



DERMATOLOGICAL SURGERY

## DEVELOPING INDICATIONS FOR INTERDISCIPLINARY CARE BETWEEN MOHS SURGEONS AND SURGICAL SUBSPECIALISTS IN THE TREATMENT OF SKIN CANCERS: A CASE- CONTROL STUDY

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**Introduction:** Skin cancer patients that receive treatment with Mohs micrographic surgery (MMS) are commonly treated in an outpatient setting. Collaboration with surgical subspecialists for definitive excision and/or reconstruction in the operating theater is occasionally necessary.

**Objective:** Determine the frequency and clinicopathologic factors that influenced collaboration between MMS surgeons and surgical subspecialists.

**Materials and Methods:** Retrospective case-control study of 15,180 MMS cases treated at a US academic medical center from 2010 to 2018. Patient, tumor, and procedure data were prospectively collected. Cases that received collaborative care between Mohs surgeons and plastic, otolaryngology, or oculoplastic surgeons were evaluated. Descriptive statistics and multivariate logistic testing with STATA (v.15) software assessed frequency of collaboration and significant ( $P < 0.05$ ) clinicopathologic characteristics correlated with interdisciplinary care.

**Results:** 95% of cases ( $n=14,381$ ) received complete treatment with MMS (excision, pathologic evaluation, and reconstruction). 5% ( $n=799$ ) involved collaboration between Mohs surgeons and surgical subspecialists. Factors with significant ( $P < 0.05$ ) influence included: rare or aggressive tumor pathology (Dermatofibrosarcoma Protuberans OR 5.4; Extramammary Paget's Disease OR 13.3), recurrent tumor status (OR 2.5), large surface area (mean referred diameter 3.5cm; non-referred 1.7cm), depth of tumor invasion (bone OR 185.5), location in specialty anatomic site (periorbital OR 7.9; nail OR 10.8); and subclinical spread (defined as requiring  $>1$  MMS surgical layer).

**Conclusions:** In our analysis, 5% of MMS cases involved interdisciplinary collaboration between Mohs surgeons and surgical subspecialists. Evaluation of cases highlighted the





complexity of MMS performed in the outpatient setting. Local anesthesia limits and critical anatomic structures dictated referral patterns. Significant case characteristics included large tumors, rare or aggressive pathology, depth of invasion, location in a specialty anatomic site, and microscopic subclinical spread. These data emphasize significant characteristics associated with interdisciplinary care and may provide guidance for the coordinated care of skin cancers.

