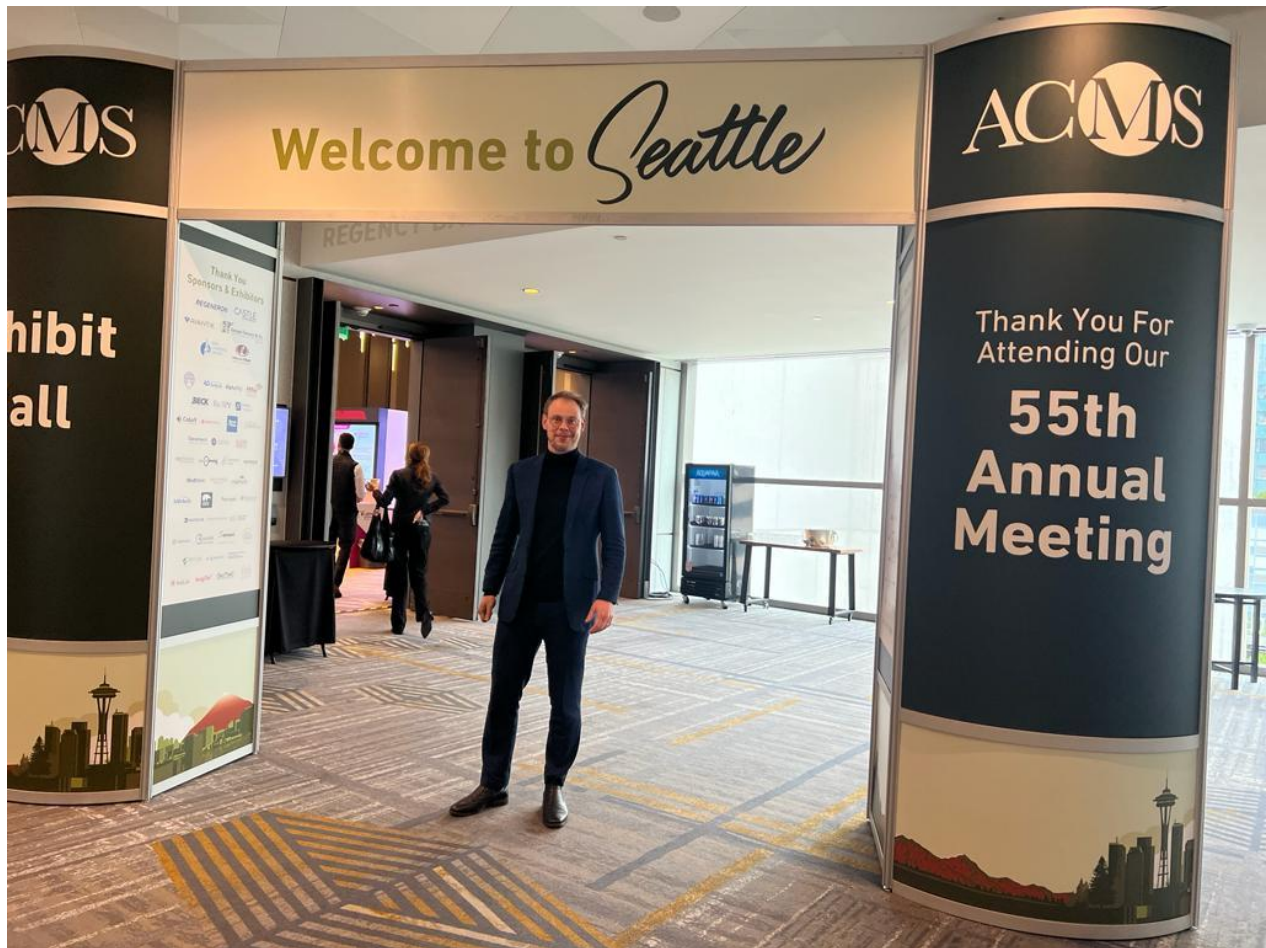


American College of Mohs Surgery 55<sup>th</sup> annual meeting, Seattle, Washington

**Will Hunt – BSDS travel fellowship 2023**



It was an honour and privilege to receive the BSDS 2023 travel fellowship supporting my attendance at the American College of Mohs Surgery 55<sup>th</sup> annual meeting, in Seattle, Washington. This experience came at a timely moment in my career, nearing the end of my Mohs fellowship at the Royal Victoria Infirmary, Newcastle upon Tyne. The meeting was an opportunity for me to consolidate my learning, learn of new techniques and approaches to Mohs, and of course, a chance to network with colleagues from around the world.

The week started with some jetlagged sightseeing in the beautiful city of Seattle, where blue skies reflected in the tranquil bay and panoramic snowy mountains surround the horizon. I won't talk about getting through immigration beforehand...

I was lucky enough to be granted attendance to the preconference fellows-in-training cutaneous flap workshop. This was very well run and had an excellent faculty to delegate ratio. The morning comprised of revisiting the general principles of tissue restraint, flap design, and fundamental flap implementation and refinements. The afternoon consisted of ~20 quickfire talks on different flaps and techniques with hands-on mentored implementation time on rubber heads. This served mostly as a revision exercise but there were several pearls which I garnered, which I will implement into my practice. I have an interest in

periocular Mohs and in particular, the talk by Dr Noelle Wong (Vancouver) on Tenzel flaps for larger full-thickness lower eyelid defects was informative and enlightening.

I signed up for early morning (7am!) breakfast sessions. Whilst such an early start would usually fill me with some dread, my jet lag meant that this did not feel too onerous. Some intriguing topics and some big names in Mohs were presenting in these sessions. Accessible recordings of all sessions allowed me to 'attend' those that ran simultaneously, ensuring I was able to maximise on learning opportunities. Some particular highlights were the 'Scar revision session' (Mariah Brown and Richard Bennett) and 'Mohs on the male genitalia' (Chris Miller and Junqian Zhang, Caleb Kovell). The latter demonstrated that as Mohs surgeons operating on this area we have the skillset to safely significantly contribute to the optimisation of Organ Sparing Surgery (OSS) in penile cancer, minimising surgical resection volume for these patients who otherwise would be offered a partial or complete penectomy – making a significant difference to their postoperative quality of life including sexual function and satisfaction. The session on paramedian forehead flaps was brilliant, Paul Salmon and Jonathan Cook gave excellent talks and it was incredible to hear from two titans in the Mohs world and their extensive experience with the different variations on the paramedian forehead flap. It was valuable to hear of how (and why) they have adapted and fine-tuned their practices in the implementation of paramedian forehead flaps across their decades of experience.

The main session events which I found most informative were the video recon sessions. These video-based presentations each featured dedicated talks on reconstructive modalities in particular facial reconstructive areas such as the nose and lips and multi-subunits. Talks were high quality and instructive. The periocular reconstructive talks led by Dr Ian Maher and his team was eye opening (sorry), but in all seriousness was very enlightening, and using videos of the procedures provided abundant clarity where otherwise some procedural steps may have been difficult to grasp or comprehend with verbal description alone. Reconstruction of these cases, particular smaller defects with direct wedge closure, is well within the grasp of the Mohs surgeon; these repairs are quick, aesthetically pleasing, convenient for patients and allows the prioritisation of inter-specialty referrals for the more complicated cases.

Nathaniel Jellinek gave a very informative talk on Mohs on the nail unit for keratinocyte cancers, integrated with videos of practical demonstrations and technical tips that will allow me to approach similar cases with new-found albeit cautious confidence.



Other highlights were the 'how would you reconstruct it?' session with 3 experts giving their prepared pitches on their proposed approach to a particular defect, including John Zitelli, and it was a pleasure to meet him after the talks. The anatomy refresher, controversial topics, and rare tumour talks were also extremely informative. The conference had a large focus on teaching with some scientific abstracts too which offered a nice balance of information. Prevalence of videos of techniques in the presentations augmented the learning experience around the meeting. The session of Mohs on rare tumors was helpful for my practice given the scarcity of these tumors and built on the Mohs experience of these rarer tumors I had encountered during my fellowship.

### *Meeting Dr John Zitelli*

By the time of the 4<sup>th</sup> day, the number of delegates had noticeably dropped, however, those of us who stayed were treated to some excellent talks on Immunohistochemistry for frozen Mohs management of lentigo maligna and thin melanomas, and rapid-fire high-yield Mohs surgical and processing tips.

As well as attending the interesting talks, the conference was a great opportunity to catch up with old friends, forge new links with likeminded colleagues and network with the wider Mohs community. It was a privilege to meet and spend some time with Dr Paul Salmon and Dr Neil Mortimer whose body of work and surgical tenets have had a big impact on my surgical training, particularly during my registrar tuition in Mohs and reconstructive surgery with Toby Nelson. I have also made some good contacts for future collaborative projects, knowledge sharing, and potential visits.

The exhibitor hall was very good, I was keen to get measured up for some new surgical loupes, and have also got the details of a fast hand-stained IHC Melan-A protocol for frozen Mohs for lentigo maligna and thin melanoma, which I think has the potential to revolutionise the Mohs service we provide to patients. It was also interesting to see a dermabrasion and bone burring drill which not only was very cost-effective but would be an ideal device to complement the service we currently provide to patients.

I am truly grateful to the BSDS for supporting my attendance at this excellent conference through the travel fellowship, and would wholeheartedly recommend applying to my peers. I would like to end by thanking the Newcastle Mohs team but in particular my fellowship educational guide and mentor Tom Oliphant. He is not only an excellent Mohs and reconstructive surgeon, but a generous teacher, enthusiastic motivator, and an inspirational driver of innovation and advancement in the Mohs service.



Newcastle Mohs Fellows visiting the Needle at Seattle

