# Patient-reported outcomes for uveal melanoma patients discharged to local services during the COVID-19 pandemic

Hardeep Kandola, Hibba Quhill, Bertil Damato

Ocular Oncology Service, Moorfields Eye Hospital, London, United Kingdom

Moorfields Eye Hospital NHS Foundation Trust

## Introduction

Moorfields Ocular Oncology Service historically kept post-treatment melanoma patients within the service. The COVID-19 pandemic necessitated change to limit patient travel and ensure timely care. Patients deemed appropriate were discharged to local secondary care, on occasion without face-to-face discussion. Our aim was to assess patient perspectives on this and ensure they were receiving local follow-up. We also assessed how many patients were referred back to our service after discharge.

## Methods

Retrospective study of uveal melanoma patients discharged between 1st January and 31st December 2020. A 20% sample of patients for semi structured interview was selected using a number generator.

| Participant characteristics | | Focus group (n=47) | Population (n=235) |
|---|---|---|---|
| Age at discharge (Mean, years) | | 70 | 67.9 |
| Patients who died (between 31/12/20 and 30/11/21) | | 15% | 11% |
| Sex | Male | 47% | 51% |
| | Female | 53% | 49% |
| Diagnosis | Choroidal /ciliary body melanoma | 96% | 41% |
| | Iris melanoma | 4% | 1% |
| | Malignant melanoma of eye | 0% | 58% |
| Treatment | Plaque | 40% | 42% |
| | Proton Beam | 13% | 12% |
| | Enucleation | 47% | 46% |

## Results

In 2020, 235 uveal melanoma patients were discharged, of which, 47 patients (20%) were randomly selected for interview. At the appointed time, 7 were deceased and 9 could not be contacted resulting in a final sample of 31 (13% of cohort).

There appears only a single differences between those interviewed and those not, with choroidal/ciliary body melanoma being over represented in the focus group feedback. This is unlikely to impact the validity of the results, but is a limitation of note.

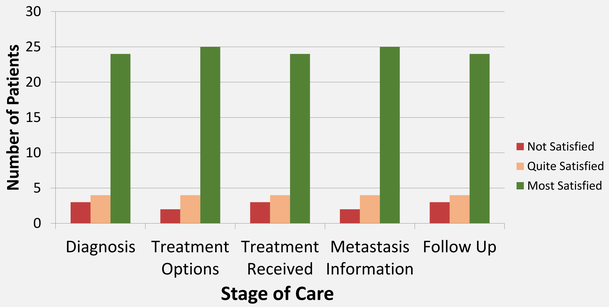
### Patients referred back to Moorfields Oncology

Of the entire cohort (n = 235), six patients (3%) were referred back to our ocular oncology service in 2021. Four patients were referred back by local ophthalmologist because of suspected recurrent melanoma. We found that only two of these patients had true recurrence; both were treated by secondary enucleation.

### Focus group results

For the 47 patients in the focus group, discharge by letter was the most common method (32/47, 68%). Others were discharged at face-to-face consultations (5/47, 11%) and by telephone (1/47, 2.1%). Nine (19%) patients self-discharged, several mentioning that this was because of COVID-19.

**Figure 1: Patient satisfaction with information provided across the different stages of care**




Of the 31 patients contacted for interview, 26 (84%) fully understood their melanoma diagnosis and their treatment without prompting. The remaining five patients (16%) had a somewhat accurate understanding of their diagnosis or treatment, with only minor recall errors. No patients had no understanding of why or how they were treated by Moorfields Ocular Oncology Service.

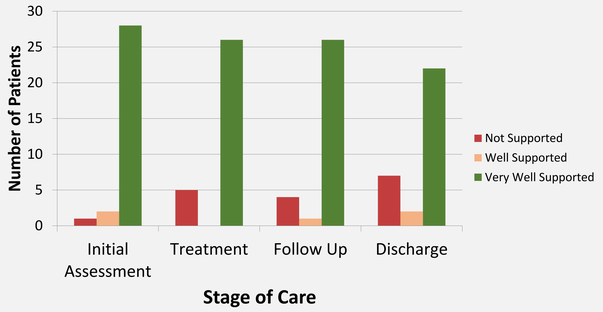
Most patients were quite or very satisfied with their care (90.3%), and felt well or very well supported (87.1%). Patients felt least supported during discharge, with 8 patients (25.8%) reporting that they were dissatisfied.

Most patients received the recommended local follow-up; however, 2 patients (6.5%) had not received any follow-up, and 2 (6.5%) patients had delayed appointments. From the whole cohort, 8 patients (3.4%) were referred back to Moorfields Oncology.

## Discussion

Demographics and tumour characteristics of selected patients were comparted to those of the whole group: no significant differences were revealed with one exception. Most patients in the study population had an unspecified location of uveal melanoma, whereas the focus group were all specified.

**Figure 2: Patient-reported level of support across the different stages of care**




We believe that the focus group is likely representative however, as the proportion of iris melanomas (4% of focus group) is similar to published rates (2-5% of uveal melanoma, Gokhale et al. Asia Pac J Ophthalmol (Phila), 2015.

This study indicates that patients discharged had a good level of understanding of their care, with 84% having excellent understanding of their diagnosis and primary treatment. This suggests information provision during the service was received and understood well.

Patients with treated uveal melanoma were safely discharged to their local ophthalmology services with both high satisfaction and minimal refer-back. Only a small group (23%) experienced a delay in receiving their local follow up, which given national pressures due to the pandemic, seems acceptable. Discharge from Moorfields not only freed-up clinic time for new patients to be seen sooner, but also directly improved patient convenience by allowing them to be seen closer to home. There is a knock-on benefit to local hospital eye services who gain experience in reviewing treated ocular oncology patients, ensuring they do not become deskilled and are therefore better able to detect new oncology patients in future.

## Conclusion

Very few patients were unhappy, dissatisfied or felt unsupported across the service, which is highly encouraging. The pandemic forced change in discharge practices, meaning that cancer patients in remission were discharged locally. Patient-related outcomes suggest that patients were satisfied with this. A failsafe, post-discharge telephone call could be useful to ensure safe transfer of care for all patients. This may not be practical for all services, therefore clear instructions for patients to contact the discharging service if the appointment at the local hospital does not occur is a prudent provision in discharge communication.