

## **Mohs Surgery Certification by the ESMS**

### *Preface*

At present there are no guidelines for setting up and managing a Mohs Micrographic Surgery (MMS) service. The main goal of these guidelines is to define terms and conditions for Mohs surgeons and services in order to guarantee the quality of this specific health care procedure in Europe. National health care laws in each European country supersede these guidelines.

A variety of methods of complete margin control during surgical removal of skin cancers exist. This document is about MMS with FROZEN sections on fresh tissue.

### *General considerations*

#### **Facilities**

The MMS facility will consist of a procedure room suitable for dermatological surgery located adjacent to (or in close proximity to) a Mohs laboratory.

The facility for MMS will usually consist of two or more procedure rooms certified as operation ward or room for dermatological surgery according to the specific definitions required in each country with all the necessary equipment for Mohs cases of all complexities and including access to appropriate surgical beds and recovery areas, surgical ceiling lights with at least 100.000 lux, electrosurgical equipment (monopolar and/or bipolar coagulation), suction tips and tubes and sufficient surgical instruments.

The Mohs laboratory will have one or more cryostats, along with staining facilities (manual and/or automated) for Haematoxylin & Eosin and / or Toluidine Blue staining of Mohs sections. Mohs laboratory technicians have to be well-trained and regularly perform MMS to maintain a high technical expertise in preparing Mohs sections. Ideally, a multi-headed microscope is used for slide interpretation.

#### **Risk Assessments, Equipment and Safety**

National risk assessments of the MMS facility must be carried out. Safety standards should be guaranteed. Cleaning and decontamination should be done according to the existing national guidelines. Hospital-based MMS facilities should be available 24 hours in case of complications. Non-hospital-based MMS facilities should at least provide their patients with access to another medical facility with a procedure room such as the one described above in case of complications after hours. It is advised to register complications.

#### **Team**

MMS services should have a team with a named MMS lead clinician. The supporting team ideally consists of well-trained dermatology nursing staff, or in some cases appropriately experienced health care assistants.

#### **Mohs Micrographic Surgery**

Before MMS is planned, a skin biopsy must be performed to confirm the diagnosis. When a patient is referred, independent revision of histopathology is advised.

MMS is generally performed under local anaesthesia. The sections are looked at by the Mohs

surgeon him/herself or together with the pathologist. Due to local laws in some European nations the Mohs surgeon will first look at the slides him/herself and afterwards the pathologist will check the slides and sign the pathology report. It is also possible to use telepathology. If MMS is performed under general anaesthesia we advise a multidisciplinary approach and an experienced Mohs surgeon (at least Mohs trainer, see definition below).

### **Referral management**

A MMS service will provide skin cancer diagnosis and treatment to a Cancer Network on a sub-regional or regional basis, and take referrals from colleagues in dermatology, oculoplastic surgery, plastic surgery, maxillofacial surgery, ENT, General Practitioner with special interest in Dermatology and others involved in the diagnosis and treatment of skin cancer. Referrals to the Mohs service will be in line with the national recommendations of the skin cancer guidelines.

Generally the reconstruction is performed on the same day, by the Mohs surgeon. Where local anaesthetic reconstruction is not possible by the Mohs surgeon, for example if extensive reconstruction is required, or specialist site-specific repairs, it may be appropriate to enlist the help of surgical colleagues working closely with the Mohs surgeon, in a multidisciplinary approach, to undertake surgical repairs perhaps under general anaesthesia.

### ***How to become a Certified Mohs Surgeon by the ESMS:***

MMS training should consist of a traineeship with a duration of at least 12 months. The Mohs trainee will only be able to be certified as a Mohs surgeon if he/she is a specialist in Dermatology and a specialist member of the EADV.

In order to become certified as a Mohs surgeon by the ESMS one of the following options must be fulfilled:

Option 1: Carry out at least 100 Mohs cases independently, including interpretation of Mohs section pathology (in some nations this must be done with supervision of a specialist in pathology). This will be performed under the supervision of a ESMS-certified Mohs surgeon.

Option 2: Prove that the criteria in option 1 are fulfilled through an audit carried out by an auditor appointed by the board of directors of the ESMS.

Option 3: If individuals have consistently performed a high volume of MMS cases (>150 cases per annum) prior to 2012 then the ESMS board of directors will consider their CV and logbook of cases to determine the adequacy of their training and expertise.

The applicants will need to provide recommendation letters from two certified members of the ESMS or one ESMS board member and a CV including a short summary of their training.

After fulfilling any of the abovementioned options, the applicant must obtain subsequent approval by the board of directors.

***How to stay a Certified Mohs Surgeon by the ESMS***

Mohs surgeons are recommended to carry out a minimum of 300 Mohs cases every 5 years. The Mohs surgeon should remain a member of the EADV and of the European Society for Micrographic Surgery. Interpretation of Mohs section pathology will be performed by the Mohs surgeon himself or in collaboration with a pathologist if law in their country requires it.

These requirements will guarantee both the health care quality and the safety of MMS services.

**How to become a Certified Mohs trainer:**

1. >500 MMS cases
2. >3 years of experience with MMS.
3. Be a certified member of the ESMS.
4. Be approved by the board of the ESMS.