

Editor's Blog

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Skin Care and Golf

No better time to think about skin care than over Fourth of July weekend. Dr Joshua Lane of Columbus, Georgia, read our precautionary [story on skin cancer in the July Golf Digest](#) and wrote a careful clarification of its reference to the Mohs surgery. Read Dr. Lane's entire letter by clicking on the continuation icon at the end of this blog. I've excerpted...

I read with interest your timely and necessary article informing the golfing community about the impact of skin cancer and importance of prevention. The article was brought to my attention by a patient (a golfer) presenting to me for treatment of his skin cancer with Mohs surgery. While I appreciate your magazine addressing this issue, I did want to clarify the statements entitled ?how is skin cancer removed.?



The Mohs technique is more involved than the article implied. Briefly, the visible skin cancer is removed. A thin margin is taken around the initial site and examined while the patient waits. This is performed in a manner that allows 100% of the surgical margin to be evaluated. The Mohs surgeon examines the tissue under the microscope to ensure that the skin cancer was removed. If still present, the process repeats until the skin cancer is successfully removed. Once the cancer is entirely gone, the Mohs surgeon reconstructs the surgical site.

Dr. Lane goes on to explain how surgeons are certified in the Mohs surgery and urges anyone undertaking this surgery to use a certified surgeon. He also clarifies our assertion that Mohs surgery is best for non-melanoma skin cancer.

The article suggested that Mohs surgery is most effective in the treatment of non-melanoma skin cancer. This implies the same is not true for malignant melanoma. However, Mohs surgery is emerging as the gold standard in this type of cancer as well.

For those dealing with skin cancer, Dr. Lane's full, foot-noted letter is worth a read. Thanks, Doctor.

--Bob Carney

(Illustration by Eddie Guy)

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I certainly agree that Mohs micrographic surgery is the optimal treatment for the removal of skin cancer, particularly in areas such as the head and neck. Just as a physician should be board certified, he/she should also be trained to perform Mohs surgery. This fellowship training is achieved by performing a 1 to 2 year fellowship following a dermatology residency. This fellowship allows extensive training in cutaneous oncology, surgical pathology, Mohs surgery, and reconstruction. The governing body that oversees this fellowship-training is the American College of Mohs Surgery.

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A statement made was that Mohs surgery is most effective in the treatment of non-melanoma skin cancer. This implies the same is not true for malignant melanoma. However, Mohs surgery is emerging as the gold standard in this type of cancer as well.¹ The Mohs technique thus can indeed be utilized for melanoma and often should be the treatment of choice. This is achieved in a number of different ways, often with a technique called Mohs permanent sections. It is important for this community to be aware of this excellent technique. Most fellowship-trained Mohs surgeons would argue that Mohs surgery is in fact the treatment of choice for a melanoma involving the face or nose, among other areas.

The contributing physician, while well intentioned, is not a fellowship-trained Mohs surgeon credentialed through the American College of Mohs Surgery. This may be the source of his misleading comments. My impetus for responding is to inform patients.

1. Bene NI, Healy C, Coldiron BM. Mohs micrographic surgery is accurate 95.1% of the time for melanoma in situ: A prospective study of 167 cases. *Dermatologic Surgery* 2008; 34: 660-664.

2. Dawn ME, Dawn AG, Miller SJ. Mohs surgery for the treatment of melanoma in situ: a review. *Dermatologic Surgery* 2007; 33: 395-402.

3. Temple CL, Arlette JP. Mohs micrographic surgery in the treatment of lentigo maligna and melanoma. *Journal of Surgical Oncology* 2006; 94: 287-292.

4. Bricca GM, Brodland DG, Ren D, Zitelli JA. Cutaneous head and neck melanoma treated with Mohs micrographic surgery. *Journal of the American Academy of Dermatology* 2005; 52: 92-100.

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