

## PRESIDENT'S MESSAGE: CINDY RICE, HT (ASCP)

Dear Colleagues:

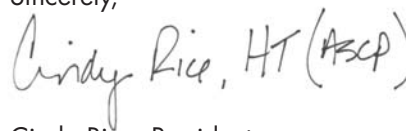
It won't be long before we will be making the final preparations for the 11th Annual ASMH Meeting in Atlanta, Georgia. With continued growth over the years, we are raising our expectations for attendance, vendor participation, and most importantly, to provide valuable networking and educational opportunities to help you in your lab.

A preliminary program will be made available later this spring that has complete program information, optional workshops, hotel and registration information, etc. Start talking with your surgeon now to ensure that you'll be able to join us in Atlanta. If you haven't renewed your membership or joined the organization, please do so today to receive the lower registration rate for the meeting.

All members were mailed a copy of the 2005 Salary Survey. This survey has been used in the past to collect some really relevant data, both financial and demographic of the histotechs working in Mohs offices and labs. Please be sure to take a few moments to complete the survey.

Check your mail for the 2005 Board of Directors election ballot. We have a great slate of candidates in this year's election. All of the officer positions and several of the director positions on the board are involved in this election, so please be sure to vote!

Sincerely,



Cindy Rice, President

## LETTER FROM THE EDITOR: KIMBERLY BROCK, HT (ASCP)

Fellow techs:

I hope you are enjoying the warmer weather and the smells of spring. You know – worms after a rain, daffodils and hyacinth blooming – oh yeah...dust burning out of the heat ducts when you have to turn the furnace back on after waking up to two (or more) inches of snow!! Sigh. Spring in Michigan can be such a roller coaster. I want to thank those of you who have volunteered to submit articles for the newsletter and encourage everyone to keep making recommendations. This is an ongoing effort and will need your continued support. Another area in the ASMH that requires constant renewal is the leadership. Good leaders come from the ranks and require only a desire to serve and a passion for making the organization better. If you've ever had a suggestion on how to improve the meetings or the newsletter or the direction of the society, you have the potential to contribute as a leader. The past and current leaders of the ASMH have all started with these qualities and have found the niche that suits them the best. Let me tell you how to begin. Volunteer. The opportunities are endless: committees, the newsletter, annual meetings, planning, bylaws, training, running for an elected position. If you are

nervous about running for an officer's position with no experience, start with a seat on the Board of Directors. You may be nominated or you may nominate yourself. As a Board of Directors member, you'll attend the Directors meeting (the evening before the annual meeting begins) along with the society officers (President, VP, Secretary, Treasurer, Past President), the Mohs College reps, and our management company rep. This is where the direction of the society is decided and where the ideas and the practical solutions are hammered out. After serving on the Board, you will be more than qualified to run for any officer's position to which you feel called. (I should mention that the officer's time commitment is minimal because our management company executive, David Feldner, does all of the record keeping, accounting, official correspondence and day to day business of the society.) I want to stress that when you volunteer to write an article, help plan the next meeting, give a talk, train a colleague on a cryostat, or recruit a speaker you are proving your desire to serve and your passion for making the society better. You are a future leader of the ASMH.




  
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## ASMH BOARD OF DIRECTORS

### 2005 Officers and Board Members

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## ASMH EXECUTIVE OFFICE

American Society for Mohs  
Histotechnology  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202

Phone: (414) 347-1103

Fax: (414) 276-3349

E-Mail: [dfeldner@execinc.com](mailto:dfeldner@execinc.com)

Website:

[www.mohscollege.org/ASMH.htm](http://www.mohscollege.org/ASMH.htm)

Staff: David M. Feldner, CAE



# ASMH

## METASTATIC BASAL CELL CARCINOMA—IT DOES HAPPEN

Stephen Thomas Spates, MD



Basal cell carcinoma is the most common malignancy in humans. In the United States, approximately one million new cases occur each year. Moreover, over the past several years significant increases in the incidence of this tumor have been reported. From our work in the Mohs micrographic surgery unit, we all understand and on a daily basis observe the very common nature of this tumor. Despite its ubiquitous presence, the occurrence of metastases for this tumor is exceedingly low with the most recent studies suggesting that the rate is around 0.03% or perhaps even lower. In fact, only approximately 300 cases have been reported in the literature. This occurrence is so rare that we have become used to telling our patients and have perhaps convinced even ourselves that people do not actually ever die from basal cell carcinoma and that this is not the type of tumor that spreads to other organ systems. It is important to remember, however, that such events *do* sometimes happen and such occurrences *are* possible.

For a basal cell tumor to truly be considered metastatic it must exhibit the following characteristics: The carcinoma must originate in the skin and not the mucous membranes. The direct spread of the tumor to the metastatic site must be excluded. Finally, the histologic structure of the primary tumor and the metastatic lesion must be identical. The average age of onset of metastatic basal cell carcinoma is likely between 45 and 59 years of age; thus a younger age compared to many of our standard patients. Indeed, this is dissimilar to the more advanced age of onset for non-metastatic basal cell carcinomas. Several authors have postulated reasons for this finding. These include that older patients may not survive to manifest metastatic disease or that tumors presenting at an earlier age may inherently represent a more aggressive subset. Numerous authors have described the median interval from onset to the time of metastases to be between nine and eleven years, although the intervals present in the literature range from months to many decades.

The vast majority of metastatic basal cell events occur in male patients. Anywhere from a 2:1 to 12:1 ratio of men to women has been reported. Additionally, the vast majority of metastatic basal cell carcinomas originate on the head and neck. This mimics closely the distribution for non-metastatic tumors of the same type. Tumors of the scalp may have a slightly higher preponderance of metastases while tumors of the nose are perhaps less prone to do so. Typically, the initiating tumor is quite large and in fact 75% of the patients described in one classic study had tumors greater than 20cm<sup>2</sup>. Metastatic events take place via both lymphatic and hematogenous modes of spread. The most common site of metastatic spread to a distant organ is the lung. This is followed by bone and then skin. Many patients exhibit multiple concurrent organs of spread at the time of diagnosis.

Several innate characteristics of the initiating tumors have been identified as risk factors for a metastatic event. Multiple recurrences in the primary site are a ubiquitous feature of these tumors. Moreover, both morpheaform and adenocystic histologic subtypes have proven more aggressive. Metatypicality too might be associated with a higher chance of metastases. Additional histologic features such as sclerosis or spiky outlines might portend an ominous event. The five-year survival rate for patients with metastatic disease is only 10%. Moreover, patients with distant metastases have a median survival of only between ten and fourteen months. Treatment of metastatic disease is mainly palliative. Regimens using radiation, surgery, and chemotherapy have been employed with disappointing results.

Thus, although a patient dying from basal cell carcinoma is a rare event, it is not impossible. As we go through our daily routine in the Mohs surgery unit, it is important

*continued on page 3*

# Welcome!

## NEW ASMH MEMBERS

Welcome to the recently accepted members of the American Society for Mohs Histotechnology:

Brian H. Baird, HT (ASCP), West Palm Beach, FL

Millicent R. Bruce, HT, Baton Rouge, LA

April D. Collingwood Andujar, Honolulu, HI

Kristi L. Donaho, Pasadena, TX

Tracey Ferguson, Johnson City, TN

Marie E. Filippino, Marshfield, WI

Debbie W. Frye, HT, Winston-Salem, NC

Sandra J. Goldfuss, HT, LPN, Kettering, OH

Laura A. Holton, HT, Jacksonville, FL

Julia F. Jacobus, CMA, Omaha, NE

Donna L. Pelling, Omaha, NE

Marlene K. Prince, Rochester, MN

Ana L. Rodriguez, HT, Ann Arbor, MI

Sandra Alt Rose, Scottsdale, AZ

Ronald L. Scott, Jr., HT, Winston-Salem, NC

Fatat Sleiman, HT, Rochester, NY

Kazimiera M. Sperzynska, HT, Boulder, CO

Constance Stevens, Johnson City, TN

Lequanda D. Stewart, HT, Winston-Salem, NC

Barbara Strippoli, HT (ASCP), New York, NY

Wendy L. Tesmer, Rochester, MN

Deborah A. Theis, HT (ASCP), San Antonio, TX

Andrea Tillotson, Pocatello, ID

Karla M. Wells, MA, Marshfield, WI

Lindsay R. Wiggins, HT, Lexington, SC

Lupe Zamarripa, CMA, Aurora, CO

# Welcome!

**METASTATIC BASAL CELL CARCINOMA—IT DOES HAPPEN**, *continued from page 2*

sometimes to remember that it is truly cancer and this treatment we are offering our patients is truly important.

**About the Author:** Stephen Thomas Spates, MD is the director of The Mohs Surgery Center for The Dermatology Group, P.C. in Verona, Riverdale, and Paramus, New Jersey. He received his medical degree from The University of Iowa and completed his dermatology training and surgery fellowship at The University of Colorado. He has published and lectured on the topics of skin cancer and skin cancer surgery and recently published a case report of fatal metastatic basal cell carcinoma in the *Journal of Dermatologic Surgery*. His interests include cutaneous oncology and reconstructive surgery.

## ACMMSCO & ASMH ANNUAL MEETINGS MOVING TO THE SPRING IN 2006

Beginning in 2006, the American College of Mohs Micrographic Surgery and Cutaneous Oncology (ACMMSCO) will no longer host a combined annual meeting with the American Society for Dermatologic Surgery (ASDS). The ACMMSCO will host their meeting in the spring and the ASDS in the fall of 2006.

The American Society for Mohs Histotechnology (ASMH) will continue to host its annual meeting concurrent with with the Mohs College meeting. The 12th Annual ASMH Meeting will take place April 28-29, 2006 at the Westin Kierland Resort & Spa in Scottsdale, AZ.

During this transition year, it is important for you to discuss with your surgeon and/or clinic to plan for your participation at the ASMH meetings. The ASMH 2005 and 2006 Program Committees will work in tandem to ensure that you will receive the maximum educational and networking benefit by attending both meetings.

ASMH 11<sup>th</sup> Annual Meeting  
October 28-29, 2005  
Hyatt Regency  
Atlanta, Georgia

ASMH 12<sup>th</sup> Annual Meeting  
April 28-29, 2006  
Westin Kierland Resort & Spa  
Scottsdale, Arizona

## CALLING ALL MEMBERS!

The ASMH is your membership organization. It wouldn't survive without the volunteer effort of a small sampling of members that have helped develop the organization over the years. Now is the time for you to become involved and help grow the organization.

Opportunities for your volunteer time include the following: Membership Committee, Annual Meeting Program Committee, Networking Committee, Communications Committee, Bylaws Committee, Annual Meeting Speaker and Member of the Board of Directors.

Please contact David Feldner at (414) 347-1103 or [dfeldner@execinc.com](mailto:dfeldner@execinc.com) to learn more about becoming a volunteer to the ASMH.

## DuPage Medical Group

WE CARE FOR YOU

### Histotechnologist Part-Time

DuPage Medical Group, located in the western suburbs of Chicago, is the largest physician owned practice group in DuPage County. This is a new position and a unique opportunity in our growing Dermatology Department at our Naperville office to work 20 hours/week, Monday-Friday.

Certification as a Histotechnologist OR Histologic Technician by the American Society of Clinical Pathologists, 2 years experience in a clinical or research laboratory and MOHS Surgery experience is required. Experience/education which demonstrates comparable skills may be substituted for certification requirement.

Please send/fax or email your resume to: DuPage Medical Group, 799 Roosevelt Rd., Bldg. 4, Ste. 305, Glen Ellyn, IL 60137. Fax: 630-545-3605. Email: jobs@dupage.com EOE.

[www.dupagemedicalgroup.com](http://www.dupagemedicalgroup.com)

## ASMH 2005 MEMBERSHIP DUES

ASMH members receive valuable benefits throughout the year with their memberships. Some of the benefits available only to members include:

1. A subscription to the quarterly *ASMH Newsletter*
2. Eligible for reduced registration fees to the ASM<sup>H</sup> Annual Meeting (\$175 versus \$475 for non-members), which will be held October 28-29, 2005 in Atlanta, GA
3. Participation in the 2005 Histotech Salary Survey
4. ACMMSCO Histotech Quality Assurance Training Initiative
5. ASM<sup>H</sup> Officer and Director Elections
6. Speaking, Moderating and Workshop opportunities at the Annual Meeting

If you have any questions on your membership status, please contact the ASM<sup>H</sup> office at (414) 347-1103.

## ELUSIVE EPIDERMIS

Kimberly Brock, HT (ASCP)

How do you know if you have epidermis? This may seem like a silly question, but it is vital to the surgeon. How many times have you heard, "I need a recut. You're missing a piece of epidermis by the blue edge."? With any luck not too many, but even the most experienced tech can have a day where the epidermis is elusive. The epidermis is the most superficial layer of tissue and having clear surgical margins requires a complete epidermal edge as well as clear deep margins. Hopefully, this article will provide a few tips for recognizing the epidermis.

We'll start with a brief reminder of skin anatomy. The layers of tissue from the deep tissues progressing more superficially are as follows: fat, dermis (where the blood vessels, nerves, sweat and oil glands reside), and epidermis which consists of the basal and squamous layers where epidermal cells (and skin cancers) begin and gradually rise toward the surface to form keratin. The outermost layer of cells in the epidermis is called the stratum corneum. The reason this is important is because the stratum corneum tells the Mohs histotech that the epidermis is complete. The stratum corneum can be easily seen under the microscope and with practice can be seen with the naked eye. The cells in the stratum corneum reflect light differently than the underlying tissue. Under the microscope, the unstained stratum corneum appears as a thin clear layer over the foamy epidermal, dermal and fat tissues; almost like frosting on a cake. With the naked eye, the stratum corneum can be seen holding the slide up to a bright light. Move the slide around until you can see a very thin shiny layer light up. Obviously, small breaks in the stratum corneum can be missed with the naked eye and a microscope is preferred, but very consistent results can be obtained without the scope. Also, the stratum corneum tends to separate more easily from the embedding medium than does underlying tissue. If your embedding medium completely supports the entire tissue, you will notice as you cut, that the medium will tend to pull away from the tissue on the thin sections you select for mounting on a slide. It probably has something to do with the smooth and maybe slightly oily quality that our skin has to protect us from the elements. Hopefully this article will help reduce the number of recuts you have to do to get that little piece of missing epidermis.



# ASMH

11th Annual Meeting  
October 28-29, 2005  
Atlanta, Georgia

Save the Date

## CAREER CORNER

### Guidelines for Complimentary Career Corner Postings

- Total ad length should be less than 30 words
- The ad must be submitted in electronic format to [dfeldner@execinc.com](mailto:dfeldner@execinc.com)
- The ad must include information on where applicants are to send their resume
- Ad should also include the city and state of the available position
- Include any job requirements and brief details about the work environment

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Tucson, Arizona – Established dermatology practice seeking experienced histotechnician to assist Mohs College trained surgeon. 4 day week / excellent pay and benefits. Email resumes to [sdresumes@simplybits.net](mailto:sdresumes@simplybits.net) or fax to (520) 232-5426.

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Tampa, Florida - Solo Mohs surgeon in beautiful, brand new office, spacious laboratory, brand-new equipment, electronic medical records searching for HT. Friendly, team-oriented, great opportunity for growth. Please send resume to [gr8derm@yahoo.com](mailto:gr8derm@yahoo.com) or FAX to (813) 977-3886.

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Atlanta, Georgia - Histologist needed for busy Mohs Surgeon. ASCP registration preferred but not required. Fast paced environment with multiple office locations. Excellent pay and benefits. E-mail resumes to [dfrye@myfamilyderm.com](mailto:dfrye@myfamilyderm.com) or fax to 770-381-6451.

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Merrillville/Portage, Indiana -Histotechnologist wanted for surgical dermatology/Mohs practice. Frozen experience necessary, Mohs experience a plus, but will train. Full OR Part Time with option to also work clinically with patients. Great pay and benefits!!! Please contact Dr. Ruchik Desai at 317-506-3614 or email resume to [ruchikdesai@hotmail.com](mailto:ruchikdesai@hotmail.com).

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Louisville, Kentucky - Dermatology Practice in Louisville, KY searching for a Full Time Histotech. Competitive wages and benefits. Send resume to: [derma@iglou.com](mailto:derma@iglou.com) or mail: Administration, 6400 Dutchmans Pkwy, Ste 345, Louisville, KY 40205.

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Annandale, NJ – Mohs Histotech - Part-time in Annandale, NJ Dermatology office. Tuesdays. Experience preferred, but will train right person. Comp salary and pleasant working environment. Please fax resume to Amy @ 908-735-0004.

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Bensalem, Pennsylvania - Full or part time histo tech to work in Mohs Surgery office in Bensalem, PA. Established 20 years. Fax resume and salary needs to Dr. Wayne Marley @ 215-860-0120.

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Philadelphia, Pennsylvania - Mohs tech needed for fun, laid back, private practice in western suburbs of Philadelphia. FT or PT. Excellent compensation and benefits. Respond to [mainlinemohs@yahoo.com](mailto:mainlinemohs@yahoo.com) or fax (610) 828-3869.

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Tyler, Texas - Histologist for busy surgical dermatology practice, Mohs experience preferable. Full time - Mon-Fri only, no nights or weekends. Full benefit package including 401k. Fast paced environment. Fax resume to Debbie at 903-939-0755.

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Richmond, VA - Mohs Histotech needed to join established private practice with new surgeon starting 9/05. FT position with competitive compensation and benefits. Contact Laura Babik, 804/377-2345 or [laura.babik@comderm.com](mailto:laura.babik@comderm.com) for more information.

## Histotech Quality Assurance Training Initiative

Congratulations to the following histotechs who have been appointed as trainers in the HQA Training Initiative!

**Linda Cesario, DPM, HT**  
Verona, NJ

**M. Maureen Gagnot, HT (ASCP)**  
Phoenix, AZ

**Jackie Marsing**  
Salt Lake City, UT

**Donna Pelling, CAN**  
Omaha, NE

**Ana Santos, CMA**  
Fort Washington, PA

**Kristi L. Donaho**  
Pasadena, TX

**Julia F. Jacobus, CMA**  
Omaha, NE

**Alexander O. Nieves**  
San Juan, PR

**Jennifer R. Polak**  
Williamsburg, VA

**Lynn Whitmore, HT (ASCP)**  
Sewickley, PA

If you would like more information on the HQA Training Initiative, including applying to be an HQA trainer, please call the Mohs College executive office:

Phone: 414-347-1103 Toll-free: 800-500-7224

Email: [info@mohscollege.org](mailto:info@mohscollege.org)

Or, check the ASMH Web site at [www.mohscollege.org/ASMH.htm](http://www.mohscollege.org/ASMH.htm)

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# 2005 Membership Application

Please print or type.

Name: \_\_\_\_\_  
First MI Last

Choose preferred greeting:  Mr.  Ms.  Mrs.  Dr.

Credentials [HT, HTL, MD, RN, etc.]: \_\_\_\_\_

Gender:  Male  Female Birth Date: \_\_\_\_\_

Name of ACMMSCO (Mohs College) Physician Who Supervises Mohs Histotechnology Procedures

(Required for membership): \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Office Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please send Society mail to:  Office Address **OR**  Home Address

### Employment Status - Please check appropriate box.

Full Time  Part Time (Hours/week: \_\_\_\_\_ )  Student (Fellow)  Retired  
 Presently Unemployed  Other (Please identify): \_\_\_\_\_

### Position - Please check appropriate box.

Physician  Nurse  Technician\*  Other (Please identify): \_\_\_\_\_

\*For informational purposes and in order for ASMHI to evaluate its resources, please consider answering the following question:

As a technician, do you have a certification or degree? If so, please indicate below.

HT  HTL  Other (Please identify): \_\_\_\_\_

Is there any other information you would like the Society to know about your background? If necessary, attach a separate sheet to this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application form, with a **non-refundable application fee of \$25.00** to:

**American Society for Mohs Histotechnology  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202**

**Please note:** If accepted for membership, annual dues are assessed. The dues are \$125 per calendar year. Thank you. We look forward to having you as a member!



## AMERICAN SOCIETY FOR MOHS HISTOTECHNOLOGY

555 East Wells Street  
Suite 1100  
Milwaukee, WI 53202-3823

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