

SKIN CANCER (OTHER THAN MELANOMA)

UTILIZATION PATTERNS OF ACMS IN TREATMENT OF MERKEL CELL CARCINOMA

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Introduction: Merkel cell carcinoma (MCC) is a challenging cancer to treat because of lack of consensus on the preferred surgical treatment modality. Recent data suggests that Mohs micrographic surgery (MMS) may be as effective as the current standard of care, wide local excision (WLE) in reducing the risk of local persistence and regional metastasis of the disease. However, due to the rarity of this disease, studies are limited by small sample sizes and short follow-up periods, and thus WLE remains the standard of care. Given the evolving role of MMS in managing MCC, we seek to better characterize how MMS is used as a treatment for MCC.

Methods: We sent an IRB-approved survey to current members of the American College of Mohs Surgery (ACMS) through the ACMS monthly bulletin. Participants completed online surveys addressing treatment methods of MCC.

Results: A total of 91 dermatologic surgeons practicing in either a university or private setting were surveyed via a link in the ACMS monthly bulletin. 76% of respondents were in private practice, while 24% were in academics. 57% of respondents treat, on average, at least one MCC per year. A slight majority (54%) do not use MMS for MCC. For those that do perform MMS for MCC, 33% of those physicians report taking a final stage for permanent histopathology in greater than 25%. A majority (61%) referred every MCC patient for consultation for possible sentinel lymph node biopsy.

Conclusions: The results of our study indicate that MMS, though a viable, cost-effective alternative to WLE remains underutilized while exemplifying relative heterogeneity in the treatment of MCC. Our findings support the need for broader investigation into the efficacy of MMS as a treatment for MCC. Further research is also warranted regarding the barriers preventing dermatologic surgeons from performing MMS for MCC.