UK National Mohs Surgeon Survey 2020

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Dear Editor,

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MMS is an invaluable treatment modality which has expanded significantly with over 32 Mohs units and 98 practicing Mohs surgeons in the UK\textsuperscript{1,2}. There is paucity of data on current UK Mohs surgeons’ work practices with the last national survey completed in 2011\textsuperscript{3}. We identified current Mohs practices in the UK by distributing a survey via email to British Society of Dermatologic Surgery (BSDS) members. This was completed online (Surveyhero\textsuperscript{©}) between February–July 2020.

There were 71 responders (53 males, 18 females; response rate 72.4%). 83.1\% had completed Mohs training in the UK; 14\% completed their fellowship abroad. A higher percentage of respondents had undertaken training in the UK compared with 2011 (83.1\% versus 74\%) and of these, 88\% had undertaken a 1-year fellowship.

84.5\% of respondents worked in England, 8.5\% Wales, 4.2\% Republic of Ireland, 1.4\% Scotland, and 1.4\% in Northern Ireland. Mohs surgeons reported a varying number of Mohs procedures undertaken per annum: 50-100 procedures (15.5\%); 100-200 (47.9\%); 200-300 (21.1\%); 300-400 (7\%); >400 (8.5\%), with a mean of 195 cases performed per year.

The mean number of weekly programmed activities (PAs, equivalent to 4 hrs) allocated for MMS was 2.9 (range 1-5). For 2 PAs, 49.3\% treat 4 patients (range 2-7), whilst 2 patients was most common for one PA (45.1\%; range 1-5). Mohs surgeons reported patients waited an average of 17.3 weeks (range 4-50 weeks) for their procedure. Compared to 2011, significantly more patients were waiting >12 weeks (75.6\% vs 35.2\% in 2011). This may have been significantly impacted by Covid-19 which commenced during the time this survey was undertaken.

The great majority (92.6\%) of Mohs surgeons read their own slides. A mean of 7.4\% had their histological opinion reviewed every time by someone else during the procedure: 37.5\% by another dermatologist and 55\% by a histopathologist. A mean of 24.1\% of cases were routinely reviewed retrospectively (histopathologist (53.5\%); Mohs surgeon (19.7\%)). When determining tumour clearance, the mean number of clear levels felt to be sufficient was 2.2 (range 1-6) and for those using microns, a mean of 165.6 microns (range 50-300). Common factors taken into account when determining clearance were the morphology of the tumour, presence of scarring, inflammation or perineural invasion, and the quality of cryostat slides. Details of the histopathological aspects and work practices are summarised in table 1.

The great majority of Mohs units have a dedicated adjacent Mohs laboratory (96.2\%). The recently published multi-disciplinary ‘Service Guidance and Standards for MMS’ recommends a
pre-operative assessment for all potential Mohs surgery patients, including a discussion of alternative options. This is supported by data from this survey which shows 7.9% of patients referred for Mohs surgery are subsequently deemed unsuitable for the procedure. This survey’s data also indicates that the majority of Mohs surgeons (62.0%) consult with all potential patients prior to surgery.

This study provides a valuable update to the 2011 national survey outcomes and serves as a benchmark of MMS practice for individual departments.

References:


Table 1: MMS histopathological aspects and work practices
(53/71 respondents completed this section)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes (n)</th>
<th>No (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Are all lesions biopsied prior to undergoing Mohs?</td>
<td>14 (26.4%)</td>
<td>39 (73.6%)</td>
</tr>
<tr>
<td>2 Do you have an adjacent, dedicated Mohs laboratory?</td>
<td>51 (96.2%)</td>
<td>2 (3.8%)</td>
</tr>
<tr>
<td></td>
<td>Question</td>
<td>Yes (%)</td>
</tr>
<tr>
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<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>3</td>
<td>Do you routinely use Toluidine blue when undertaking MMS?</td>
<td>21 (60.4%)</td>
</tr>
<tr>
<td>4</td>
<td>Does the Mohs surgeon issue and store in the medical records a formal pathology report following Mohs surgery?</td>
<td>22 (41.5%)</td>
</tr>
<tr>
<td>5</td>
<td>Does your unit have a designed recovery area with available beds or reclining chairs for patients after Mohs surgery?</td>
<td>34 (64.2%)</td>
</tr>
<tr>
<td>6</td>
<td>Do you have access to a second (backup) cryostat?</td>
<td>36 (67.9%)</td>
</tr>
<tr>
<td>7</td>
<td>Do you use immunohistochemistry with Mohs surgery?</td>
<td>5 (9.4%)</td>
</tr>
</tbody>
</table>