

MOHS COLLEGE MEDIA PRIMER

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Using the Media to Reach the Public During National Melanoma/Skin Cancer Detection and Prevention Month

The Internet and news media are the chief sources of medical information for the public and can be good vehicles for you to get out information about Mohs. Through news coverage about Mohs surgery you can directly reach consumers—from potential patients to family members. National Melanoma/Skin Cancer Detection and Prevention Month and the beginning of the sun season make a media story about Mohs timely.

Health care is one of the top three topics covered by media today, and reporters are interested in getting information directly from experts in the field. In addition, though skin cancer is covered frequently in the press, the focus has historically been on detection and prevention, not treatment. You may be able to use that to your advantage by encouraging the media to expand coverage of treatment options (particularly Mohs).

Listed below are descriptions of the tools in this section and how to use them to generate media coverage.

MEDIA LIST

Start by compiling a media list for your community during the *last week of March*. It should include daily and weekly newspapers, locally produced radio and cable television talk shows and health segments on local television news programs.

- Your office assistant should be able to contact the news assignment desk of each media outlet to determine the names of reporters who handle stories on health care or medical advances.
- Include every reporter who has interviewed you in the past or those whom you know personally.
- Develop a list on your computer that includes each reporter's name, the name of the media organization, address, phone and fax numbers and e-mail address, if available.

MEDIA COVER LETTER

Insert your own local information in the bracketed sections of the attached *Sample Media Cover Letter* (page 5) *during the first week in April*. Personalize the letter with each reporter's name and address and print it on your stationery.

NEWS RELEASE

Fill in the bracketed information in the attached news release, including your name and practice after each quote. Feel free to change the quotes if you like. They are intended to serve as examples.

- Substitute a case study of one of your own patients for the sample in the news release. You may also wish to include a quote from the patient. If you use a patient’s name or any other information that might make the patient identifiable, or if you use a patient quote, you should get written permission from the patient (a hand-written “I approve release to media” with a signature directly on a copy of the release is sufficient). If the patient prefers, you can use the case study without using the patient’s name. Regardless, you should have the patient and anyone else quoted in the release approve it before you send it to media.
- Put the first page of your release on your stationery, and the rest on plain white paper. (Note: It is very important that you or your staff proofread the news release carefully.)
- Mail the media cover letter with the news release to the reporters on your media list ***during the third week in April.***

FOLLOW-UP WITH THE MEDIA

During the last week in April, call each of the media to confirm that they received the information and to determine their level of interest in including Mohs surgery in an upcoming story.

- Ask if they plan to cover skin cancer during National Melanoma/Skin Cancer Detection and Prevention Month or the summer sun season.
- Then ask if they plan to cover treatment options. If so, encourage them to include Mohs and explain to them important advantages of the procedure:
 - 99 percent cure rate for basal cell cancers
 - 95 percent cure rate for squamous cell and recurrent cancers
 - Excellent cosmetic results by physicians trained in the latest reconstruction techniques
- If they aren’t planning to cover treatment options, encourage them to do so; give more details on the procedure and discuss the Mohs advantages:
 - only diseased tissue is removed and healthy skin remains intact
 - Mohs is more cost-effective than most other skin cancer treatments
 - Mohs has a lower recurrence rate than other skin cancer treatments
- If they plan to include Mohs in a future story, ask if they would like additional background information or if they would like to talk with one of your patients. (Determine which patients will be helpful in advance so you will have specific cases to tell the media about.)

- If the media want to interview you and/or your patients, they will likely want to do so in less than 24 hours.

INTERVIEWS WITH THE MEDIA

Often media will contact you to set up interviews to obtain additional Mohs information and your “expert opinion” about the procedure. For more information about how to prepare for an interview, refer to the *Being Interviewed by the Media* (page 10), *Frequently Asked Questions and Answers* (page 12) and *Message Groups* (page 17).

TIMING OF MEDIA RELATIONS ACTIVITIES

Timing is a very important aspect of any media program. If you hope to increase your chances of receiving media coverage during National Melanoma/Skin Cancer Detection and Prevention Month, it is best to mail your media materials *during the third week in April*.

ONGOING MEDIA RELATIONS

Do not be discouraged if the media are not immediately interested. They may have run a story on skin cancer recently, or they may be involved in another big project at the time. Ask if the story interests them in general and if you can give them a call in a few weeks. Above all, be helpful, friendly and courteous. They will be more apt to work with you if they have a pleasant experience.

Offer to be a continuing resource for media on various topics that are within your experience: skin cancer, dermatology, as well as Mohs surgery. Consider providing the media with a Rolodex card tabbed “Skin Cancer,” with your contact information for their easy reference.

You can also try to generate media coverage throughout the year. For scheduling, refer to *Suggested Calendar for Ongoing Public Relations and Media Activities* (page 20).

TIMING FOR MEDIA ACTIVITIES

Last week in March

- Compile media list

First week in April

- Write/fill in media cover letter and news release
- Have second party proofread media cover letter and news release
- Get approval from patients and others quoted in news release

Third week in April

- Mail cover letter and news release to media list

Last week in April

- Begin follow-up calls with reporters on media list

Refer to the *Suggested Planning Calendar and Checklist for National Melanoma/Skin Cancer Detection and Prevention Month* (page 19) for complete schedule of key dates.

NATIONAL MELANOMA/SKIN CANCER DETECTION AND PREVENTION MONTH

SAMPLE MEDIA COVER LETTER

[Date]

[Name of Reporter]

[Media (Title of Newspaper, Radio or Television program)]

[Street Address]

[City, State Zip]

Dear *[Name of Reporter]*:

It is no exaggeration to say that skin cancer is approaching epidemic proportions. Nearly 1.3 million Americans will be diagnosed with the disease this year alone. With half of all new cancers being diagnosed as skin cancers and one in five Americans likely to get skin cancer during their lifetime, it is critical to educate the public about this topic.

The observance of National Melanoma/Skin Cancer Prevention and Detection Month in May and the beginning of the “sun season” present an opportunity to inform consumers about skin cancer prevention and treatment.

One of the most effective skin cancer treatments is **Mohs Micrographic Surgery**. The surgery offers up to a **99 percent cure rate** for basal cell carcinoma – the most common type of skin cancer. It is also the most effective treatment for squamous cell carcinoma. Because the Mohs procedure is so specific, it minimizes the scarring and disfigurement often associated with surgery. As a fellowship-trained Mohs micrographic surgeon, I know from years of experience that patients have a high level of satisfaction with this procedure.

By educating your *[viewers or readers or listeners]* about skin cancer and the effective treatment options available, it will improve their chances of receiving effective treatment for any suspicious growths on their skin that could be cancerous.

I will contact you within the next week to determine your interest in developing a story on skin cancer treatment and Mohs surgery using the enclosed resources. I am available for interviews and can expand upon the dangers of skin cancer, as well as the importance of early diagnosis and treatment. A number of my patients would also be happy to speak with you and can provide useful personal perspectives. Thank you for your consideration.

Sincerely,

[Your Name], M.D.

Member, American College of Mohs Surgery

[Your telephone number]

Recommended enclosures:

- *National Melanoma/Skin Cancer Detection and Prevention Month Sample News Release*
- *Mohs Surgery Fact Sheet (from the ACMS Marketing Manual)*
- *Mohs College Patient Information Pamphlet*
- *Your Biography or CV*

NATIONAL MELANOMA/SKIN CANCER DETECTION AND PREVENTION MONTH

SAMPLE NEWS RELEASE (page 1 of 2)

[Your Letterhead]

Contact: *[Your Name]*
[Your Phone Number]

**Public is Encouraged to be Screened During May’s National
 Melanoma/Skin Cancer Detection and Prevention Month**

“Do I need a Mohs surgeon?” The question to ask if skin cancer is detected.

[YOUR CITY, STATE (Date)] – With the advent of the “sun season”, the public is urged to contact their doctor or dermatologist to schedule a skin screening during National Melanoma/Skin Cancer Detection and Prevention Month held each May. By heightening awareness of skin cancer as Americans spend more time outdoors under the summer sun and vacationing at the beach, the American College of Mohs Surgery wants to alert people to the dangers associated with skin cancer.

“Skin cancer is the most common and rapidly increasing form of cancer. More than 1.3 million Americans will be diagnosed with the disease this year alone,” said **[insert name]**, M.D., a fellowship-trained Mohs surgeon and member of the American College of Mohs Surgery. “If skin cancer is detected, patients should know that it is not necessarily life threatening or disfiguring. Effective skin cancer treatments are available, and in complex or advanced cases, Mohs Micrographic Surgery (a precise procedure that provides up to a 99 percent cure rate for certain types of skin cancer) is the treatment of choice.

Mohs Micrographic Surgery is a state-of-the-art skin cancer treatment that relies on the precision and accuracy of a microscope and immediate pathological examination of the tissue sample to trace out and ensure the removal of skin cancer—down to its roots. This technique ensures that all the diseased tissue is removed, leaving healthy skin intact so that the Mohs surgeon, who is also trained in reconstructive surgery (repairing the wound), will be able to better repair the incision and minimize scarring.

An additional benefit of Mohs surgery is cost-effectiveness. “In the current health care environment, we need to not only find medically effective treatments, but *cost*-effective ones as well,” said Dr. **[insert name]**, whose practice is located in *[City]*. “Mohs surgery fits this bill because the skin cancer recurs so rarely after treatment.”

A study published in the *Journal of the American Academy of Dermatology* showed that Mohs surgery is one of the most cost-effective skin cancer treatments available because of the low recurrence rate of tumors treated via the Mohs procedure. While most skin cancer treatments have a recurrence rate of 10 percent, certain tumors treated with Mohs surgery return only one percent of the time.

- more -

SAMPLE NEWS RELEASE (page 2 of 2)

“The high cure and low recurrence rates equal fewer surgeries for Mohs patients,” said John Zitelli, M.D., co-author of the study and a former president of the Mohs College. “Mohs patients also require fewer follow-up examinations than those treated with other methods.”

Because Mohs surgery minimizes scarring, the procedure is particularly advantageous when the cancer is located in a cosmetically sensitive area of the body, or a location where it is important to preserve healthy tissue for maximum function such as eyelids, nose, ears, lips, scalp, fingers toes, or genitals.

“If a patient is told by a family physician or dermatologist that he or she has skin cancer on the head, face or neck, the patient’s first question should be, ‘Do I need a Mohs surgeon?’” said Dr. *[Your Name]*. “The combination of minimally invasive surgery, highest cure rate, and cost effectiveness make Mohs surgery by a fellowship-trained Mohs surgeon the best option for many patients.”

Mohs micrographic surgery is most commonly used for basal and squamous cell carcinomas. It should be the treatment of choice when:

- the cancer is large;
- the edges of the cancer cannot be clearly defined;
- the cancer is in an area of the body where it is important to preserve healthy tissue for the maximum functional and cosmetic result (eyelid, nose, ears, lips, scalp, fingers toes, or genitals);
- the cancer is likely to recur if treated by other methods;
- prior treatment has failed.

For more information or a pamphlet on Mohs surgery, contact *[Your Name and Phone Number]*, or check out the Web site of the American College of Mohs Surgery at www.mohscollege.org.

Letter to the Editor

During health observance months, newspaper editors often publish letters to the editor about issues related to the month's topic. Having a letter to the editor published can increase the visibility of your practice, which can ultimately lead to new patients and increased referrals. This strategy works best in small communities in which a weekly paper is the main source of news and residents are more likely to be familiar with local physicians.

You may use the attached *Sample Letter to the Editor* (page 9) as a template and fill in your name, practice and any local statistics. Be sure to call your local paper to identify to whom the letter should be addressed. Have your assistant print the letter on your letterhead and mail it to the paper **during the fourth week in April** in order to have it published during National Melanoma/Skin Cancer Detection and Prevention Month in May.

SAMPLE LETTER TO THE EDITOR

[Your Letterhead]

[Date]

Dear Editor:

The observance of Skin Cancer Awareness Month in May presents an excellent opportunity to remind the members of our community to protect themselves from skin cancer.

Half of all new cancers are skin cancers, and 1.3 million Americans will be diagnosed with skin cancer this year alone. One in five Americans is likely to get skin cancer of some type during their lifetime.

As we approach the summer months, it is important to remember that spending too much time in the sun without adequate protection is harmful. Dermatologists recommend using sunscreens with an SPF of 15 or higher and people are also advised to seek protection in shaded areas when spending long periods of time outdoors.

Protecting children from sun damage is a priority. According to the American Academy of Dermatology, 80 percent of sun damage occurs in the first 18 years of life.

Now is a good time to see your dermatologist for an annual skin check-up. See your physician if you notice abnormal blemishes or skin lesions. Early detection is critical.

If prevention fails and you or someone in your family is diagnosed with skin cancer, you should know that advanced skin cancer treatments, such as Mohs Micrographic Surgery, are available. This procedure offers extremely high cure rates and minimize scarring.

[Your Name], M.D.

[Member](#), American College of Mohs Surgery

[Practice Name]

Being Interviewed by the Media

Reporters always ask the same six journalistic questions: Who, What, Where, When, How, and Why. While the interview is structured as a question and answer session, the most important thing for you to remember is that an interview is merely an opportunity to deliver a particular message. Your task is not to answer all of the reporter's questions, but to get your point across. Too many people try to tell a reporter everything they know about a subject, and their real message gets lost in the clutter.

To help you communicate effectively with the media, the ACMS has developed this media primer to help you develop clear, concise messages and tips on conducting print, radio and television interviews.

QUICK TIPS FOR MEDIA INTERVIEWS AND SPEAKING ENGAGEMENTS

1. Speak slowly.

This sounds like obvious advice. The problem is, too few of us actually remember to do it. When you get nervous, the pace of your words tends to speed up. This can have a domino effect; the faster you speak, the more exasperated you get. By being conscious of speaking slowly, you will project more confidence and resist using filler words such as “um” and “like.” That said, avoid speaking in a monotone. The goal is to be clear and engaging.

2. Always speak in complete sentences. When asked a question, restate the question as part of the response.

This accomplishes three things:

- It makes you sound more thoughtful.
- It buys you time (a few seconds) to collect your thoughts.
- It reduces the likelihood that you’ll be misquoted or have your comments taken out of context.

3. Always look at the reporter when answering questions or your audience when speaking. Don’t look directly into the camera, off to the side, or constantly at your notes.

This is important to establish a sense of confidence. It’s critical for television but important for print as well since reporters are not only reporting on what you say but *how you say it*. You want to avoid appearing shifty or untrustworthy. In a speaking engagement, eye contact with the audience is a critical factor to hold interest.

4. Always prepare three central message points and weave these points throughout the interview or speech using slightly different language.

This is important to ensure your audience or a reporter understands the central issues. It also provides an anchor for your delivery. You should prepare these message points in advance and be able to deliver them in a conversational fashion, without referring to notes. Don't memorize exact words, but be familiar with the concepts. The goal here is to move from being entirely scripted to being able to engage in more casual discourse.

5. If a reporter or an audience member makes an inaccurate or inflammatory suggestion during questioning, make a clarification without becoming angry or flustered. Above all, do not lose your composure.

You can begin by saying, "Let me clarify," "let me be very clear" or, "what is actually happening..." From that point, you can bridge to your main message points. If you need to deliver a direct rebuttal, make sure you have facts to back it up. You can begin by saying, "It's very important to understand the facts..."

6. If faced with aggressive questions or a demand by the reporter to issue a "yes" or "no" response, proceed cautiously. You CANNOT lie. If the truthful response to a reporter's question would be "yes," but giving a "yes" on the record would cast the organization in a negative light, do not say the word "yes."

Questions on issues that may give rise to this type of questioning:

Are members of Mohs College better than those who perform Mohs surgery who are not members of the college?

What is the difference between the American Society of Mohs Surgery and the American College of Mohs Surgery?

Questions such as these must be answered with caution and discretion in order to avoid potential litigation or sanctions by other parties.

7. Prepare a closing remark.

At the end of an interview, reporters often ask, "Is there anything else you would like to add?" Don't say, "I think we've covered everything." This is an opportunity wasted. Instead, deliver a short, two or three sentence statement that captures your central message points. By doing this, you will end the interview on an upbeat note and increase the likelihood that positive messages are reflected in actual coverage.

FREQUENTLY ASKED QUESTIONS & ANSWERS

1. What is Mohs surgery?

Mohs Micrographic Surgery is an outpatient procedure that involves the surgeon removing the visible tumor and then creating a map or diagram of the cancer site. The surgeon then removes smaller and smaller sections of surrounding tissue, which the surgeon immediately studies under a powerful microscope, until the surgeon determines that all the cancer has been removed from the diagrammed area. Once the cancer has been removed, the surgeon repairs the wound using the most advanced reconstructive procedures.

2. What does Mohs stand for?

The Mohs micrographic procedure and the Mohs College were named after Dr. Frederic Mohs, the surgeon who first pioneered the treatment 70 years ago and helped lead the innovation that advanced and refined it to the state-of-the-art treatment it is today.

3. I've heard that Mohs surgery will take all day and that I'll be left with a huge hole in my face.

When advising a patient about their surgery, a Mohs surgeon will tell the patient to anticipate that the procedure will take the better part of a day.

Because the Mohs procedure involves removing the entire cancerous tumor in one visit, and saving as much of the healthy surrounding tissue as possible, surgeons will remove a small piece of tissue, then immediately conduct pathology on the specimen. They will repeat this process several times, if necessary, until all the cancer is removed. While the process is time consuming, it ensures that the entire tumor is removed.

Other types of skin cancer surgery involve removing the tumor, closing the wound, and sending the tumor to a pathologist who will report several days later whether or not all the cancer was removed. If the tumor was not completely removed, a subsequent surgery at a later date would need to be scheduled.

With the Mohs Micrographic Surgery procedure, the one-day process may take a little longer, but patients know immediately that all cancer was removed, which can be very reassuring.

4. How often is Mohs surgery successful?

The cure rate for Mohs surgery is as high as 99 percent basal cell skin cancer, and 95 percent for squamous cell and recurrent cancers.

5. Will I need plastic surgery after Mohs surgery?

Mohs surgeons are highly trained in reconstruction, or repairing, the wound caused by removing the tumor, which makes the need for additional cosmetic surgery unnecessary in most cases. Advanced study and experience with the most current reconstruction techniques to minimize scarring is a major part of the fellowship-training that a Mohs College member must complete.

6. How do I find a Mohs surgeon in my area?

If your dermatologist is unable to refer you to one, you can find one using the *Find a Surgeon* feature on the American College of Mohs Surgery's Web site, www.mohscollege.org, or by calling the College at 800-500-7224. Members of the American College of Mohs Surgery have successfully completed an extensive fellowship of at least one full year of hands-on training in the Mohs procedure under the supervision of a highly qualified instructor.

7. Do I need to continue to see my dermatologist if I go see a Mohs surgeon?

Yes. Your dermatologist is an important part of maintaining healthy, disease free skin on your entire body and you should visit the dermatologist on a regular basis. Following completion of your procedure, your Mohs surgeon will contact your dermatologist about your surgery and prognosis to make sure he or she is informed about your treatment.

8. Are all Mohs surgeons fellowship-trained?

No. Some physicians who perform Mohs surgery have not taken an additional one to two years of additional training in the specialty before performing Mohs surgery.

9. Why is it called the "College" of Mohs surgery?

Professional medical associations use many different terms to describe their organization. Some examples are the American Medical Association, the American Academy of Dermatology, the American College of Mohs Surgery, and the San Francisco Medical Society. All are medical professional associations, but each has its own set of member eligibility requirements. In the case of the American College of Mohs Surgery, to be admitted, a member must have completed

an approved fellowship in which they have participated in the surgery of at least 500 patients under the supervision of a trained instructor.

10. So the Mohs College isn't a school?

Correct. The American College of Mohs Surgery is a membership organization committed to advancing the education, research, development and application of standards and guidelines to advance Mohs Micrographic Surgery. Part of ensuring that our members are highly trained is the advanced 1-2 year fellowship training they must complete before being admitted into the Mohs College.

11. How do I know if my Mohs surgeon is a member of the Mohs College?

The easiest way to find out is to ask your doctor if he or she is a member of the American College of Mohs Surgery. Another easy way is to ask your doctor if he or she is “fellowship trained.” Consult the *Find a Surgeon* feature on our website: www.mohscollege.org

Other Tips

When conducting a media interview, follow these tips to help ensure that you come across as a credible spokesperson and that your messages are accurately conveyed:

- **Rehearse.** Above all, avoid the temptation to try and "wing it." Like almost any other skill in life, preparation is the key feature that predicts a successful outcome.
- **Establish control and buy yourself some time.** Reporters often work under very tight deadlines, but don't get pressured into doing an interview at the moment of their call. Be attuned to their deadlines, but schedule the interview at a time that will allow you to adequately prepare.
- **Know your audience's level of knowledge.** Tailor your messages to the media outlet.
- **Have conviction and confidence.** Speak to your questioner with a real sense of interest and caring. It will come across to the viewer that way as well.
- **Stand up (phone interviews).** This postural change will drop your diaphragm, increase your lung volume, and straighten your airway. Feel free to walk around or do anything else that makes you comfortable. Don't use a speakerphone.
- **Listen to the entire question.** Nothing sounds worse than trying to answer what you thought was a preplanned question when the host actually asks something else. Don't assume you know what the interviewer is getting at and jump over his lines. Hear him out. Be an aggressive listener.

Rules to Live By

1. **Always tell the truth.**
2. **Nothing is “off the record.”** If you say it, expect to see it in print or hear it on the air.
Remember that an interview isn't over until the reporter hangs up, leaves, or you leave.
3. **Get the important facts out first.** Rather than building to a conclusion, state your messages first and then explain as time allows.
4. **Repeat your messages often during the interview.**
5. **Avoid exaggeration and speculation.**
6. **Don't repeat negative words or phrases.**
7. **Never say “No Comment.”** Always offer some information that will be useful to the story.
Use the opportunity to convey your messages.
8. **If you don't know the answer, say so.**
9. **Don't lose your temper.** Maintain your manners and your sense of humor.

Mohs College Topical Messages

The media and/or public may be interested in learning more about one or more of the following topics.

Topic 1: Information on Skin Cancer

- According to the Centers for Disease Control, skin cancer is the most common and rapidly increasing form of cancer in the United States. One in five Americans will develop skin cancer in his or her lifetime.
- The following signs should be promptly investigated: a new skin growth that does not disappear in four to six weeks; any skin lesion that continues to grow and turns red, brown, black or is multicolored; a mole, birthmark or beauty mark that increases in size, changes color or texture or becomes irregular in outline; an open sore or wound that refuses to heal, persists for more than four weeks or heals and later reopens; any skin spot or growth that continues to itch, hurt, crust over, form a scab, becomes a sore or bleeds for several weeks.
- Mohs surgery is especially indicated when: the cancer is large; the edges of the cancer cannot be clearly defined; prior treatment has failed; or the cancer is located in a cosmetically sensitive or functionally critical area of the body (such as eyelids, nose, ears, lips, fingers, toes, and genitals).

Topic 2: Mohs Micrographic Surgery

- Mohs Micrographic surgery performed by a fellowship-trained surgeon is an advanced treatment for complex cancers of the head, face, neck, ears, nose, lips, fingers, toes, and genitals that has been developed and refined over the last 70 years. It offers the highest cure rate, even if the cancer has been previously treated by another method.
- The Mohs procedure was developed by Dr. Frederic Mohs 70 years ago and has been continuously advanced and refined into the state-of-the-art treatment it is today.
- Mohs Micrographic Surgery is an outpatient procedure that involves the surgeon removing the visible tumor and then creating a map or diagram of the cancer site. The surgeon then removes smaller and smaller sections of surrounding tissue, each of which the surgeon immediately examines under a powerful microscope, until he or she determines that the all the cancer has been removed. Once the cancer has been removed, the surgeon repairs the wound using the most advanced reconstructive procedures available.
- The cure rate for Mohs surgery is as high as 99 percent for basal cell skin cancer, and 95 percent for squamous cell and recurrent cancers.

- The benefit of the Mohs surgeon being trained in pathology is that it allows the surgeon to immediately examine the tumor to make sure all diseased tissue is removed. Other surgical techniques require the tumor to be removed, the wound closed, and the tumor sent to a pathologist to determine if all the cancer was completely removed. The Mohs procedure removes that wait and the uncertainty that more surgery may have to be done if all of the cancer is not removed.
- Fellowship-trained Mohs surgeons have extensive experience in the reconstruction of the wound caused by removing the tumor. Their advanced training means patients will not need to see another reconstructive or plastic surgeon in most cases.

Topic 3: American College of Mohs Surgery

- The American College of Mohs Surgery is the professional society for fellowship-trained Mohs Micrographic surgeons. It began in 1967 as the American College of Chemosurgery. In 1988 the name changed to the American College of Mohs Micrographic Surgery and Cutaneous Oncology. The name changed in 2007 to the American college of Mohs Surgery, to coincide with its 40th anniversary.
- The American College of Mohs Surgery is dedicated to advancing the practice of Mohs surgery through education, research, development and application of standards and guidelines. The College only accepts Mohs surgeons who have completed advanced fellowship training under the tutelage of a Mohs College member.
- The Mohs College and the Mohs Micrographic Surgery procedure were named after Dr. Federic Mohs who pioneered the surgery 70 years ago.

Topic 4: Fellowship Training – “The Mohs College Difference”

- The fellowship is an additional course of study that provides the opportunity for surgeons to become highly skilled in removing skin cancers. The training includes instruction in pathology, which helps determine the extent of the cancer, and reconstruction, which involves repairing the wound and minimizing scarring.
- The fellowship training is an additional training beyond medical school and residency in which the surgeon must participate in a minimum of 500 cases under the supervision of a fellowship-trained instructor.
- To be accepted as a member of the American College of Mohs Surgery, the surgeon must have successfully completed at least one year of advanced training in the Mohs micrographic surgical technique at an ACMS approved training center.

Suggested Planning Calendar and Checklist for Skin Cancer Awareness Month in May

March & April Activities			
Deadline	Media Activities	Letter to the Editor	Letter to Referral Sources
Last Week of March	<input type="checkbox"/> Compile media list	<input type="checkbox"/> Contact local paper for letters to the editor submission instructions <input type="checkbox"/> Write/ fill in letter to the editor	
1st Week of April	<input type="checkbox"/> Write/fill in media cover letter and news release <input type="checkbox"/> Have second party proofread media cover letter and news release <input type="checkbox"/> Get approval from patients and others quoted in news release	<input type="checkbox"/> Have second party proofread letter to the editor	<input type="checkbox"/> Compile list of potential and previous referring physicians
3rd Week of April	<input type="checkbox"/> Mail cover letter and news release to media list	<input type="checkbox"/> Mail letter to the editor	<input type="checkbox"/> Write/ fill in letter to referral sources <input type="checkbox"/> Have second party proofread letter to referral sources
Last Week of April	<input type="checkbox"/> Begin follow-up calls with reporters on media list		<input type="checkbox"/> Mail letter to referral sources

Check the box next to each activity as you complete it.

Suggested Calendar for Ongoing Public Relations and Media Activities		
Timing	Media Activities	Speaking Engagements
January	Contact local hospitals to volunteer to participate in spring/summer skin cancer screenings.	Contact local pharmacies, universities, hospitals, community centers, health clubs and public libraries to volunteer to speak at spring/summer community seminars and speaking engagements.
February		Plan presentation for spring/summer community seminars and speaking engagements.
March	Update media list for upcoming “sun season” outreach.	
April/May	Conduct recommended activities to prepare for Skin Cancer Awareness Month in May.	
June	<p>Follow up with media that did not cover Mohs during May.</p> <p>Send out the <i>Sample General Media Cover Letter</i> and <i>News Release</i> (if you did not send out media materials in April).</p> <p>Follow up with media one week after sending out general media materials.</p>	
July		Contact local pharmacies, universities, hospitals, community centers, health clubs and public libraries to volunteer to speak at fall/winter community seminars.
August	Follow up again with media that received general media materials and have not yet responded	Plan presentation for fall/winter community seminars and speaking engagements.
September/ October	Contact local hospitals to volunteer to participate in fall/winter skin cancer screenings.	Contact affiliated hospitals to offer to speak at future seminars about skin cancer treatment.
November		Contact public relations department of affiliated hospitals to discuss publicity opportunities.

December		Contact affiliated hospitals to offer to speak at future seminars about skin cancer treatment.
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