demographic factors or type of procedure (Mohs surgery vs excision). Similarly, the average size of the final defect and the average number of stages were similar between the 2 groups for patients undergoing Mohs surgery. The average size of the linear repair was also similar for patients undergoing excisional surgery. However, there was a statistically significant difference in the type of neoplasms treated. During the pandemic, there was an increase in the squamous cell carcinomas treated, a decrease in the basal cell carcinomas treated, and a decrease in the invasive melanomas treated ($P = .006$; Table I).

We prioritized surgery for cutaneous lesions with high-risk features upon reopening, including squamous cell carcinomas over basal cell carcinomas, given the higher likelihood for metastasis.[4] Despite this, however, the treatment of patients during the pandemic resulted in similar final Mohs defect sizes, number of Mohs stages, and linear repair sizes. Our findings stand in contrast to a study that assessed non-melanoma skin cancer in a plastic surgery clinic, which found that the tumors removed in 2020 were larger compared to prior years.[5] This difference may be due to the differences in triage or surgical factors given the lack of skin-conserving modalities, such as Mohs surgery.

Study limitations include a small sample size from a single academic institution. Nonetheless, our findings demonstrate that the triage in our dermatologic surgery unit during the COVID-19 pandemic resulted in a different mix of tumor types but did not impact the demographic breakdown of patients or surgical complexity of cases. Further work is needed to understand the long-term impact of triage during the COVID-19 pandemic on dermatologic surgery outcomes.

Melissa J. Danesh, MD,[a] *Martina Porter, MD,*[a] *Katherine Brag, MD,*[a] *Prerna Salian, MPH,*[b] *and Suzanne Olbricht, MD*[a]

From the Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, Massachusetts[a]*; and Harvard Medical School and Clinical Laboratory for Epidemiology and Applied Research in Skin (CLEARS), Department of Dermatology, Beth Israel Deaconess Medical Center, Boston, Massachusetts.*[b]

Funding Sources: None.

IRB approval status: This study was granted an exemption from review by the Dana Farber Cancer Institution Institutional Review Board.

Correspondence and reprint requests to: Melissa J. Danesh, MD, Department of Dermatology, Beth Israel Deaconess Medical Center, 330 Brookline Ave, Boston, MA 02215

E-mail: Melissa.danesh@gmail.com

Conflicts of interest

The authors declare no relevant conflicts of interest.

REFERENCES

1. Tagliaferri L, Di Stefani A, Schinzari G, et al. Skin cancer triage and management during COVID-19 pandemic. *J Eur Acad Dermatol Venereol*. 2020;34(6):1136-1139.
2. Baumann BC, MacArthur KM, Brewer JD, et al. Management of primary skin cancer during a pandemic: multidisciplinary recommendations. *Cancer*. 2020;126(17):3900-3906.
3. Tee MW, Stewart C, Aliessa S, et al. Dermatological surgery during the COVID-19 pandemic: experience of a large academic center. *J Am Acad Dermatol*. 2020.
4. National Comprehensive Cancer Network guidelines and clinical resources Accessed December 29, 2020. Available at:. Accessed December 29, 2020. Accessed December 29, 2020. Available at: https://www.nccn.org/professionals/physician_gls/
5. Capitelli-McMahon H, Hurley A, Pinder R, Matteucci P, Totty J. Characterising non-melanoma skin cancer undergoing surgical management during the COVID-19 pandemic. *J Plast Reconstr Aesthet Surg*. 2021;74(3):644-710.

https://doi.org/10.1016/j.jaad.2021.02.060

Dermatology applicant perspectives of a virtual visiting rotation in the era of COVID-19

To the Editor: The COVID-19 pandemic has disrupted many aspects of undergraduate medical education, including clinical rotations and United States medical licensing examinations.[1] The coalition for physician accountability has recommended the suspension of away (ie, visiting or external) rotations for the 2020-2021 residency application cycle, with exceptions of students without a home residency program and students needing them for graduation or accreditation requirements.[2] Away rotations, completed at a medical school outside of their institution, are key for students applying to the field of dermatology for expanding opportunities for advanced clinical experiences, individualized mentorship, and an insight into resident life.[3] Programs also benefit from evaluating candidates' "fit" for their residency over an "audition" period. The visiting rotation freeze complicated this application cycle for both stakeholders but provided an opportunity to address the historical inaccessibility of away rotations for many.[4,5]

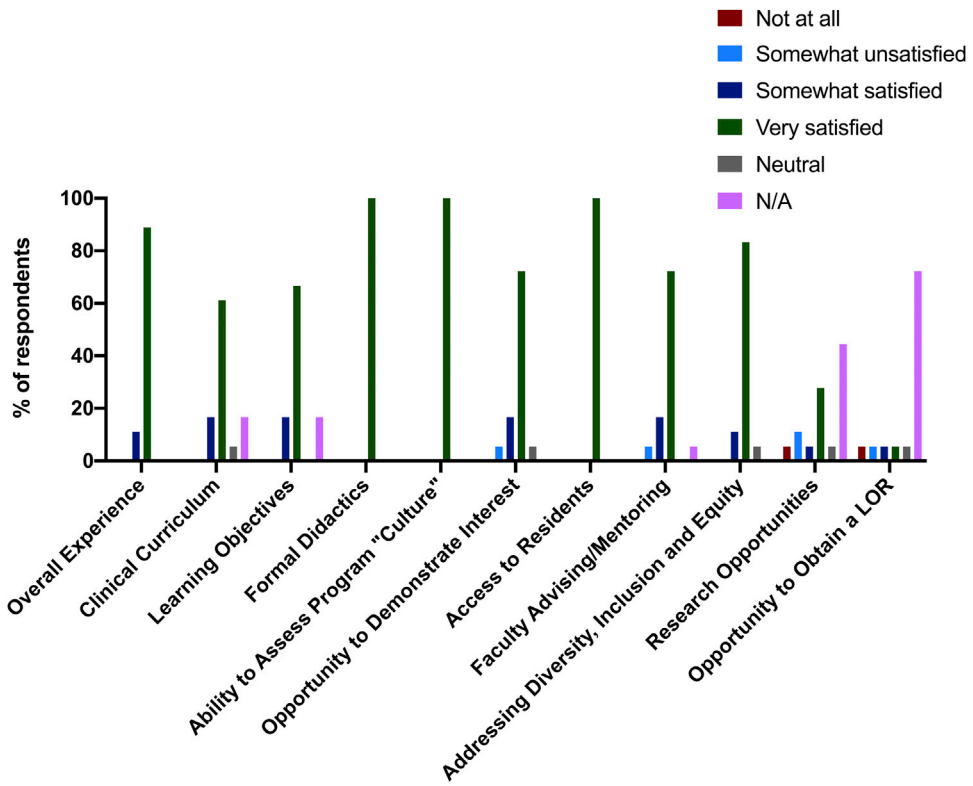

Fig 1. Self-reported level of satisfaction with various features of the virtual visiting program.

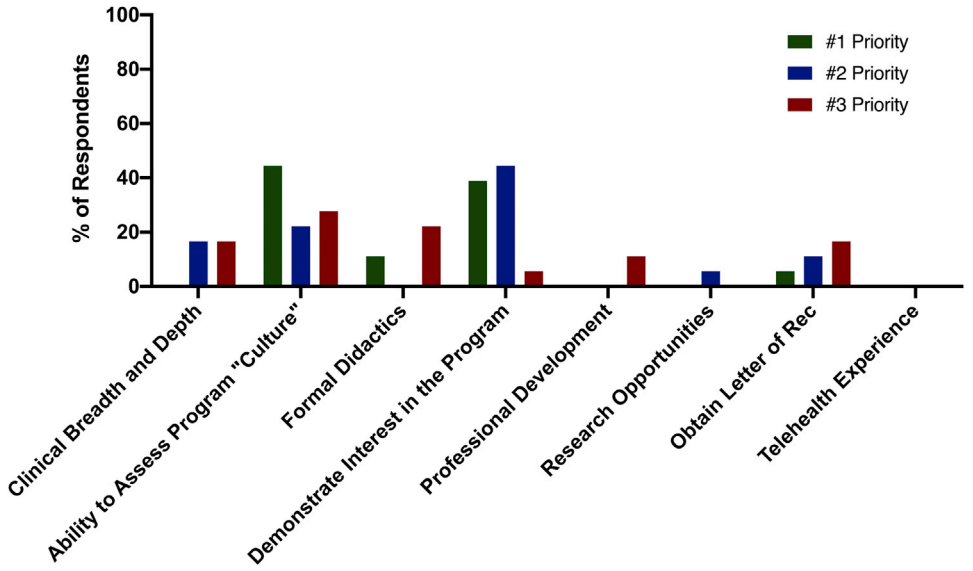

Fig 2. Self-reported priorities for an away rotation.

To tackle this limitation in hosting external students, our program organized a 4-week virtual visiting rotation allowing students to interact remotely with residents and faculty. Through videoconferencing platforms, learners actively participated in various academic activities, such as journal club, clinicopathologic conference, grand rounds, and resident didactics. Virtual "happy hours" and faculty mentoring sessions allowed for more personalized engagement. At the conclusion of the virtual rotations, the students were surveyed to evaluate their experience.

The participants were asked about their priorities for an away rotation and the opportunity to meet

those expectations, level of satisfaction on various facets of our offering, and whether they would have had the opportunity to visit our program if in-person away rotations were not canceled. With an overall response rate of 75% (n = 18), majority of the rotators reported "very satisfied" with the clinical curriculum, learning objectives, formal didactics, ability to assess program culture, opportunity to demonstrate interest, access to the residents, faculty advising, and diversity and inclusion initiatives (61%, 67%, 100%, 100%, 72%, 100%, 72%, and 83%, respectively; Fig 1). They viewed research opportunities and obtaining letters of recommendation as "not applicable" (Fig 1), but these aspects were also not the highest priorities reported (Fig 2). The students acknowledged that they received ample opportunity to meet their priorities for an away rotation (78%; Supplemental Fig 1, A, available via Mendeley at https://data.mendeley.com/datasets/6d9zg7m4h9/2), and 39% noted that they might not have had the traditional advantage to rotate with this program (Supplemental Fig 1, B).

The nationwide discussion of adapting medical education and our sampling of applicant perspectives reflect the need for further data-driven exploration of virtual away rotations. The intrinsic selection and acquiescence biases in polling students interested in this specific program were addressed with informed consent emphasizing anonymity and no effect on evaluations, and recall bias was minimized by survey completion on a rolling basis immediately after a student's rotation ended. Academic faculty's views were not examined. Despite these limitations, our findings illustrated that the priorities of away rotations can be met through a virtual model and that remote alternatives can capture candidates unable to leverage a physical clinical rotation. Investing resources to establish or improve virtual visiting electives will not only mitigate challenges in this application cycle but also catalyze changes that address financial and scheduling inequities inherent to the traditional away rotation system.

Nagasai C. Adusumilli, MBA, Jessica Kalen, MD, Kayleigh Hausmann, MPH, and Adam J. Friedman, MD

From the Department of Dermatology, The George Washington University School of Medicine and Health Sciences, Washington, District of Colombia.

Funding Sources: None.

IRB approval status: Designated as exempt (NCR203119).

Correspondence and reprint requests to: Adam J. Friedman, MD, Department of Dermatology, The George Washington University School of Medicine and Health Sciences, 2150 Pennsylvania Avenue, NW, 2nd Floor, Washington, DC 20037

E-mail: ajfriedman@mfa.gwu.edu

Conflicts of interest

None disclosed.

REFERENCES

1. Rose S. Medical student education in the time of COVID-19. *JAMA*. 2020;323(21):2131-2132.
2. Coalition for Physician Accountability. Final report and recommendations for medical education institutions of LCME-accredited, US osteopathic, and non-US medical school applicants Accessed November 19, 2020. Available at:. Accessed November 19, 2020. Accessed November 19, 2020. Available at: https://www.aamc.org/system/files/2020-05/covid19_Final_Recommendations_05112020.pdf
3. Cao SZ, Nambudiri VE. A national cross-sectional analysis of dermatology away rotations using the visiting student application service database. *Dermatol Online J*. 2017;23(12):1-4.
4. Griffith M, DeMasi SC, McGrath AJ, Love JN, Moll J, Santen SA. Time to reevaluate the away rotation: improving return on investment for students and schools. *Acad Med*. 2019;94(4):496-500.
5. Winterton M, Ahn J, Bernstein J. The prevalence and cost of medical student visiting rotations. *BMC Med Educ*. 2016;16(1):1-7.

https://doi.org/10.1016/j.jaad.2021.02.085

Isomorphic and symmetric adult-onset generalized morphea are associated with distinctive clinical features: A retrospective multicenter study

To the Editor: Generalized morphea (GM) is a rare subtype of localized scleroderma characterized by widespread involvement. GM is defined by the presence of at least 4 lesions larger than 3 cm that involve at least 2 anatomic sites.[1] Isomorphic and symmetric subsets of GM were recently delineated based on a computerized lesion mapping approach.[2] In the isomorphic pattern, the lesions favor areas of skin friction (ie, brassiere band, waistband, inguinal creases), whereas in the symmetric one, they occur with a symmetric distribution on the trunk and extremities. A higher frequency of deep involvement was reported in patients with symmetric GM, whereas lichen sclerosus-like changes were a frequent finding in morphea plaques from patients with isomorphic GM.[2]