

### Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/covid-19-frontlines/keeping-melanoma-patients-safe-amid-covid-19/11901/>

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### Keeping Melanoma Patients Safe Amid COVID-19

#### Announcer:

This is ReachMD, and you're listening to *COVID-19: On the Front Lines*. Taken from a live webinar sponsored by Penn Medicine, this program features Dr. Lynn Schuchter, Director at Penn Medicine's Tara Miller Melanoma Center. Dr. Schuchter explains some of the ways oncologists are keeping patients with metastatic melanoma in critical condition safe while receiving treatment. Let's hear from her now.

#### Dr. Schuchter:

Specifically in melanoma—and actually, this concept was also true in other types of cancer—was whether we should, say for a patient with bulky Stage 3 melanoma where somebody had enlarged lymph nodes, should we go ahead and give them neoadjuvant treatment and delay their surgery? Certainly this approach was seen in breast cancer and a lot of other approaches where we decided to give treatment up front and a little bit delay surgery, because a lot of the emphasis on creating surg capacity in the hospital was reducing elective surgery admissions and freeing up anesthesia and everything. So, in melanoma, we certainly have been giving treatment throughout, and we had a particular concern about using PD-1, the checkpoint inhibitors like pembrolizumab and nivolumab, in the setting of COVID-19. One of the big questions was: Were we going to see adverse outcomes, more immune adverse events, in patients with melanoma who were getting immunotherapy? because, as you all know, in the setting of a COVID/SARS infection, it's this overwhelming inflammatory response, particularly in the lungs, that has caused the issues. It's much more than the virus. Early on, the data from China, there was a signal that, yes, patients with advanced cancer and who were getting treatment had a worse outcome, but that very initial report only had about 3% cancer patients. Then reports came out from Italy that maybe patients on immunotherapy actually had a better outcome. As you know, we use immunotherapy in melanoma and lung cancer and lots of different types of cancers.

#### Announcer:

That was Dr. Lynn Schuchter from Penn Medicine. To access more episodes from *COVID-19: On the Front Lines* and to add your perspectives toward the fight against this global pandemic, visit us at ReachMD.com and Become Part of the Knowledge. Thank you for listening.