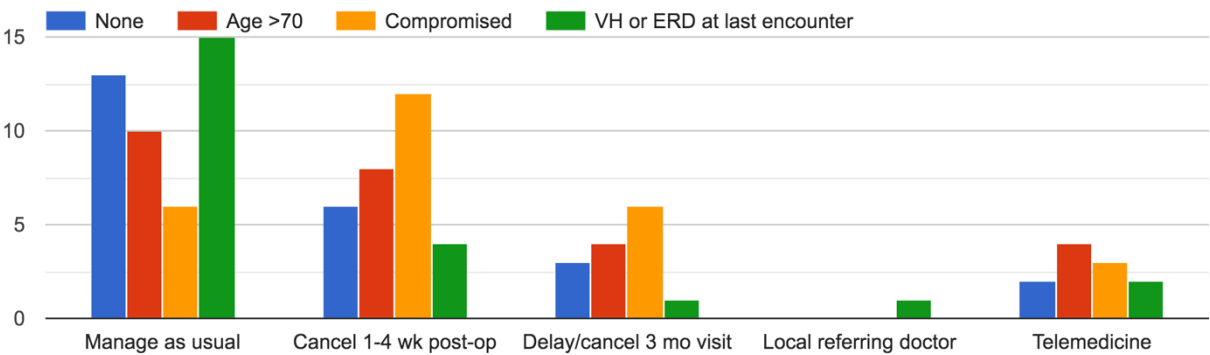
Uveal Melanoma

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



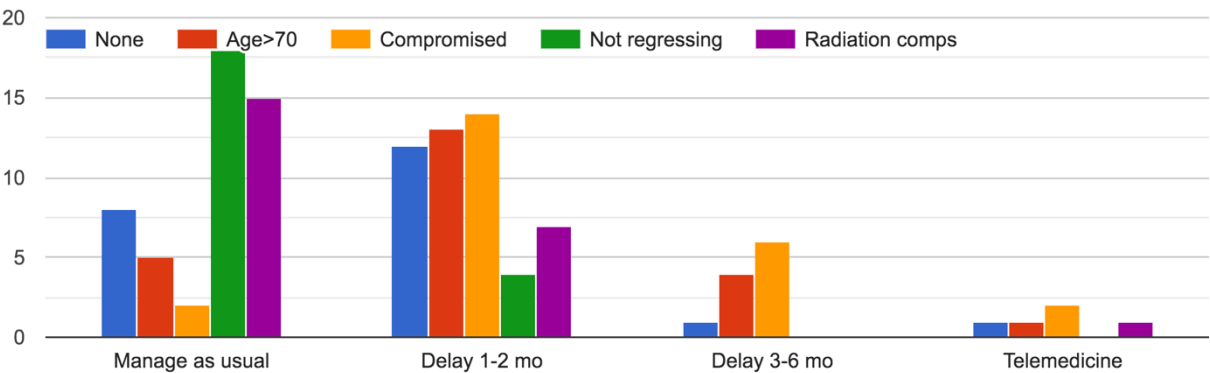
Responses were very similar to Survey No. 1.

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



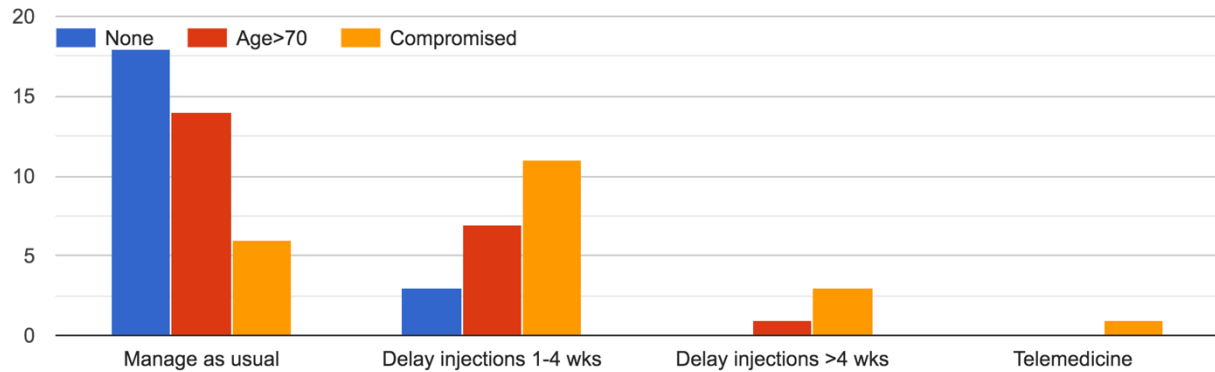
Responses were very similar to Survey No. 1 except that more would employ telemedicine.

How are you prioritizing return visits for patients with uveal melanoma treated >3 months ago?



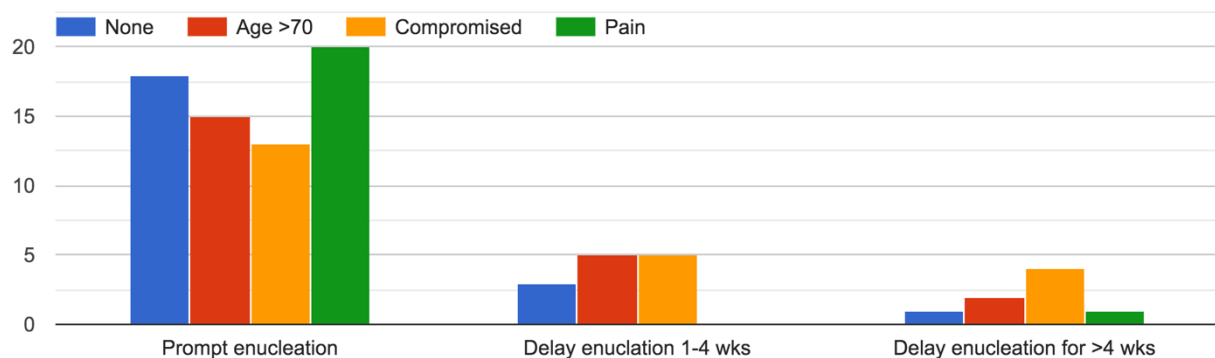
Responses were very similar to Survey No. 1.

How are you managing patients receiving regular intravitreal anti-VEGF injections?



Responses were very similar to Survey No. 1.

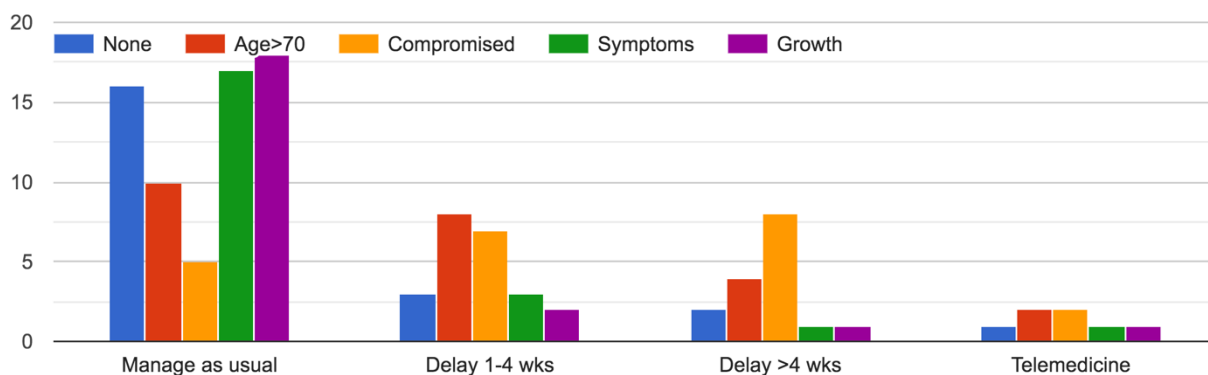
How are you prioritizing the timing of enucleation in patients diagnosed with uveal melanoma in whom enucleation is required due to tumor size and/or extent?



Responses were very similar to Survey No. 1.

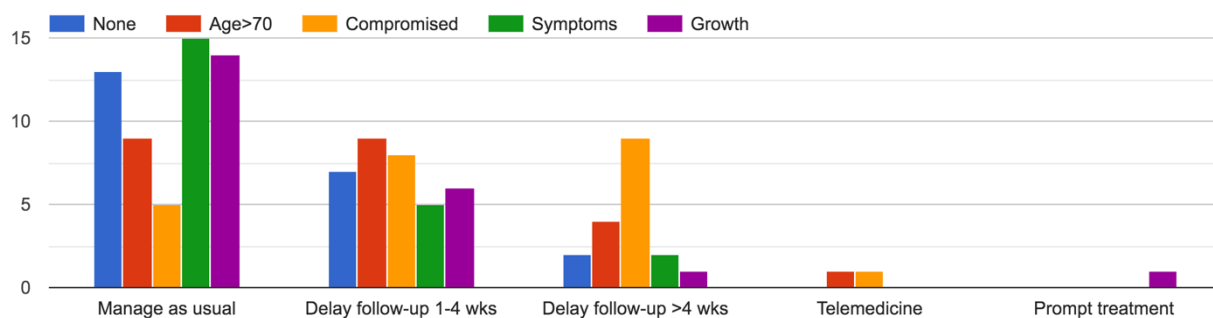
High Risk Choroidal Nevus (thickness >2 mm, subretinal fluid, orange pigment)

How are you prioritizing initial evaluation of patients with suspected or newly diagnosed high risk choroidal nevus?



Responses were very similar to Survey No. 1. Slightly more would delay >4 weeks.

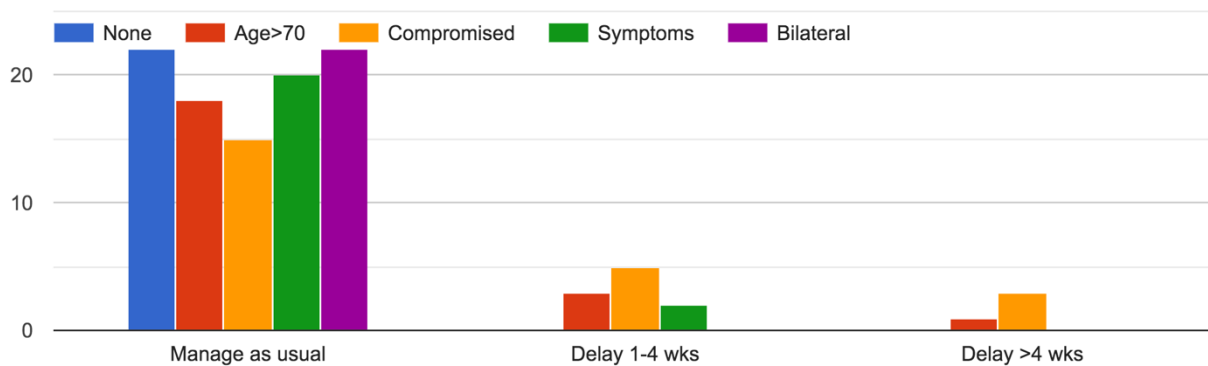
How are you prioritizing follow-up for patients with established diagnosis of high risk choroidal nevus?



Compared to Survey No. 1, more would delay >4 weeks and use telemedicine.

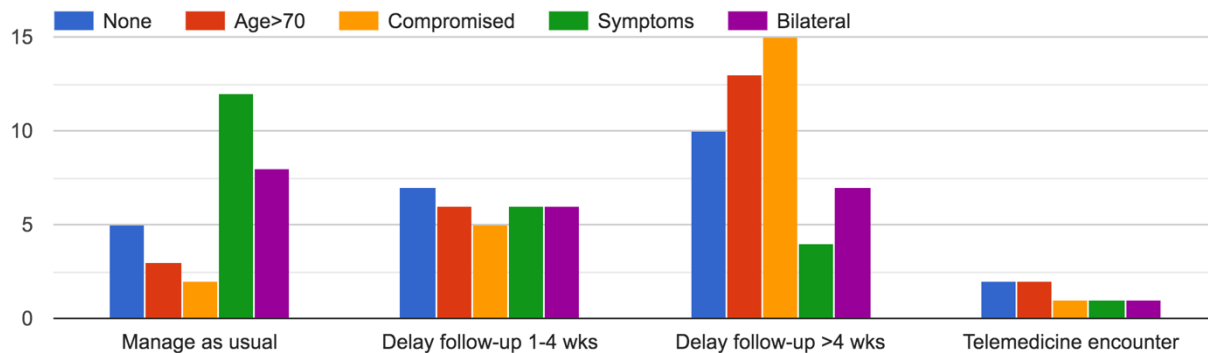
Intraocular Metastasis

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



Responses were very similar to Survey No. 1.

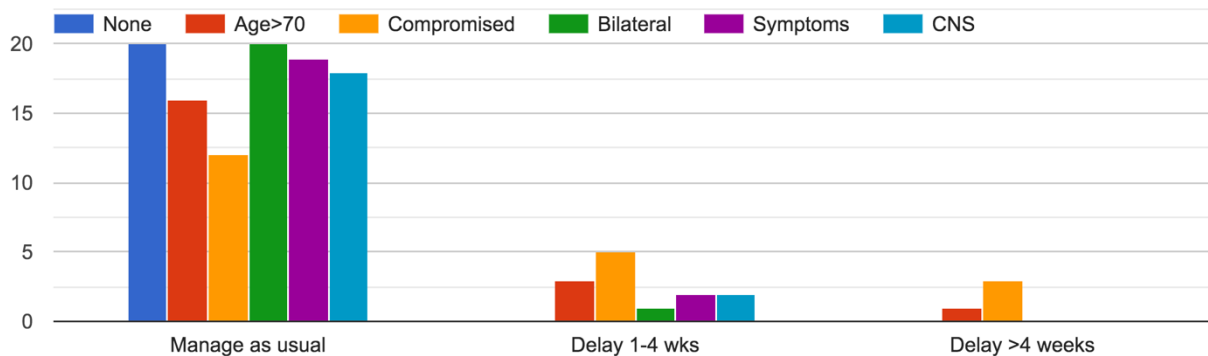
How are you prioritizing follow-up visits for patients with previously diagnosed and treated intraocular metastasis?



Responses were very similar to Survey No. 1.

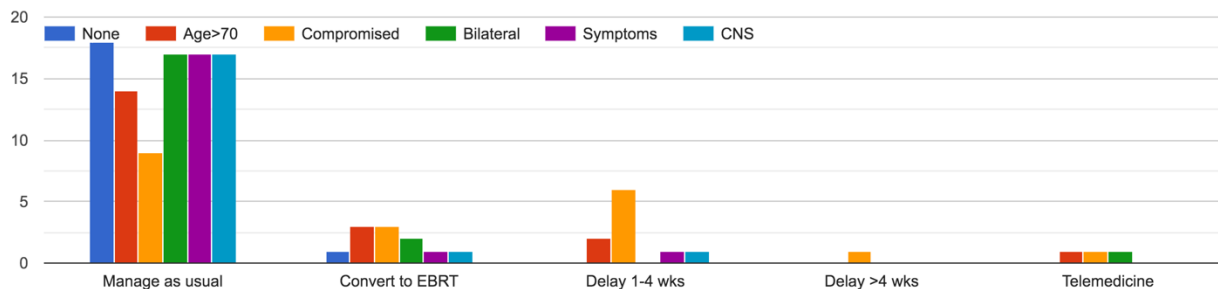
Vitreoretinal Lymphoma

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



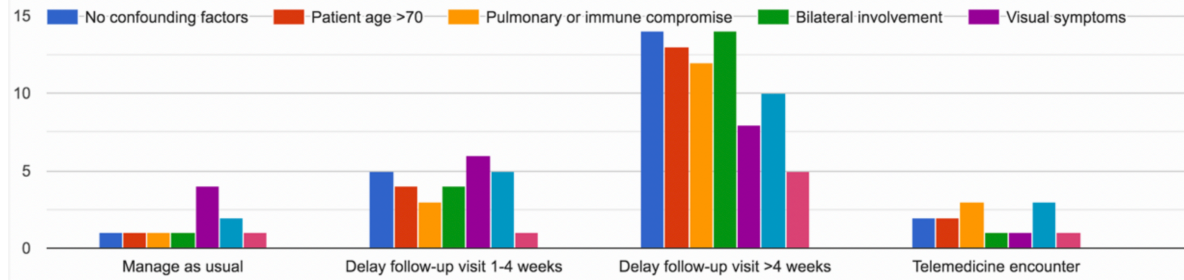
Responses were very similar to Survey No. 1.

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



Responses were very similar to Survey No. 1.

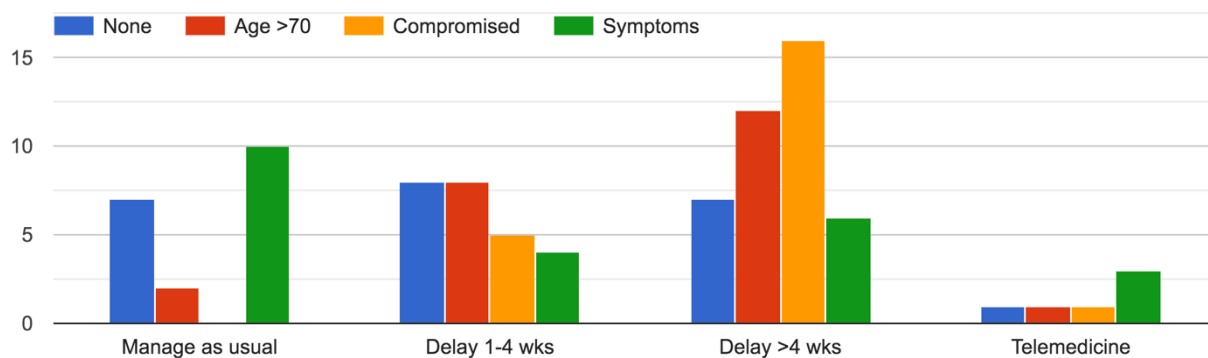
How are you prioritizing follow-up for patients with treated intravitreal lymphoma that have been stable for >3 months?



Responses were very similar to Survey No. 1.

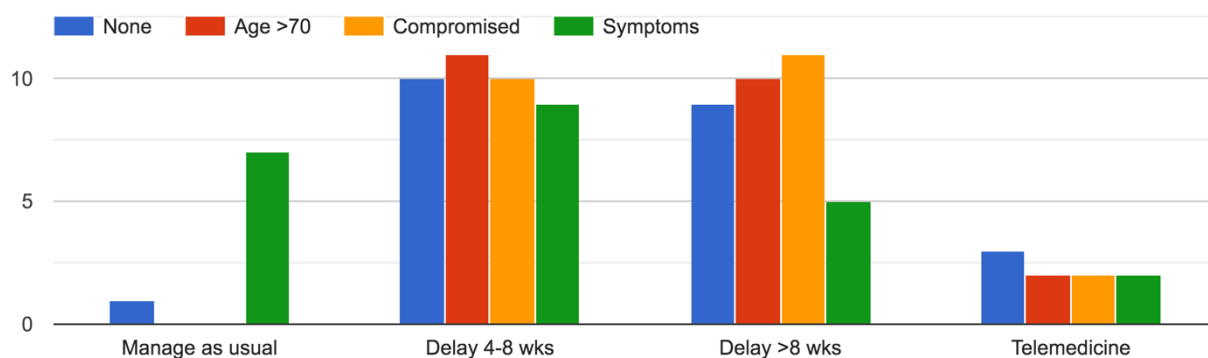
Benign Intraocular Tumors

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



Compared to Survey No. 1, more likely to delay >4 weeks or manage by telemedicine.

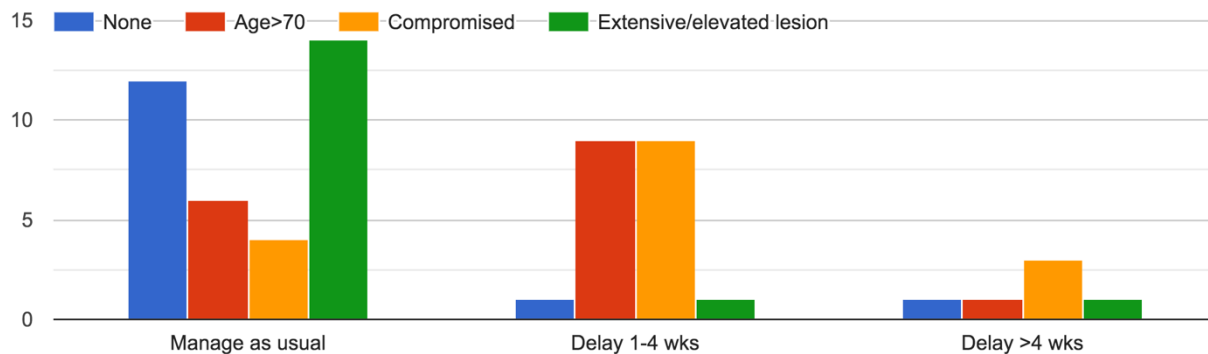
How are you prioritizing follow-up visits for patients with treated/stable benign intraocular tumors?



Compared to Survey No. 1, more likely to delay >4 weeks or manage by telemedicine.

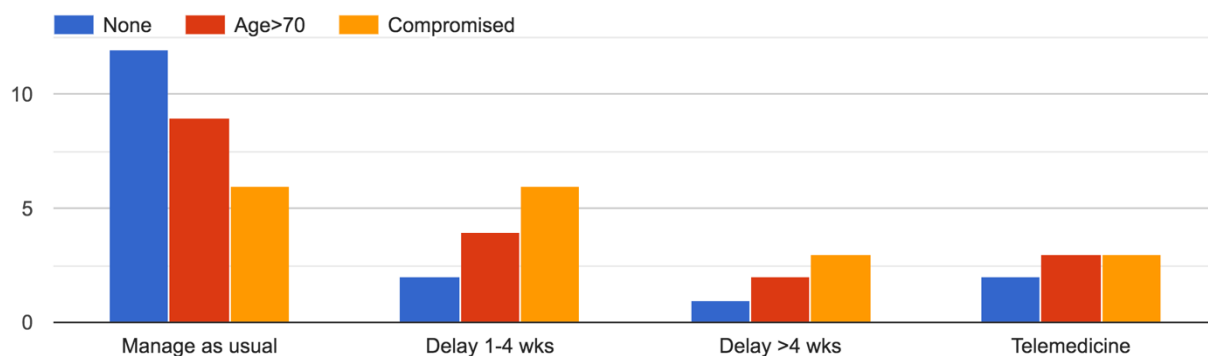
Conjunctival Melanoma

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



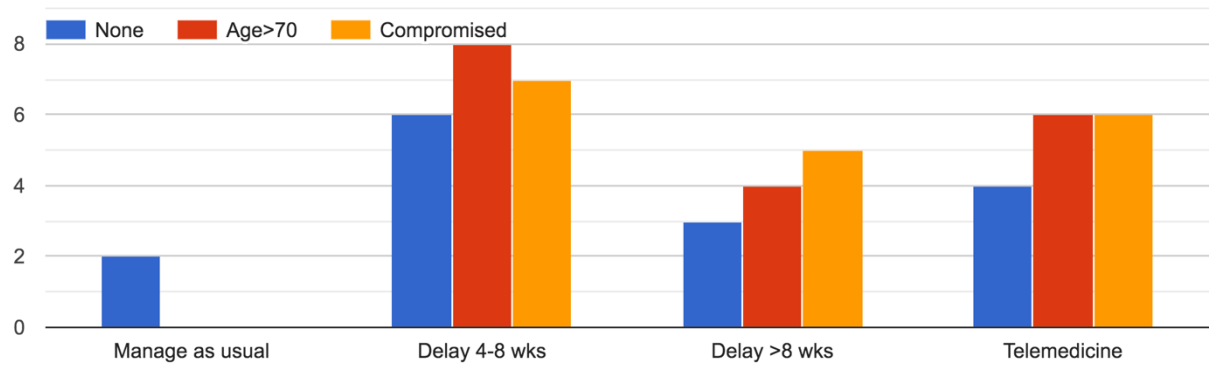
Responses were very similar to Survey No. 1.

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



Responses were very similar to Survey No. 1.

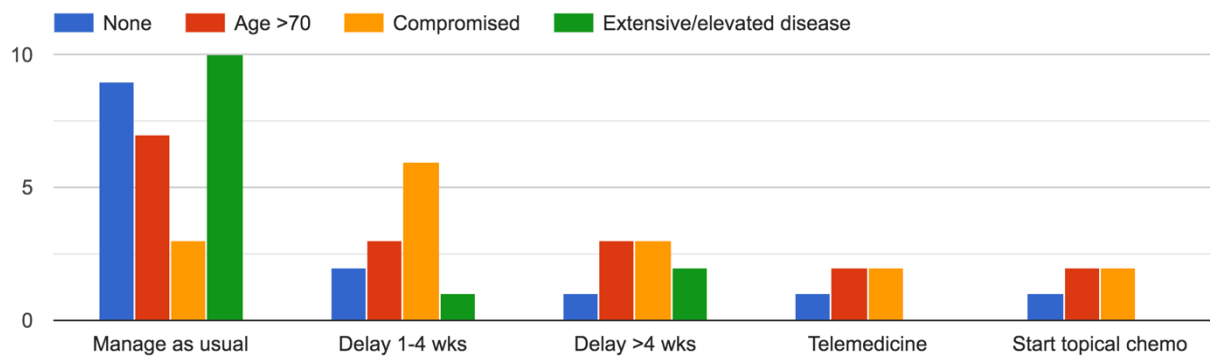
How are you prioritizing follow-up visits for patients with treated and stable conjunctival melanoma?



Responses were very similar to Survey No. 1.

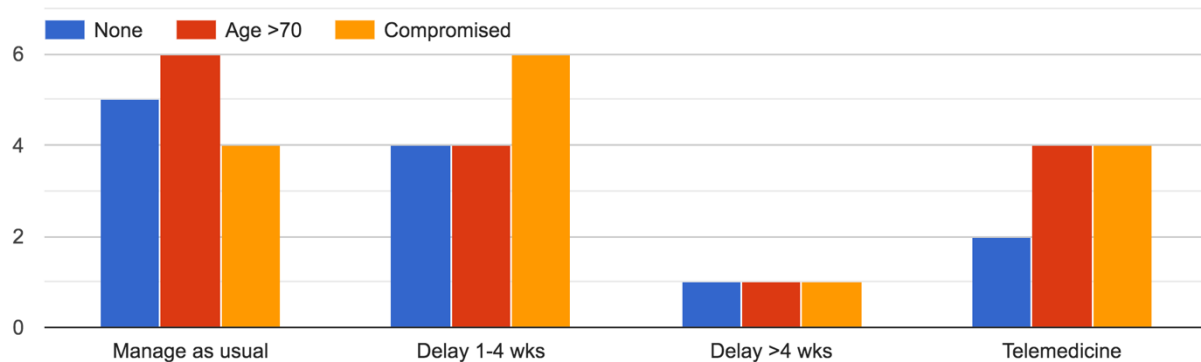
Conjunctival Squamous Cell Carcinoma/Ocular Surface Squamous Neoplasia (OSSN)

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



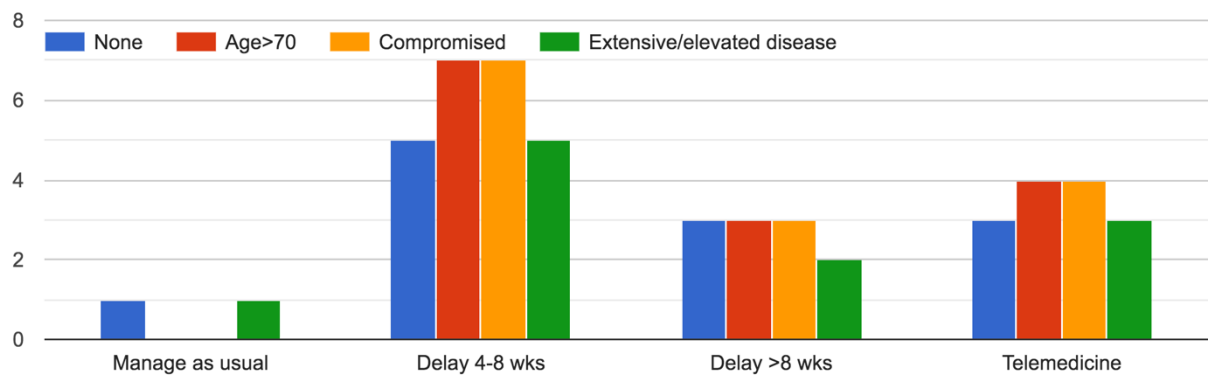
Responses were very similar to Survey No. 1

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



Responses were very similar to Survey No. 1

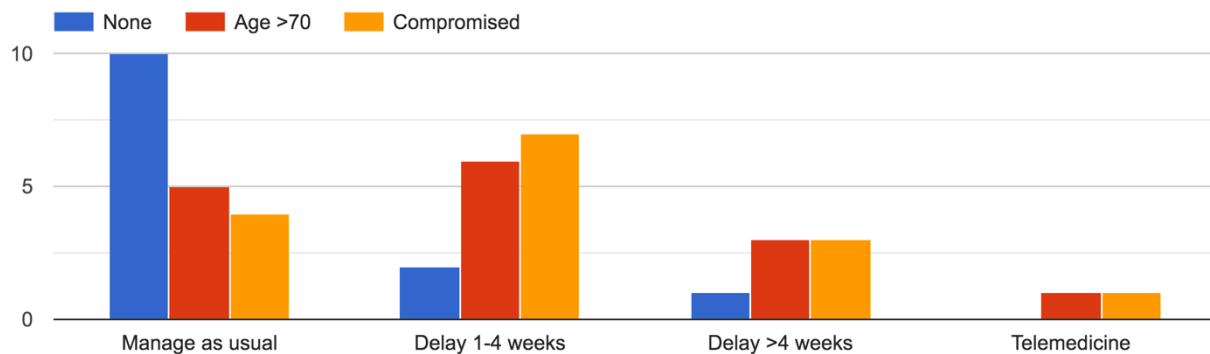
How are you prioritizing follow-up visits for patients with treated and stable conjunctival OSSN?



Responses were very similar to Survey No. 1

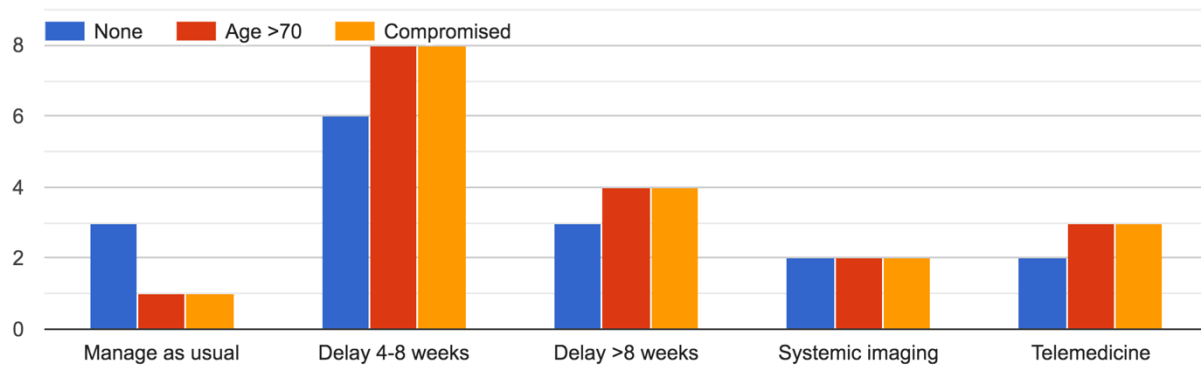
Conjunctival Lymphoma

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



Responses were very similar to Survey No. 1

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



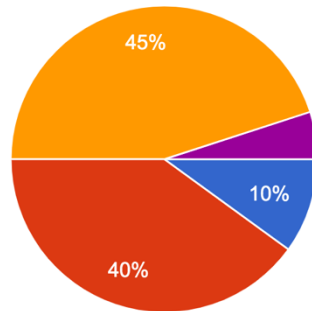
Responses were very similar to Survey No. 1

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? (choose one)

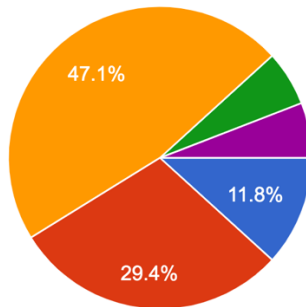
20 responses

March 23, 2020



- I have no plan
- I have a partner who can manage these patients
- Refer patients to another center
- Telemedicine as health allows
- Other

April 13, 2020

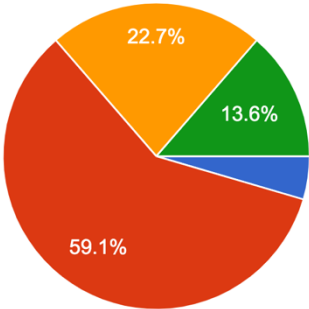


- I have no plan
- I have a partner who can manage these patients
- Refer patients to another center
- Telemedicine encounters from home as health allows
- Other

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? (choose one)

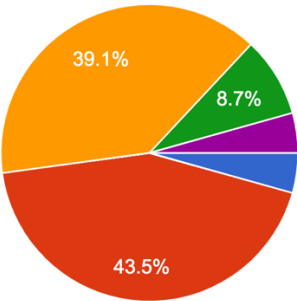
22 responses

March 23, 2020



- I have no plan
- I have a partner who can manage these patients
- Refer patients to another center
- Telemedicine as health allows
- Other

April 13, 2020

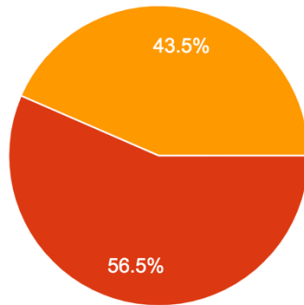


- I have no plan
- I have a partner who can manage these patients
- Refer patients to another center
- Telemedicine encounters from home as health allows
- Other

What are your current capabilities to perform telemedicine?

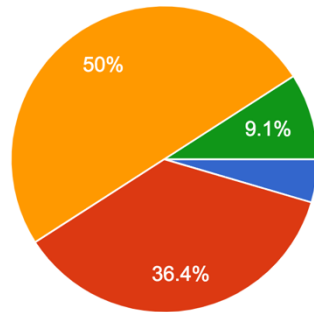
23 responses

March 23, 2020



- None
- Phone calls only
- Fully equipped video-based telemedicine
- Other

April 13, 2020

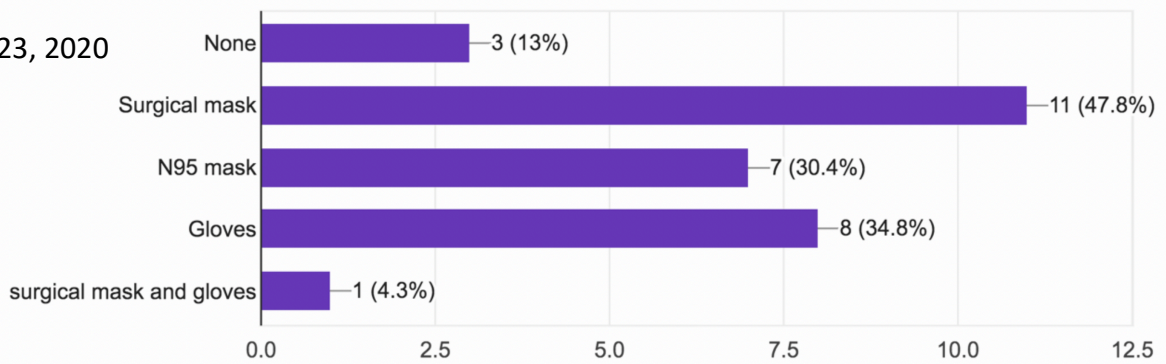


- None
- Phone calls only
- Fully equipped video-based telemedicine
- Other

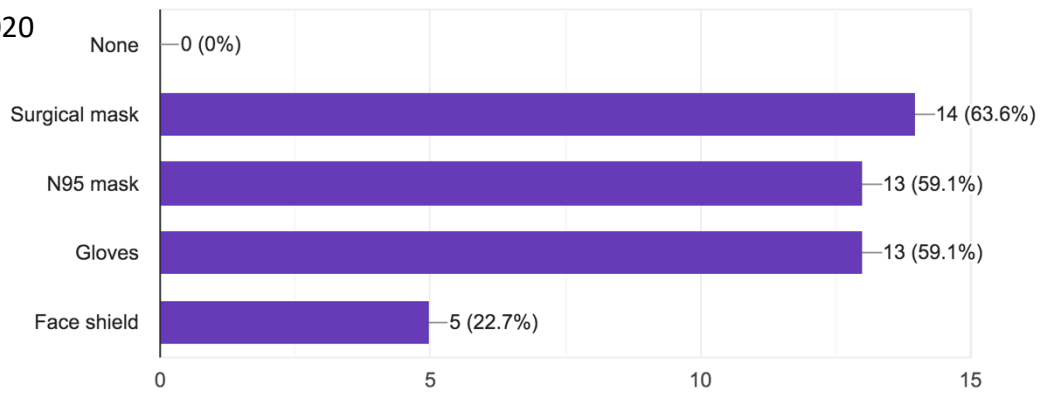
What personal protective equipment are you wearing during clinics?

23 responses

March 23, 2020



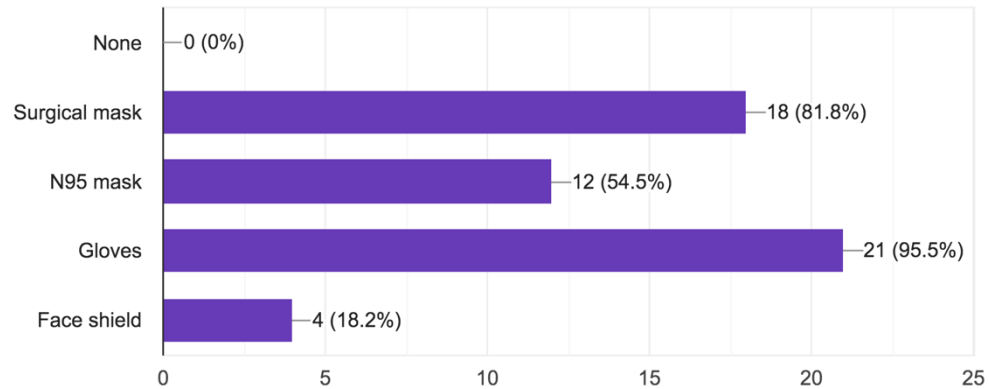
April 13, 2020



NEW QUESTIONS

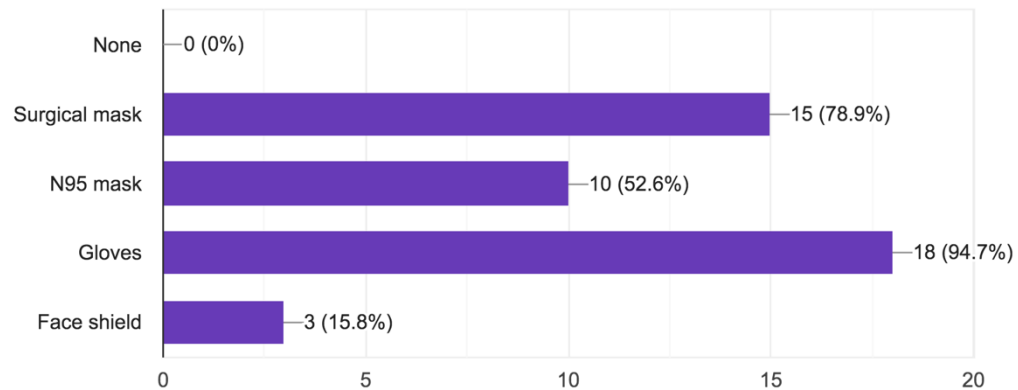
What personal protective equipment are you wearing during SURGERY UNDER GENERAL ANESTHESIA? (check all that apply)

22 responses



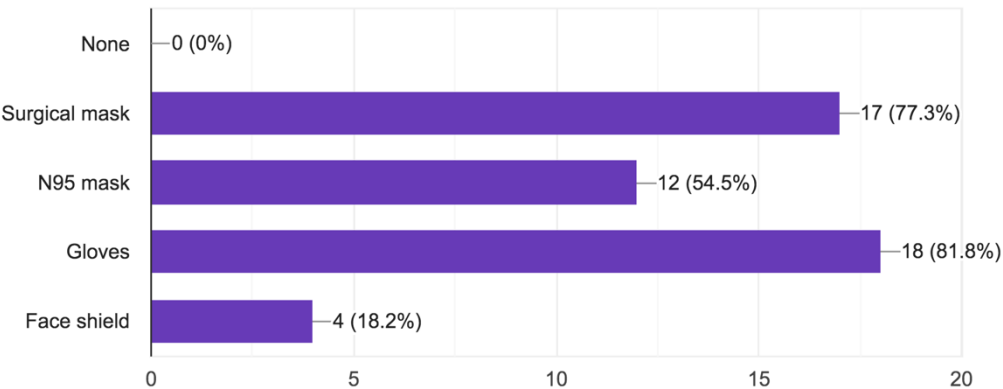
What personal protective equipment are you wearing during EXAMINATION UNDER GENERAL ANESTHESIA? (check all that apply)

19 responses



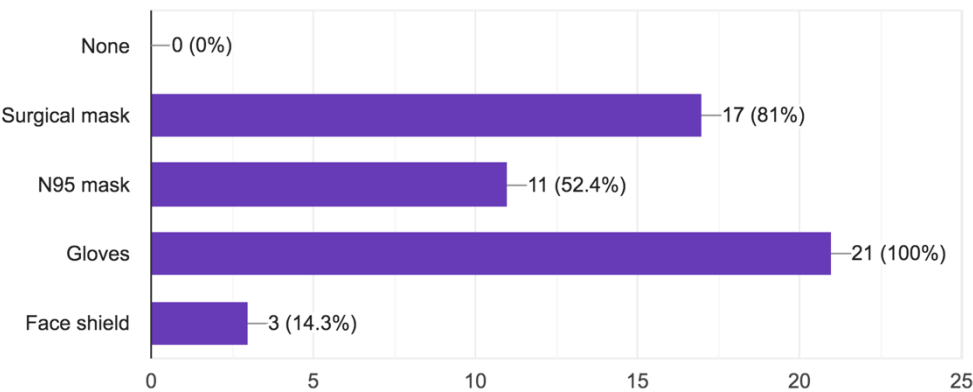
What personal protective equipment are you wearing during RETROBULBAR BLOCK ? (check all that apply)

22 responses



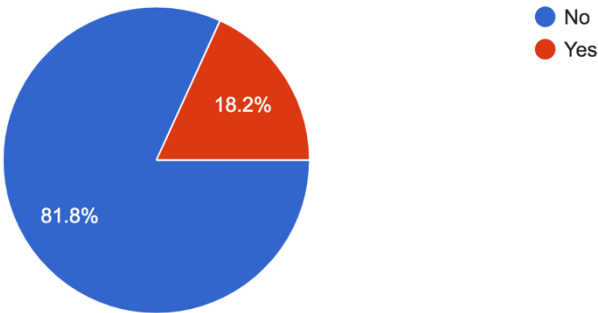
What personal protective equipment are you wearing during SURGERY UNDER MAC? (check all that apply)

21 responses



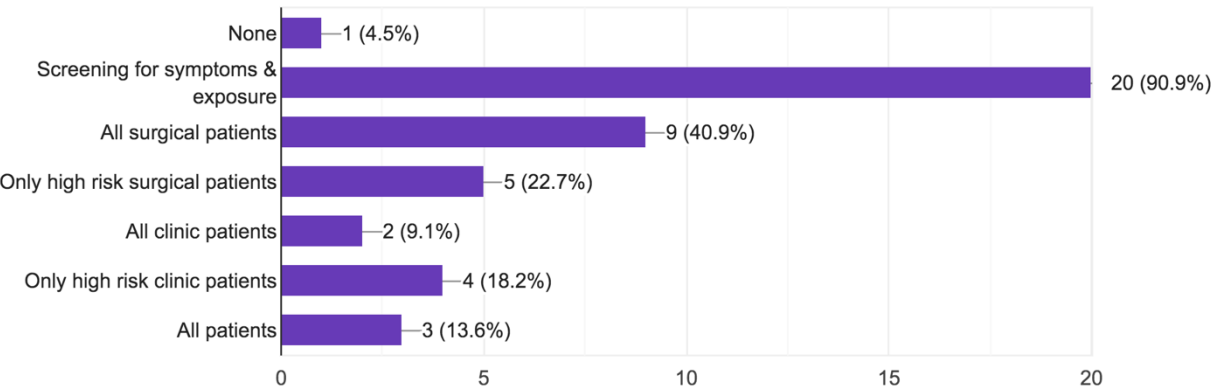
Has your institution experienced shortages in personal protective equipment that you feel have increased your risk of infection?

22 responses



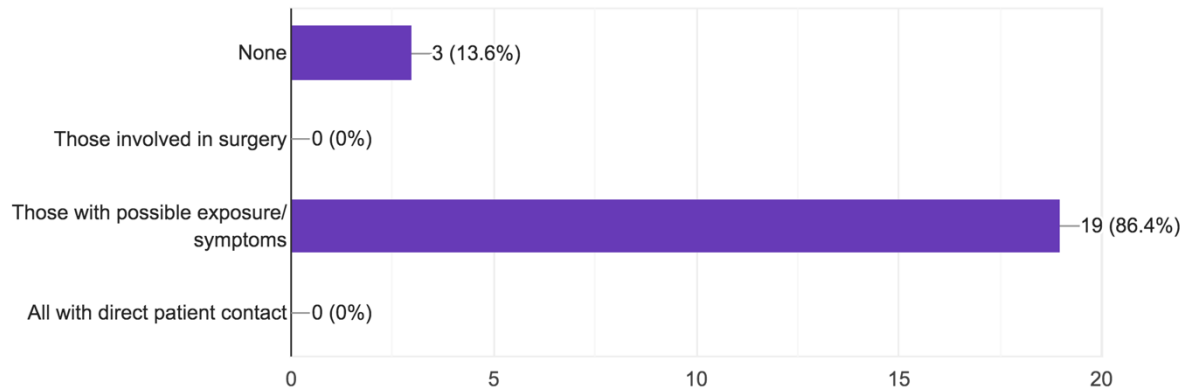
How is your institution testing OPHTHALMOLOGY PATIENTS for COVID-19? (check all that apply)

22 responses



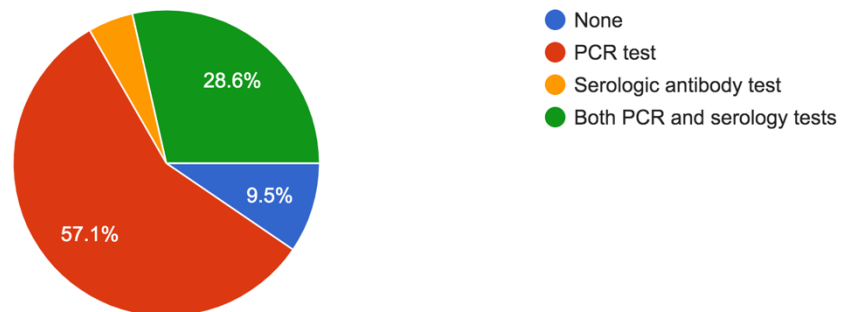
How is your institution testing OPHTHALMOLOGY HEALTH CARE PROVIDERS for COVID-19?
(check all that apply)

22 responses



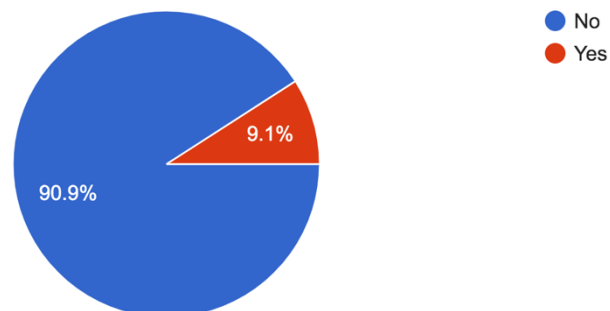
What COVID-19 tests does your institution currently have? (choose one)

21 responses



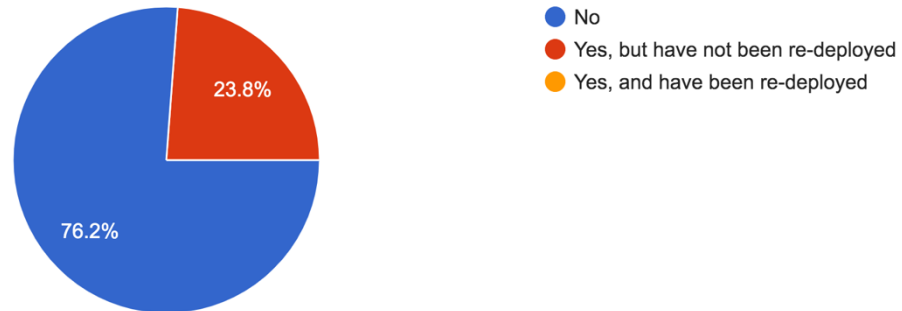
Have you been tested for COVID-19?

22 responses



Are you being asked by your institution to re-deploy and perform duties outside of your normal scope of practice? (choose one)

21 responses



Has your institution or state limited or prohibited you from accepting or treating new patients from outside your region/state?

22 responses

