



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

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UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

ACCESS TO MOHS MICROGRAPHY SURGERY

1. This Information Letter is regarding the provision of offering Mohs micrographic surgery, where indicated for the treatment of cutaneous malignancies, as an outside contract service when not offered at a patient's local or primary Veterans Health Administration (VHA) medical facility.
2. Mohs Surgery, created by Dr. Fredrick E. Mohs, is microscopically controlled surgery that is highly effective for common types of skin cancer, such as basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), although its use has been described for many more rare neoplasms of the skin as well (i.e., atypical fibroxanthoma, dermatofibrosarcoma protuberans, malignant melanoma in situ, merkel cell carcinoma). Because the Mohs procedure is micrographically controlled, it provides precise removal of the malignant tissue, while healthy tissue is spared. For this reason, Mohs surgery results in a significantly smaller surgical defect and an improved cosmetic result compared to other surgical methods of skin cancer treatment. Skin cancers represent the most commonly diagnosed malignancy, surpassing lung, breast, colorectal and prostate cancer.
3. **BCC.** There are over 1 million new cases of BCC diagnosed every year with 80 percent of these located in the head and neck region. The incidence of BCC increases with advancing age and is more common in men. BCC generally is a slow growing tumor which invades locally, causing significant morbidity through local tissue destruction.
4. **SCC.** Squamous cell cancer represents the second most common skin malignancy with 250,000 new cases diagnosed each year. With a greater potential for invasion and metastasis (2 to 3 percent), 2,000 patients die from this tumor every year. Incidence increases with age. High-risk populations include immunocompromised patients (i.e., patients on immunosuppressive medications, lymphoma patients, and organ transplant recipients) in whom SCC tends to be more aggressive and occur at a younger age.

5. Methods of Skin Cancer Treatment

a. There are several methods used to treat the most common skin malignancies. These techniques include application of topical therapies, locally-injected therapies, electrodesiccation and curettage, local excision, cryotherapy, radiation therapy, laser obliteration, and Mohs Surgery. Methods other than local excision and Mohs Surgery lack the ability to define completely and confirm tumor boundaries.

b. Certain types of locally invasive malignant cutaneous tumors and tumors arising in specific anatomic locations have a relatively higher statistical frequency of local recurrence. This is caused by an asymmetric tumor conformation. Unpredictable, lengthy, finger-like extensions can grow deeply or laterally from the clinically apparent lesion and tumors may track along nerve, bone, or cartilage. Because malignant extensions often cannot be visualized clinically or palpated (because of the microscopic spread), various approaches have been created, including adequate margins based on tumor size, histologic type, and clinical history. Only in Mohs Surgery does histologic examination of the three-dimensional border of the excised tissue precisely identify the location of residual tumor and allow for its subsequent removal.

c. The Mohs procedure is recommended for skin cancer removal in anatomic areas where maximum preservation of healthy tissue is desired for cosmetic and functional purposes (e.g., face, eyelids, nose, ear, fingers, genital area), for cancers with indistinct margins, and for recurrent cancers in scar tissue. It is especially indicated for recurrent lesions, or for lesions in anatomic areas that have the greatest likelihood of recurrence (e.g. lateral nose). For these reasons, Mohs Surgery has become a standard of care for these higher-risk BCCs and SCCs.

d. Very common indications for Mohs surgery include:

- (1) Central “H” area of the face;
- (2) Ill-defined margins on cosmetically or functionally important areas;
- (3) Lesions on head larger than 2 centimeters (cm);
- (4) Recurrent lesions on the head, especially with aggressive histology; and
- (5) Site of previous radiation.

e. Relative common indications for Mohs surgery include:

- (1) Aggressive histologic subtypes (e.g., infiltrative or morpheaform BCC, poorly differentiated SCC, or deeply invasive tumors);
- (2) Perineural invasion;
- (3) Immunosuppression;

- (4) Chronic ulcer or burn site;
- (5) Age, less than (<) 30 years; and
- (6) Rapidly growing SCC.

6. Outcome Data

a. BCC: Mohs Surgery offers 5-year cure rates of greater than 99 percent in the excision of primary BCC and cure rates of 96 percent for recurrent BCC. In comparison,

(1) Standard (non-Mohs) surgical excision offers 5-year cure rate of 89.9 percent and 82.6 percent, respectively.

(2) Electrodesiccation and curettage cure rates are 92.3 percent and 60 percent, respectively.

(3) Radiotherapy cure rates are 91.3 percent and 90.2 percent, respectively.

b. SCC: Mohs surgery 5-year cure rates for tumors less than 2 cm > are 99 percent; 2-3 cm 82 percent, more than (>) 3 cm 59 percent (further dependent on tumor grade).

7. The Department of Veterans Affairs (VA) patient population is comprised of many fair-skinned, older individuals at the highest risk of developing skin cancer after a life-time of sunlight and Ultra Violet exposure both throughout childhood and adulthood, including many with significant exposure while serving in active military duty.

8. Mohs surgery, relatively expensive when compared to other surgical modalities alone, has been shown to be less expensive compared with other modalities for aggressive tumors or tumors in high-risk locations due to the inherent high-risk of recurrence in these tumors and potential future associated costs. For this reason, it is generally used for recurrent tumors, indistinct tumors, or tumors in areas such as the face, where sparing normal tissue around the skin cancer is paramount.

9. In Veterans with a skin cancer diagnosis deemed high risk as outlined in paragraph 8, Mohs Micrographic Surgery is considered preferable to other modalities of treatment in many cancers. Veterans receiving their care from the VHA medical system deserve the same standard of care found in the private health care sector for treatment of high-risk skin cancers. In VHA medical facilities not providing this standard of care service, Mohs Surgery needs to be offered in a timely fashion through a locally-convenient outside contract service where clinically necessary.

10. References. Bowen G, White G, Gerwels. "Mohs Micrographic Surgery." American Family Physician. 72 (5): 845-8. 2005.

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11. **Inquiries.** Questions need to be addressed to National Director of Medicine (111) at 202-461-7120.

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