



SKIN CANCER (OTHER THAN MELANOMA)

COLLABORATIVE COMPREHENSIVE HISTOLOGY FOR LOCALLY AGGRESSIVE OR RECURRENT SKIN CANCERS: THE CLEVELAND CLINIC EXPERIENCE

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Nonmelanoma skin cancer (NMSC) is the most frequently diagnosed malignancy in the S, with over one million new cases annually. Mohs surgery is a primary treatment for NMSC of the head and neck, but is limited by invasion of deeper structures, inability of some to tolerate local anesthesia, and large tumors involving multiple cosmetic.

We previously reported collaboration between Mohs surgeons and other disciplines, including 26 patients from 2007-2010. A mean 2.1 resection layers were required to clear the tumor margins. In this study, we seek to describe further refinements in our practice as we attempt to optimize surgical outcomes for patients with locally advanced or multiply recurrent tumors.

A retrospective analysis was performed between 2012 and 2015. We identified 69 patients who underwent a total of 72 operations. The patients underwent excision with a collaborating surgeon with intraoperative CCPDMA performed by Mohs surgeons. Patient, tumor, and operative details were collected along with local recurrence, lymph node metastasis, and distant metastasis.

Our patients' ages ranged from 12-88 years. Most tumors were squamous cell carcinoma, with fewer basal cell carcinoma and Merkel cell carcinoma. Average tumor area was 47.3 cm². Smoking, immunosuppression, and neuropsychiatric disease were the most common underlying conditions. In follow up, 15 tumors (21%) recurred locally; 17 (24%) metastasized to lymph nodes; 13 (18%) metastasized to distant organs. 13 patients (19%) died during the follow up period.

Since the initial study, our results show regular collaboration between other surgical specialties and Mohs surgeons can offer hope for patients with locally advanced or multiply recurrent tumors. With experience, we decreased the average number of layers needed to clear tumors from 2.1 in the initial study to 1.6 in this study. We also find that neuropsychiatric disease is a novel risk factor for locally aggressive cutaneous malignancy.

