

PRESIDENT'S MESSAGE: SCOTT A. GUNTHER, MSA

Dear Colleagues:

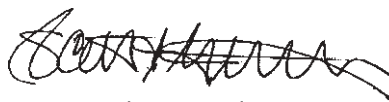
I would like to send my sincere appreciation to Dr. Carl Washington, Linda Martin and Sandy Harrison for their dedication and service to the ASMH by their involvement on the Board of Directors. These individuals became more than just volunteers on a non-profit Board. They brought leadership, insight and dedication to their positions to help this organization move forward in the right direction. Newly elected members on the Board are John Boyer, MD, Bonnie Jean Emmons and Linda Cesario. I am encouraged by the motivation of these individuals and look forward to working with them in the coming year.

You will notice that the *ASMH Newsletter* has a new editor, Kim Brock. I want to thank Mike Hetzer, ASMH Past President and former Editor for his end-

less contributions to this organization over the years and I look forward to Kim's contributions.

The ASMH is reaching out to you, our membership to get involved with the organization. Whether it's speaking at the next meeting, volunteering for a committee or nominating yourself for a Board position, we want you to get involved with the ASMH. For information on how you can become involved, please contact David Feldner, Executive Director at dfeldner@execinc.com or (414) 347-1103.

All the best,



Scott Gunther, President

LETTER FROM THE EDITOR

Kimberly Brock, HT

Greetings Fellow Mohs Techs!

I would like to take this opportunity to introduce myself as your new newsletter editor. Mike Hetzer, Past President and Past Newsletter Editor for the ASMH, reluctantly had to relinquish his position as Editor and I volunteered to fill his shoes. My name is Kim Brock and I currently serve as the Treasurer of the ASMH. I reside in Lowell, Michigan, a small rural town just east of Grand Rapids with my husband, son, daughter and 3 dogs. I have been a histotechnician for over 20 years and have worked for the same Mohs surgeon for 19 years. I have a

love of the written word and feel that the newsletter is an incredibly valuable forum for disseminating information to all ASMH members. I certainly hope you all enjoy the new content and welcome any suggestions you may have for what you would like to see in future issues. There will always be a place for original articles written by both technicians and physicians. So, if you or someone you know wishes to contribute, please contact me (alexsam@aol.com) or David Feldner, ASMH Executive Director (dfeldner@execinc.com).

ASMH
 NEWSLETTER
 FOR MOHS HISTOTECHNOLOGY
 AMERICAN SOCIETY FOR MOHS HISTOTECHNOLOGY
 HT
 TECHS



ASMH

11th **Annual** Meeting

October 28-29, 2005 • Atlanta, Georgia



S a v e t h e D a t e

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American Society for Mohs
Histotechnology

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ASMH

AGGRESSIVE BASAL CELL CARCINOMA

Désirée Ratner, MD

Basal cell carcinoma (BCC) is the most common form of skin cancer, with over 1 million cases projected to occur in the United States in 2004. The vast majority of these tumors occur as a result of excessive exposure to ultraviolet radiation, although ionizing radiation, exposure to arsenic, certain genetic disorders, and chronic inflammatory or scarring conditions may also predispose to BCC development. These tumors are slowly growing and locally infiltrative, and are not generally life-threatening. However, longstanding, neglected or recurrent lesions may exhibit extensive subclinical invasion, resulting in local destruction, perineural or perivascular spread or, rarely, metastasis.



Aggressive growth BCC is a term incorporating the concept that histologic pattern reflects biologic behavior. While the majority of BCCs are low risk superficial or nodular lesions, 10-15% of all BCCs exhibit a poorly circumscribed, infiltrative pattern of growth. Aggressive growth pattern BCCs include the morpheaform, micronodular, infiltrative, desmoplastic, and basosquamous types. These tumors may exhibit extensive subclinical invasion into the deep dermis and subcutaneous tissue. Local invasion to, and shelving or skating along, muscle and fascial planes, cartilage, or bone may occur, especially when the tumor is located in anatomic locations containing little adipose tissue, such as the lip, nose, ear, temple, eyelid, tarsal plate, or medial canthus. Perineural and perivascular invasion are also commonly seen in aggressive growth pattern BCC.

Mohs micrographic surgery has cure rates of up to 99% for primary BCCs and up to 95% for recurrent BCCs. Its use is indicated for aggressive growth pattern BCC due to its ability to trace out the peripheral and deep extensions of these tumors, resulting in the highest possible cure rates. The Mohs technique facilitates maximal conservation of normal tissue while minimizing the risk of tumor recurrence, and should be considered the treatment of choice for aggressive growth pattern BCC.

About the Author — Désirée Ratner, MD is the George Henry Fox Associate Clinical Professor of Dermatology and Director of Dermatologic Surgery at Columbia University Medical Center. She earned her medical doctorate at Johns Hopkins University School of Medicine, and did her residency training in dermatology at the University of Michigan in Ann Arbor. She completed two years of fellowship training in Mohs Micrographic Surgery and Dermatologic Surgery with Dr. Donald Grande at the Lahey Clinic in Burlington, MA and the New England Medical Center in Boston. She has authored over 50 articles and book chapters, and is a Contributing Editor for the Dermatologic Surgery Journal. Her interests include cutaneous oncology and facial reconstructive surgery.

Advertise in the ASMH Newsletter!

The ASMH Newsletter is printed quarterly for distribution to Mohs histotechnicians and surgeons.

Each issue is also posted online as a PDF file at <http://www.mohscollege.org/ASMH.htm>

Go to this page or contact **David Feldner at (414) 347-1103** for the advertising schedule and rates.

NEW ASMH MEMBERS

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

Joanne J. Allen, RN, Fort Worth, TX

Krista Anne Allen, MA, Thousand Oaks, CA

Christine M. Baker, Minneapolis, MN

Kristin L. Cox, CNA, Provo, UT

Mohamed Khalifa Dafa Alla Elhag, HT, Riyadh, Saudi Arabi

Deborah J. Fredericks, Old Bridge, NJ

Edward James Garrity, HT, Honolulu, HI

Rebecca J. Gilmartin, Simi Valley, CA

Sarah B. Grossbier, HT, Marshfield, WI

Julie A. Hawkins, CMA, Clackamas, OR

Stephanie L. Hayes, HT (ASCP) QIHC, Freeport

Heidi F. Holder, MA, Acworth, GA

Barbara S. Johnson, Boise, ID

Emily Klioze, Bethesda, MD

Mandy P. Knepper, MA, Little Rock, AR

Patricia A. Konish, Boston, MA

Charleen D. Leutung, Columbia, MO

Carolyn Luty, RT, AIMLS, Montreal, Quebec, Canada

Leslie G. McGee, Overland Park, KS

Karla Mendoza, HT, Houston, TX

Shelley M. Mills, CMA, Honolulu, HI

Kathleen S. Moore, HT, Tucson, AZ

Kelly Okimoto, RN, Los Angeles CA

Elizabeth Prindiville, San Diego, CA

Kim M. Rodkey, CRMA, Harrisburg, PA

Mary T. Seal, HT, Middletown, DE

Renee M. Sonsalla, CMA, Eau Claire, WI

Brandon J. Stokes, HT, (ASCP), Portland, OR

Kristine L. Strauss, HT, (ASCP), Lago Vista, TX

Emmaivett Vasquez, MA, Philadelphia, PA

Steven J. Wilson, HT, (ASCP), Stony Brook, NY

Maureen XGagnot, HT, (ASCP), Phoenix, AZ

Therese Yarmush, Monsey, NY

Deborah A. Yearick, RMA, Beachwood, OH

Welcome!

GROSSING PEARLS

Barbara Strippoli and Marie Tudisco

Objective: To clarify and define common grossing terms. This helps maintain tissue orientation in the unlikely event the specimen decides to defy gravity, jump off the paper towel, spin around and do a back flip. Mohs Techs tend to have a photographic memory but when a sample is geometrically perfect, it becomes more difficult to recall orientation. If orientation is lost and margins are negative, then there is no problem. If one of the margins is positive, then the entire site will have to be re-excised for assurance. We will discuss manipulating techniques that aid in flattening tissue for cutting.

Scores –

Scores are deep slits made by the surgeon on the excised lesion with a scalpel in clock like fashion that correspond to superficial slits on the patient. A small specimen may have only 2 scores placed vertically or horizontally. It is good practice for the physician to always mark a reference dot on the specimen at 12 o'clock with gentian violet dye using a wooden stylus to secure anatomical orientation in the event of dislodging during transit. When four or more scores are placed on a larger sample, a double hash score at 12 o'clock will suffice.

When dissecting tissue, be sure to align your scalpel with scores with the aid of a magnifier glass or loops. Cut completely through the scores. The dissecting lines on the map should match. If you are dissecting through the double hash score, choose a hash to the right or left. Be consistent with this choice at every grossing session. The map should reflect this choice also. Both tech and surgeon should develop a pattern of consistency. Multiple scores on extra large specimens can be marked with different color dyes placed directly in the score.

Relaxing –

While tracing the periphery along the top side of the tissue with a scalpel, gently angle the scalpel slightly below the epidermal edge. Carve a superficial, non interrupted slit along the curve of specimen, creating a lip. Take care not to cut through to the undersurface or epidermis.

This allows the epidermal edge to relax and fold or bend down flat like a door-hinge. If the specimen is thick and fatty, the center bulk protrusion that pops up can be "filleted" off the top with a scalpel or undermining scissor. You can discard this or save it for processing vertical sections for tumor identification.

For elliptical-shaped tissue that is dissected in half, 3 or more relaxing nicks placed on the top surface along the cut portion will help the tissue fan out. Never make nicks on the skin edge. They will interfere with score orientation. It is the authors' findings that this also creates valleys and gullies causing rolling and folding.

Teasing –

During freezing, tissue can retract and fold downward or shrink inward and when cut, the epidermal edge will not be visible. When following the inverted "direct" method of embedding tissue directly onto the OCT you can tease or pull up the epidermal edge with the forceps and then press a flat cutting plane on the chuck with the heat extractor. If you are using the slide embedding technique, the epidermis can be gently unfolded and teased out on the slide before inverting it onto the OCT.

About the Authors – Barbara and Marie are ASCP board-certified histotechnicians employed by Memorial Sloan Kettering Dermatology Department in NYC. Both have more than 25 years plus in Histology and Mohs Frozen Section Technique. Barbara and Marie have taught, consulted, published and presented articles on the Mohs technique. Barbara has her own consulting business.

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 (nomination form included on page 6).

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

Congratulations to **Elizabeth Fuentes!**

Her name was selected from a drawing of all of the 2004 meeting attendees that completed and submitted a meeting evaluation form in San Diego. Elizabeth will receive a certificate for complimentary meeting registration at the 11th Annual ASMH Meeting in Atlanta, Georgia.

MEMBER PROFILE — Ulysses (Uly) Labilles

1. Why did you choose histotechnology as a career path?

In 1993 when I moved from New York to Southern California with my grandmother, I saw an ad in the newspaper saying: "If you are motivated and want a challenging career – come and see us." Although it sounded like a military recruitment ad, I decided to investigate further. I interviewed with a young Mohs surgeon, Dr. John West, and suddenly I found myself training under the supervision of Dr. Richard Bennett. I always thought histotechnology would someday get me involved in cancer research. My learning experiences under the tutelage of Dr. Christine Brown about the role of Mohs Surgery in Melanoma and the importance of Frozen Section Immunohistochemistry in evaluating the surgical margins en face and my plans to seek post-graduate studies in oral pathology – may someday lead me to research or at least introduce the philosophy of Mohs Micrographic Surgery in treating Oral Malignant Melanoma.



2. Outside of histotechnology and Mohs surgery, what activities consume your time?

I play tennis and was the captain of a tennis team here in Dallas. My team even made it the U. S. Tennis Association's Texas Sectionals in 2002. Lately, I am spending most of my time with my new baby-Abigail and am starting to be involved in one of Dallas's political organizations. I can't reveal what my political inclination is, but I could give you a hint. "A real man loves _____". Wait, I do not have to give a hint – I AM A TEXAN!

3. What do you think are some pressing issues in histotechnology that the industry will face in the next year?

The main issue in histotechnology, especially for the testing personnel of Mohs Micrographic Surgery, is to keep ourselves updated with the latest available protocols that will help us maintain the quality and accuracy of our testing. We need to continue searching and developing faster and more accurate protocols especially for Melanoma. Speed is necessary in order to avoid complications that could happen with our patients while waiting for our test results, but we should not compromise the integrity of our testing. The key is to keep ourselves updated and always attend the Annual Meeting of the American Society for Mohs Histotechnology.

4. Other interesting facts about your personal life.

There is nothing more interesting than taking care of a 5-month old baby... you build your life around them and plan for the future. I believe that leadership starts in the family. From here on who knows; but for now my center of balance is my family and our baby Abigail.

BOB PATNAUDE RESEARCH GRANT AWARD



Scott Gunther, ASMH President presents the Bob Patnaude Research Grant Award to Xiaoping Bai (left) and the 2004 Abstract Award to Gloria Munoz (right) during the 10th Annual ASMH Meeting in San Diego.

2004 ABSTRACT AWARD



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
- 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

Bradenton, Florida - Mohs Histotechnologist Wanted for new surgical dermatology practice serving Sarasota/Bradenton, Florida. Full or part-time. Competitive pay and benefits, opportunities for growth. Please contact Elizabeth Callahan, MD at (941) 388-0698 or buenovt@yahoo.com

Miami, Florida - Private Mohs surgery practice in Miami looking for a histotechnician. Mohs experience is preferable, but we will provide certified training. Flexible full or part-time position available. Please email lysherman@aol.com or fax resume to (305) 274-7275.

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 or fax to (770) 381-6451.

Crystal Lake, Illinois - Established dermatology office, Crystal Lake, IL, seeks motivated HT. Frozen experience necessary, MOHS experience a plus, but will train. 4 days a week, approx. 36 hrs. FAX resume to (815) 455-4591.

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

Nashville, Tennessee - Mohs Histotech. Full or part-time. Fax resume to Dr. Carla Retief at (615) 292-8424.

Histotech Quality Assurance Training Initiative

The Mohs College is currently recruiting trainers for the new Histotech Quality Assurance Training Initiative. If you would like to share your expertise with other Mohs histotechs, submit your application today!

Features of the HQA Initiative include:

- Training sessions at the Combined Annual Meeting
- Personalized training sessions at the trainer's and/or trainee's office
- Recognition for being a "Mohs College approved trainer"
- ASMH Annual Meeting registration fee waiver for trainers

Applications and information can be obtained from:
Mohs College executive office

Phone: 414-347-1103

Toll-free: 800-500-7224

Email: info@mohscollege.org

Or, check the ASMH Web site at www.mohscollege.org/ASMH



Board of Directors Nomination Form

ASMH is holding a major election in 2005. All Officers (President, Vice President, Secretary and Treasurer) and one member of the Board of Directors will be elected by the membership for the next term. Officers serve two year terms; Directors serve three year terms.

Nominations for these positions will be accepted until May 2, 2005, and should be sent, faxed, or e-mailed to the ASMH office. Official ballots will be mailed in June.

Please complete the following and return to ASMH by May 2, 2005

I would like to nominate the following individual for the position of:

- President
 Vice President
 Secretary
 Treasurer
 Board Member

Nominee: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Signature of Nominee: _____

I would like to see this person elected (or I would like to be elected) to the board because (please type - 250 words maximum):

Return this form to

ASMH Board Nominations
555 East Wells Street, Suite 1100, Milwaukee, WI 53202

Phone: (414) 347-1103
Fax: (414) 276-3349
E-mail: dfeldner@execinc.com



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

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