ASMH NEWSLETTER

Volume 14 Issue No.4 Winter 2009

BOARD OF DIRECTORS NOMINATION DEADLINE EXTENDED

ASMH will be holding an election in 2010 for President, Vice President and two Directors Positions. The deadline for submitting nominations has been extended to January 8, 2010. We need your nominations!

The President serves a term of two years and must have completed at least one full term on the ASMH Board of Directors. The President attends one in-person meeting each year at the Annual Meeting and participates on a few conference calls each year. The responsibilities of the President include: overseeing committees, general oversight of the association and working with the Executive Director on projects.

The Vice President serves a term of two years and also must have completed at least one full term on the ASMH Board of Directors. The Vice President attends one in-person meeting each year at the Annual Meeting and participates on a few conference calls each year. Responsibilities include: activities as directed by the President and taking over when the President is unable to perform their duties.

Directors serve a three year term on the Board of Directors. The Directors attend one in-person meeting each year at the Annual Meeting and participates on a few conference calls each year.

If you, or anyone you know, might be interested in serving in one of these positions, please submit your nomination form today!

PRESIDENT'S MESSAGE: BARBARA BECK, HT (ASCP)

Dear Colleagues:

As 2009 comes to an end, we are looking forward to all of the exciting activities ASMH has coming up.

The 16th Annual Meeting for ASMH will be held Friday, April 30th – Saturday, May 1st in New York, New York. The Annual Meeting Planning Committee has been working hard to develop a comprehensive scientific program. Our Preliminary Program with registration materials will be sent out after the first of the year.

Don't forget that ASMH will again be offering an abstract award contest for the best abstract submitted for the 2010 ASMH Annual Meeting. The submitter of the top abstract will receive $1,000 and will give a 15 minute presentation at the Annual Meeting. Abstract guidelines and a submission form are available on the ASMH Web site. The guidelines now include a sample of a previous year's abstract winner. Abstracts must be received at the ASMH office no later than February 1, 2010.

ASMH will be holding an election in 2010 for the President, Vice President and two Directors to the Board of Directors. The President and Vice President serve two-year terms. Directors serve three-year terms. The Nominating Committee has extended the deadline to submit nominations to January 8, 2010. Please send your nominations in today. Ballots will be mailed out to all members in February. Your dues must be current in order to vote in the 2010 election.

It is also time to renew your dues. All members should have received their dues invoice in October. A second notice will be sent in February to all who have not yet renewed their dues.

If you have any questions, concerns or suggestions, please contact me or the ASMH Executive Office at any time. I hope you have a wonderful holiday season!

Barbara S. Beck

Barbara Beck, HT (ASCP), ASMH President

ASMH BOARD OF DIRECTORS

2009 – 2010
Officers and Board Members

President
Barbara Beck, HT (ASCP)

Vice President
Cindy Rice, HT (ASCP)

Secretary
Linda Cesario, HT (ASCP)

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David P. Clark, MD
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ASMH EXECUTIVE OFFICE

American Society for Mohs Histotechnology

Executive Director:
Krista Dudones

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Milwaukee, WI 53202

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http://mohscollege.org/ASMH.htm

ASMH

LETTER FROM THE EDITOR:

-Kim Brock, HT (ASCP)

Greetings-

You'll receive this newsletter in December, but right now, it's barely November. We are full on into the busy fall surgery season here in Michigan. All of our snow birds are getting ready to fly south and are clamoring at our schedule trying to get their cancers treated before they leave. I am so grateful to be able to refer some of them to "y'all" in the warmer climates, knowing that they will get quality treatment from fellowship trained surgeons and ASMH technicians! We are just as happy to continue their care when they return home in the spring. It is wonderful to have a reciprocal arrangement that works so well for the patients and for our schedules. I wanted to thank those of you who responded to our call for articles for the newsletter. If your name is on my list and you are wondering why I haven't contacted you, it's because I haven't needed to yet, but I will. Soon! Thanks again, and I hope your holidays are filled with wonder and joy!

KBrock

Kim Brock

CAREER CORNER

Guidelines for Complimentary Career Corner Postings

- Total ad length should be less than 50 words
- Contact the ASMH Executive Office at (414) 347-1103 to submit your ad
- The surgeon posting the position MUST be a member in good standing in the ACMS
- 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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Philadelphia, PA – Histotechnologist needed for two established Mohs surgeons in the Philadelphia area. Two office locations: Center City Philadelphia and suburban Drexel Hill, Pennsylvania – travel between offices may be required. Must have experience with Mohs tissue embedding, cutting and staining. Salary commensurate with experience and ability. Please email resume to lisa@benedettoderm.com or fax to 215-546-6060.

Eau Claire, WI - Mohs Histotech needed for a new Mohs surgery practice with an established Mayo Health System facility. The position is full-time, split equally between Mohs and a traditional hospital lab. ASCP registry/eligibility required. Mohs experience preferred. Apply online at www.luthermidelfort.org or email lmcareers@mayo.edu with questions.

ASMH Program Committee
Linda Cesario, HT (ASCP), Co-Chair
Marilyn McCulloch, Co-Chair
Marie Tudisco, PhD HT (ASCP)
Barbara A. Strippoli, HT (ASCP)
Carlette M. Geddis, HTL
Elisa Scarpino, HT (ASCP)

Nominating Committee
Beth A. Uri, HT (ASCP)
Jacqueline Dowdle Marsing, HT (ASCP
Andrew Montemarano, DO

HISTOTECHNOLOGY PRIORITIES FOR MOHS

Histotechnology is the backbone of Mohs Micrographic surgery. If done well, it can greatly enhance the ability of the Mohs surgeon to accurately diagnose and conserve tissue. If done poorly, the chance of optimal outcome for the patient goes down precipitously. In order to accomplish the best results, we have developed the following procedures.

First and foremost, in a lab that processes multiple specimens at one time with several histotechs, is that the map and the specimen match up perfectly. This obviously should be checked and double checked by whomever is bringing the tissue to the lab and whoever is delivering the slides to the surgeon's microscope.

Another rule that we keep as part of our standard operating procedure is that the surgeon always hands over the tissue to a qualified histotechnologist. The Mohs surgeon either brings the tissue to the lab, or (using an expeditor system) hits a button signaling the tech to come to a certain room to pick up the tissue. Who does the picking up or delivering depends on how busy the lab is or how busy the surgeon is. Thus, the chance of mis-orientation and mislabeling is diminished.

Almost 15 years ago, Barbara Beck, HT, ASCP (my original histotech, current ASMH President), and Carol Stewart, HT, ASCP (my current head histotech) developed a method of stereo-orientation. This first occurred by accident. Several slides came in oriented so that what I saw on the microscope corresponded exactly to the orientation on the map. I can remember, during my fellowship, reading many difficult cases and turning the map in different directions so that what you saw under the microscope was oriented to what you saw on the map. Stereo-orienting the slide not only assures that the slide goes with the map, but it also removes one further impediment from reading the slides in a very fluid and natural manner. In my opinion, this process and concept is the most important thing a histotech can do for their Mohs surgeon. This gives the surgeon an oriented view and makes mapping and tracking of tumors more accurate and lessens the chance of error. Carol Stewart, HT, has lectured on this in the past at the Academy. Anyone who is not doing this technique at present can contact Carol or Barbara for our methodology.

My biggest pet peeve is sticky slides as this can obscure one's vision and cause the microscope stage to become gummy. Also, this does not allow one to easily raster (scanning pattern of parallel lines) the slide for complete viewing of the histological specimen. This point is common knowledge, but important enough to be restated.

One other problem we have run into is when we are removing a large and deep cancerous specimen with debulking. When one scores the tissue from the surface to the depth, one can often introduce a floater by forcing tissue at the surface down to the base. This can show up as a false positive. We personally use sharp debulking instead of curettage to avoid emulsifying tumors, which also can then seep down cracks and crevices, end up at the base and also show up as a false positive. Another subtle way to transfer tumor and cause a false positive is with the dye sticks. We use glass rods and clean them before they are put back in the dye.

When multiple cases are going on, maintaining the order of specimens and the case load is also very important. It makes sense to prioritize specimens from smaller cases to larger cases so that the surgeon can clear the smaller cases and move them on to closure. In larger cases, instead of our typical six cuts per block, we do three cuts per block. These cuts are at the same depth as cuts 4-6 of our smaller cases. This saves the surgeon time when reading very large cases.

If and when we suspect perineural invasion, we save the entire debulking layer and sometimes the first or second stage of Mohs to check for perineural invasion. We submit these for normal histological stains and special stains for perineural invasion (immunoperoxidase staining for nerve). Finding perineural invasion is, literally, like finding a needle in a haystack. When perineural invasion is found, this often triggers the use of adjunctive therapy with radiation and enhances the cure rate. There is no greater disaster in Mohs surgery than a patient presenting with pain and nerve deficit due to perineural invasion in the distant post-op period. I feel working with your local dermatopathologist is very important in this matter.

The quality of slides in Mohs has increased dramatically in the last 25 years and I would give a large part of this credit to your organization which continually showcases new techniques and new equipment. The slide review committee has also been important. I cannot tell you how many times a dermatopathologist has looked at our slides and marveled at the quality and how close they compare to permanent section slides. I give Barbara, Carol, and my entire staff of histotechs the credit.

If you are having problems with your slides, you should spend time with an expert (someone who has worked out these details) in their lab or call in a consultant. This is a small price to pay for excellence, which in turn leads to higher cure rates.

My last thoughts are on redundancy. The public expects that if a Mohs surgeon starts a case that they finish the case. Having just one cryostat machine in a Mohs office is probably not a wise decision. When we started out, we only had one machine, but we did have backup agreements with the hospital to be able to use their machine if anything failed. We now have three cryostats. If one machine goes down, we can function. If two machines go down, we can still function but we have to prioritize. Likewise, having one histotech can be risky. We now have four trained histotechs. Once we start a case we can finish it (at least the histology). Redundancy can also be built up by cross-training other members of the staff to cover slip slides or cut blocks after the tissue has been embedded and faced off. This makes the lab run smoother and more efficiently, especially when a machine or person cannot function that day.

Lastly, my mother always used to say, "The biggest room in the world is the room for improvement." Striving for continual improvement is the mark of any professional.

Armand B. Cognetta, Jr., M.D.
Dermatology Riggins Road
Tallahassee, FL

TIPS FROM THE FIELD

Reginald Manney and Toni Tedric

Over time, we have learned what makes our lab run smoothly and what helps us produce quality slides for the physician. This helps our office provide quality care for our patients.

1. It is important to use quality slides. We use positive charged slides. This allows the tissue and cartilage to better adhere to the slides. We feel that they are worth the higher cost.
2. Another way to obtain quality slides is making sure OCT compound is wiped off between tissue sections. When OCT overlaps tissue, it gives the tissue a dark, skeletal appearance which makes them very difficult to read. It is also important to make sure there is no OCT on the slide before putting tissue sections on slide. This will cause the tissue sections to fall off during the staining process.
3. It is especially helpful to put tissue sections through a heating process before going through the stainer. Cartilage needs to be heated for a longer period of time, typically about 10 minutes. Most types of tissue only need to be heated for 1 to 2 minutes; however fatty tissue may be slightly longer.
4. Before we place grossed tissue on glass to freeze, it is necessary to blot any excess tissue dyes and fluids onto filter paper. This will allow the tissue edge to adhere to the room temperature glass more easily, allowing us to get 100% of epidermis faster. Blotting the tissue also helps reduce possible frozen artifacts.

Reginald Manney began working at Washington University in 1993. After two years he moved t the Department of Dermatology and was promoted to Instrument Tech. Five years later, he trained to be a Mohs tech at the Center for Dermatologic and Cosmetic Surgery. He has trained and worked with more than 11 techs since then, becoming the Lab Supervisor 2 years ago.

Toni Tedric has been an RMA since 1986. In 2007, she joined the staff at the Center for Dermatologic and Cosmetic Surgery at Washington University, training as a Mohs tech.

TROUBLESHOOTING IN THE LAB

Rodney Barber

As many Mohs Histotechs know, each day brings a challenge. You have to adjust to many different variables throughout the day to bring your surgeon optimal results.

My name is Rodney Barber. I work under Dr. Montgomery Gillard with Dermatologic Surgery Associates in Ypsilanti, MI (just outside of Ann Arbor, MI). We are an office specializing in Mohs Surgery in the Ann Arbor area. Our major competition is The University of Michigan and St. Joseph Mercy Hospitals. They both house Mohs Surgery clinics. I have been cutting tissue for Mohs surgeries for over 1 year. I have over 8 years experience in histology and performing autopsies.

I started with Dr. Gillard in September of 2009. Our average caseload per day was 2-3 cases. There was a second doctor performing 1-2 cases per day. As the months went along, things seemed to be going well. In Michigan, we have "snowbirds." Snowbirds are our retired patients who head south for the winter, thus reducing our daily caseload. As the spring of 2009 approached, the other doctor in our practice left, but the "snowbirds" were coming back. In an effort to cut costs, we tried other vendors for products. Though saving money, it cost us in the quality of slides being presented to Dr. Gillard. He described the sections as being "splayed." Splayed describes the cells being spaced out, and not being tight and compact. Under the scope that effect mimics ice artifact.

We tried several different methods to remedy the problem. We left the tissue to freeze for a longer period. Dr. Gillard would score as much fat off the tissue as possible, as well as getting excess water off of the tissue. We had our cryostat checked, and contacted other technicians and consultants to troubleshoot the problems and issues we were having.

Our first problem was that our cryostat freezing temperature was too cold. In talking to consultants and others, the average temperature used was -24 degrees. Our temp was set at -30 degrees. After making that adjustment, we made some product changes. We went back to a previous vendor for our blades. We had changed to save costs, but looking back, we figured out that our problems started when we went to the cheaper blade. As soon as we returned to the old blade, the "splaying" was drastically reduced.

It is very important in this field to utilize other tech's and consultant's experiences. You will always learn and may change and adjust how you prepare and cut tissue. I have gained a great deal of knowledge from my membership with the ASMH and my attendance to the national conference in Austin, TX this past year. The people I've met and the networking I've obtained have strengthened my skills as a Mohs Technician. I know if I have a problem, I have numerous connections to call or email to get suggestions. We are a small fraternity in a fast growing field, and I am proud to be an important part of it.

Save the Date!

ASMH 16th Annual Meeting

ASMH

Marriot Marquis New York, NY • April 30-May 1, 2010

American Society for Mohs Histotechnology
2010 Membership Application

8/10

Please print or type.

Name: _____
First MI Last Credentials (HT, HTL, RN, etc.)

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

Gender: ☐ Male ☐ Female Birth Date: _____

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

(Required for membership): _____

Physician Signature: _____

Office Address:	Home Address:
_____	_____
_____	_____
_____	_____

Telephone #: _____ Fax #: _____ E-mail Address: _____

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

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*If you are a registered Histotech (HT or HTL), upon applying for membership, you are required to provide either your certification number or a copy of your certificate. Membership applications will not be processed without this information.

As a technician, do you have a certification? If so, please indicate below. Certification is not required for membership.

☐ **HT** ☐ **HTL** ☐ **Certificate Number:** _____ **OR** ☐ **Copy of Certificate enclosed**

Indicate Method of New Member Dues Payment ($150.00) Below:

☐ Check enclosed payable to: ASMH

☐ Credit Card - Check one ➔ ☐ MasterCard ☐ Visa ☐ American Express

Card Number: _____ Exp. Date (MM/YY) _____

Name on card: _____

Signature: _____ Date: _____

Please return this application form, with dues payment of **$150.00** to:
American Society for Mohs Histotechnology
555 East Wells Street, Suite 1100
Milwaukee, WI 53202
Fax: (414) 276-3349

Please note: New Members pay $150 dues payment for the first calendar year.
Dues renewal is $125 for each calendar year thereafter.

ASMH 2010 Board of Directors Nomination Form

ASMH is holding an election in the 2010 year. One President, one Vice President and two Directors will be elected to the Board of Directors by the membership for the next term. The President and Vice President serve two-year terms. Directors serve three-year terms.

Deadline Extended: Nominations for these positions will be accepted until **January 8, 2010**, and should be sent, faxed, or e-mailed to the ASMH office. Official ballots will be mailed in February 2010.

** Please complete the following and return to ASMH by January 8, 2010 **

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

☐ President ☐ Vice President ☐ Director (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):

_____

_____

_____

_____

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_____

_____

AMERICAN SOCIETY FOR MOHS HISTOTECHNOLOGY
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Milwaukee, WI 53202-3823

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