**BPG Statement on Reintroducing Photodynamic Therapy During the Recovery Period of the SARS-CoV-2 Pandemic**

Background: The SARS-CoV-2 coronavirus pandemic impacted majorly on photodynamic therapy (PDT) services. PDT is an important treatment employed in the management of patients predominantly with superficial non-melanoma skin cancers and precancers. Many of these patients are elderly and frail and have multiple co-morbidities, which is often why PDT as a non-surgical approach is offered. This also means that many of these patients will be at higher risk for severe COVID-19, although most of these patients will now be vaccinated. In the pandemic recovery period, we need to continue to cautiously reintroduce PDT services to ensure patients with non-COVID-19 diseases are not disadvantaged in terms of ensuring optimal management.

Plan of action - Core principles and factors:

1. Consider how consultations are most appropriately undertaken:
	1. The initial consultation and follow -up reviews could be undertaken remotely (video or telephone consultation plus images). However, as the majority of patients will be vaccinated, it may be appropriate to return to face-to-face consultations or to continue with a mixed hybrid model of face-to-face and remote consultations depending on local requirements and agreement.
	2. Referrals should be triaged, to review whether PDT is the treatment of choice or if alternative options are preferred. If PDT is required, select the most appropriate method of delivery eg. hospital or home-based.
	3. Patients should undergo case-by-case risk-benefit assessment i.e. for risk of severe COVID-19, taking into account vaccination status and the benefit/urgency of PDT.
2. Consider how to maximise patient and staff safety during face to face consultations:
	1. Measures should be taken to minimise the risk of patients with confirmed or suspected COVID-19 attending for PDT. The methods available may differ by region and over time and appropriate triage and testing of patients and staff will be directed by Government advice and local hospital policies. Of note, do not proceed if the patient has definite or possible COVID-19 or if the patient has had COVID-19, until they are confirmed to be negative. All patients should be counselled not to attend if they or family members have symptoms suggestive of COVID-19.
	2. Keep patient waiting times and duration of attendance to a minimum.
	3. Plan appointments to facilitate social distancing and to allow adequate cleaning of equipment between patients.
	4. Ensure facilities, equipment and staffing allow for appropriate social distancing.
	5. Discourage attendance of relatives and friends, unless clearly needed e.g. carer, and in this instance limit the attendance to one accompanying person.
	6. Ensure staff are provided with and wearing appropriate personal protective equipment (eg. mask/gloves/apron/visor) throughout patient attendance and changed for each patient. Local policies will apply.
	7. Patients should wear masks when attending, unless exempt or for the period of any treatment at sites on face under the mask.
3. Training requirements: The continued training of junior dermatologists is essential. Trainees will gain from attending consultations (face-to-face and remote) and PDT procedures. During patient visits, attention must be paid to social distancing measures, PPE and ensuring that patient, staff and trainee numbers are kept within reasonable levels in order to adhere to local requirements.
4. This advice is likely to vary as further information and practices evolve and continue to return to more usual levels of practice. Additionally, individual units may be subject to local NHS Trust/Healthboard guidance. Thus, this should be used as a general guide but should be kept under regular review.

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On behalf of the BPG Committee

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