BSDS Travel Fellowship 2020
Dr Hayley Leeman

I am very grateful to the BSDS for the opportunity to visit Dr Chris Zachary at the University California Irvine (UCI) and Dr Anthony Rossi at the Memorial Sloan Kettering (MSK).
I was initially awarded this fellowship in 2020 to attend the American College of Mohs Surgeons (ACMS) Annual Meeting however unfortunately this meeting did not take place due to the pandemic. I therefore arranged to visit colleagues on the East and West Coast of the US to assess variations in practice and to identify ways in which we can make our Mohs service more efficient.

During my visit to UCI, I was fortunate to coincide with the opening of their brand-new dermatology centre and Dr Chris Zachary's celebration for stepping down as department chair after fifteen successful years. I attach a photograph from one of the events with Chris and his current Mohs fellow, Dr Sungat Grewal.

As many of you will know, Chris was instrumental at implementing a Mohs Micrographic Surgery service in the UK and it was fascinating to hear all of his historical stories. I was inspired by how easily clinicians are able to direct and implement change within their departments in the US. On average, a Mohs surgeon would perform 8 cases alongside a fellow each day. At UCI, everyone involved in the patient journey wears an electronic headset to communicate instantly with each other. This includes the administrator who informs the team when the patient has checked in, the nurse who will inform the clinician which theatre the patient will be taken to and when the patient is ready for the first layer. They also have 'runner' nurses who float in between theatres who can be called upon if extra equipment is required in the room when everyone is scrubbed. This seemed to work

really well and would be inexpensive to implement in any department providing real time updates and feedback for the entire team. The obvious difference at UCI versus departments I have worked within the NHS are the vast number of theatres, facilities and experienced surgical nurses that UCI have available. This allows the clinician to be more efficient with their time as the sterilising, preparation, local anaesthetic, cautery etc is all performed by the nursing staff.

I noted a technical difference in the majority of US Mohs centres where an extra layer/stage is taken if tumour is seen on any of the mohs slides even if the tumour clearly cuts out. For example, if tumour is present on the first section but cuts out with five subsequent clear sections (over 300 microns clear), a second layer/stage would still be taken. I discussed the reason for this with many different US Mohs surgeons and the majority felt this was most likely due to medicolegal purposes.

At MSK, I was fortunate enough to spend time with Anthony Rossi. Here I gained experience in performing mohs surgery with the aid of immunostaining for poorly differentiated squamous cell carcinomas and lentigo maligna. I also learnt that hypertrophic lupus erythematosus can mimic squamous cell carcinoma histologically and I note there have been case reports where Mohs defects have ended up unnecessarily large due to this confounding issue so this was an important realisation for me. Anthony also has expertise in the surgical treatment of extra-mammary pagets disease and I was honoured to be involved in one of his extensive surgical cases.

I am extremely thankful to Chris, Anthony and the BSDS for this fantastic experience. I hope to finally be able to attend the ACMS in person next year and look forward to seeing some of you there!